

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning , **2023**, and ending , **20**

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS**
Doing business as **FIND**
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
CHEMIN DU POMMIER 40
City or town, state or province, country, and ZIP or foreign postal code
1218 GRAND-SACONNEX, SZ
F Name and address of principal officer: **DAYO ADETIFA**
SAME AS C ABOVE

D Employer identification number
98-0407553
E Telephone number
() -1
G Gross receipts \$ **90,612,477**
H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: **WWW.FINDDX.ORG**
K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other
L Year of formation: **2003**
M State of legal domicile: **SZ**

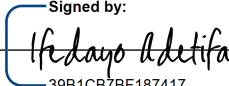
Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE DEVELOPMENT AND IMPLEMENTATION OF NEW, LOW COST DIAGNOSTICS FOR INFECTIOUS DISEASES FOR USE IN LOW-RESOURCE AREAS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	147
	6	Total number of volunteers (estimate if necessary)	8
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	142,991,509
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	961,319
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,241
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,248,069
			90,612,477
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	87,636,841
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,916,139
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,244,315
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,633,518
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	146,186,498
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	(1,938,429)
			(5,504,762)
	20	Total assets (Part X, line 16)	137,542,319
	21	Total liabilities (Part X, line 26)	115,874,802
	22	Net assets or fund balances. Subtract line 21 from line 20	21,667,517
			16,162,755

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.


Sign Here

Signature of officer
DAYO ADETIFA, CHIEF EXECUTIVE OFFICER
Type or print name and title


39B1CB7BF187417...
Date **15/11/2024**

Paid Preparer Use Only

Print/Type preparer's name
YUCEN ZHONG

Preparer's signature


Date
11/14/2024

Check ☐ if self-employed
PTIN
P01593150

Firm's name
ERNST & YOUNG US LLP

Firm's EIN
34-6565596

Firm's address
ONE MANHATTAN WEST, NEW YORK, NY 10001-8604

Phone no.
(212) 773-3000

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS
- 98-0407553 1 11/14/2024 1:57:27 PM

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
FIND IS AN INTERNATIONAL NON-PROFIT ORGANIZATION THAT ENABLES THE DEVELOPMENT AND DELIVERY OF
MUCH-NEEDED DIAGNOSTIC TESTS FOR POVERTY-RELATED DISEASES. FIND ACTS AS A BRIDGE BETWEEN EXPERTS
IN TECHNOLOGY DEVELOPMENT, POLICY AND CLINICAL CARE, REDUCING BARRIERS TO INNOVATION AND
EFFECTIVE IMPLEMENTATION OF DIAGNOSTIC SOLUTIONS IN LOW-AND-MIDDLE-INCOME COUNTRIES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 25,480,451 including grants of \$ 13,087,039) (Revenue \$ 0)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 17,309,907 including grants of \$ 6,870,781) (Revenue \$ 0)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 8,701,980 including grants of \$ 2,948,582) (Revenue \$ 0)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 30,536,891 including grants of \$ 12,922,801) (Revenue \$ 0)

4e Total program service expenses 82,029,229

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V



	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	147
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country <u>IN, KE, SF, SZ, VM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 8		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
SABRI AIT-KHEIRA, CHEMIN DU POMMIER 40, 1218 GRAND-SACONNEX, SZ, () -1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM RODRIGUEZ CHIEF EXECUTIVE OFFICER	40.0 0.0			✓				397,275	0	100,961
(2) SERGIO CARMONA CHIEF MEDICAL OFFICER	40.0 0.0			✓				342,556	0	74,970
(3) MARTA FERNANDEZ SUAREZ CHIEF TECHNOLOGY OFFICER	40.0 0.0			✓				329,322	0	84,426
(4) CASSANDRA KELLY-CIRINO VP, HEALTH PROGRAMMES	40.0 0.0			✓				266,651	0	66,966
(5) LOUISA CHAUBERT DIRECTOR OF FINANCE	40.0 0.0			✓				267,747	0	62,926
(6) WILLO BROCK EXECUTIVE VP, EXTERNAL AFFAIRS	40.0 0.0			✓				320,525	0	0
(7) SHARON SAACKS SENIOR DIRECTOR, PROGRAMME OPERATIONS	40.0 0.0			✓				252,163	0	63,150
(8) MORTEN RUHWALD DIRECTOR, TUBERCULOSIS PROGRAMME	40.0 0.0					✓		254,024	0	55,870
(9) EMMA JANE HANNAY CHIEF ACCESS OFFICER	40.0 0.0			✓				247,968	0	53,498
(10) BEATRICE MOUTON DIRECTOR, HUMAN RESOURCES	40.0 0.0					✓		246,488	0	54,956
(11) STEFANO ONGARELLO DIRECTOR, DATA SCIENCE	40.0 0.0					✓		230,390	0	54,167
(12) BROOKE NICHOLS SENIOR DIRECTOR, IMPACT	40.0 0.0					✓		254,026	0	30,113
(13) SYLVAIN BIELER PRINCIPAL SCIENTIST	40.0 0.0					✓		235,512	0	43,469
(14) DANIEL BAUSCH SNR. ADVISOR CEO; GLOBAL HEALTH SEC (LEFT 11/23)	40.0 0.0				✓			212,735	0	55,855

Form **990** (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SANJAY SARIN VP, ACCESS	40.0 0.0				✓			238,003	0	0
(16) NORMA TORRES CHIEF OPERATING OFFICER	40.0 0.0			✓				145,082	0	16,250
(17) AYOADE ALAKIJA CHAIRMAN OF THE BOARD	1.0 0.0	✓						0	0	0
(18) CARLOS MOREL MEDICIS MEMBER OF THE BOARD (LEFT 11/23)	1.0 0.0	✓						0	0	0
(19) DANIEL ROBERT CAMUS MEMBER OF THE BOARD (LEFT 11/23)	1.0 0.0	✓						0	0	0
(20) DAVID HEYMANN MEMBER OF THE BOARD	1.0 0.0	✓						0	0	0
(21) FRUTIGER CHRISTIAN MEMBER OF THE BOARD	1.0 0.0	✓						0	0	0
(22) IONA KICKBUSH MEMBER OF THE BOARD (LEFT 11/23)	1.0 0.0	✓						0	0	0
(23) KAMINENI SHOBANA MEMBER OF THE BOARD	1.0 0.0	✓						0	0	0
(24) MARCEL TANNER MEMBER OF THE BOARD (LEFT 6/23)	1.0 0.0	✓						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								4,240,467	0	817,577
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								4,240,467	0	817,577

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **120**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SD BIOSENSOR INC, 16, DEOGYEONG-DAERO 1556BEON-GIL, GYEONGGI-DO, 16690, KS	MOLECULAR R&D	4,054,130
BIONEER CORP., 8-11 MUNPYEONGSEO-RO, DAEDEOK-GU, DAEJEON, 306-220, KS	MOLECULAR R&D	4,000,000
DIAGNOSTIC CONSULTING NETWORK, INC., 3193 LIONSHEAD AVE., CARLSBAD, CA 92010	HIGH PERFORMANCE RAP ASSAYS	1,199,096
XIXIA PHARMACEUTICALS, 123 TONETTI ST, HALFWAY HOUSE, MIDRAND, 1685, SF	LOCAL MANUFACTURING CAPACITY	1,000,000
AFRICAN SOCIETY FOR LABORATORY MEDICINE (ASLM), THE PIVOT, BLOCK E, THIRD FLOOR, MONTECASINO BOULEVARD, FOURWAYS, 2055, GAUTENG, SF	LOCAL SYSTEMS STRENGTHENING	979,800

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **156**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	65,119,048			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,842,753			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		86,961,801			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,411,063			3,411,063
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 . .	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code			
	11a	COMMISSION ON TAX DEDUCTION		900099	239,613		239,613
	b						
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		239,613				
12	Total revenue. See instructions			90,612,477	0	0	3,650,676

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,506,497	5,506,497		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,322,706	30,322,706		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,368,660	1,835,073	487,267	46,320
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,390,174	20,445,823	5,122,334	822,017
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,555,787	1,213,349	323,819	18,619
9 Other employee benefits	557,973	303,366	245,530	9,077
10 Payroll taxes	1,848,759	1,382,786	437,196	28,777
11 Fees for services (nonemployees):				
a Management	876,113	360,075	516,038	
b Legal	489,127	291,535	197,592	
c Accounting	421,978	205,068	216,910	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	213	213	0	0
12 Advertising and promotion				
13 Office expenses	972,241	828,394	143,847	
14 Information technology	2,697,206	1,436,454	1,260,752	
15 Royalties				
16 Occupancy	1,182,998	6,500	1,176,498	
17 Travel	3,725,429	2,995,544	577,372	152,513
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	845,013	740,092	98,197	6,724
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	505,672	297,469	208,203	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT CONTRACTOR	12,695,340	12,050,460	484,741	160,139
b EQUIPMENT & SUPPLIES	1,654,059	1,515,245	138,685	129
c FOREIGN EXCHANGE LOSSES	1,108,721		1,108,721	
d TRANSLATION & SPONSORSHIP	392,573	292,580	99,993	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	96,117,239	82,029,229	12,843,695	1,244,315
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	39,489,542	1	13,290,319
	2 Savings and temporary cash investments	81,401,662	2	59,797,621
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	7,215,019	4	6,220,098
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	9,166,796	9	1,814,846
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,989		
	b Less: accumulated depreciation	10b 0	10c	6,989
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	269,300	15	287,429
16 Total assets. Add lines 1 through 15 (must equal line 33)	137,542,319	16	81,417,302	
Liabilities	17 Accounts payable and accrued expenses	19,116,387	17	11,866,468
	18 Grants payable	0	18	0
	19 Deferred revenue	96,758,415	19	53,388,079
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	115,874,802	26	65,254,547
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,607,693	27	10,660,263
	28 Net assets with donor restrictions	9,059,824	28	5,502,492
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	21,667,517	32	16,162,755
33 Total liabilities and net assets/fund balances	137,542,319	33	81,417,302	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,612,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,117,239
3	Revenue less expenses. Subtract line 2 from line 1	3	(5,504,762)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,667,517
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,162,755

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MICHELE COSTAFORLAZ ----- MEMBER OF THE BOARD (JOINED 3/23)	1.0 ----- 0.0	✓						0	0	0
(26) PRECIOUS MATSOSO ----- MEMBER OF THE BOARD	1.0 ----- 0.0	✓						0	0	0
(27) RICK ARTHUR BRIGHT ----- MEMBER OF THE BOARD (JOINED 3/23)	1.0 ----- 0.0	✓						0	0	0
(28) SOUMYA SWAMINATHAN ----- MEMBER OF THE BOARD	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,842,142	97,561,319	108,984,293	142,991,509	86,961,801	492,341,064
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	55,842,142	97,561,319	108,984,293	142,991,509	86,961,801	492,341,064
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						31,318,521
6 Public support. Subtract line 5 from line 4						461,022,543

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	55,842,142	97,561,319	108,984,293	142,991,509	86,961,801	492,341,064
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	314,122	189,810	624,209	961,319	3,411,063	5,500,523
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	585,117	461,449	423,638	295,241	239,613	2,005,058
11 Total support. Add lines 7 through 10						499,846,645
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	92.23 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	87.20 %
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
b 33¹/₃% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II - COLUMNS A-C	THE SUPPORT AMOUNTS REPORTED IN COLUMNS A THROUGH C ARE REPORTED ON A CONSOLIDATED BASIS.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) COMMISSION ON TAX DEDUCTION	585,117	461,449	423,638	295,241	239,613	2,005,058
	Total	585,117	461,449	423,638	295,241	239,613	2,005,058

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,427,934	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 14,093,933	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 12,795,723	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 11,879,427	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 8,218,736	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,576,494	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,245,926	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,333,067	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Employer identification number

98-0407553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,989	0	6,989
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,989

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

98-0407553

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	1	8	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	18,609,385
(2) SOUTH ASIA	0	0	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	4,501,457
(3) EAST ASIA AND THE PACIFIC	1	10	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	10,390,772
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	134	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	48,717,494
(5) SOUTH AMERICA	0	0	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	1,471,240
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	975,680
(7) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	187,743
(8) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	316,586
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LABORATORY STRENGTHENING EVALUATION WORK	15,825
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	152			85,186,182
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	3	152			85,186,182

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	DIAGNOSTICS	11,121,076	ELEC FD TRAN		N/A	N/A
(2)			SOUTH ASIA	DIAGNOSTICS	1,048,475	ELEC FD TRAN		N/A	N/A
(3)			EAST ASIA AND THE PACIFIC	DIAGNOSTICS	7,197,982	ELEC FD TRAN		N/A	N/A
(4)			EUROPE (INCLUDING ICELAND AND GREENLAND)	DIAGNOSTICS	9,384,896	ELEC FD TRAN		N/A	N/A
(5)			SOUTH AMERICA	DIAGNOSTICS	1,030,413	ELEC FD TRAN		N/A	N/A
(6)			NORTH AMERICA (CANADA & MEXICO ONLY)	DIAGNOSTICS	417,024	ELEC FD TRAN		N/A	N/A
(7)			RUSSIA AND NEIGHBORING STATES	DIAGNOSTICS	69,192	ELEC FD TRAN		N/A	N/A
(8)			MIDDLE EAST AND NORTH AFRICA	DIAGNOSTICS	53,648	ELEC FD TRAN		N/A	N/A
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

18

3 Enter total number of other organizations or entities

124

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	CONTRACTS ARE GIVEN FOR RESEARCH AND DEVELOPMENT OF NEW TOOLS FOR THE DIAGNOSIS OF INFECTIOUS DISEASES. EXCEPT FOR THE INITIAL ADVANCE PAYMENTS, PAYMENTS ARE CONDITIONAL UPON ACHIEVEMENT OF MILESTONES OR DELIVERABLES THROUGH THE PERIOD OF THE CONTRACT AS EVIDENCED IN CONTRACTUALLY SPECIFIED REPORTS. IN ADDITION TO THE REGULAR REPORTS, PROGRAM MANAGERS MONITOR PROGRESS WITH REGULAR COMMUNICATIONS AND PHYSICAL AND VIRTUAL SITE VISITS. FINALLY, MOST MAJOR GRANTS ARE SUBJECT TO ANNUAL DONOR AUDITS WHICH ARE IN ADDITION TO THE STATUTORY AUDIT.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

98-0407553

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUDERE 1191 2ND AVE STE 450, SEATTLE, WA 98101	N/A		49,234				(SEE STATEMENT)
(2) BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA BCM 203, HOUSTON, TX 77030	74-1613878	501(C)(3)	548,709				(SEE STATEMENT)
(3) (SEE STATEMENT)	N/A		685,000				(SEE STATEMENT)
(4) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	501(C)(3)	7,708				(SEE STATEMENT)
(5) BOSTON UNIVERSITY 25 BUICK STREET, 2ND FLOOR, BOSTON, MA 02115	04-2103547	501(C)(3)	159,966				SPONSORED RESEARCH
(6) BROAD INSTITUTE 415 MAIN STREET, CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	355,100				(SEE STATEMENT)
(7) (SEE STATEMENT)	27-1414646	501(C)(3)	723,586				(SEE STATEMENT)
(8) DIAGNOSTIC CONSULTING NETWORK INC 6354 CORTE DEL ABETO, CARLSBAD, CA 92011	20-5531959		1,012,297				(SEE STATEMENT)
(9) (SEE STATEMENT)	83-0343298		51,218				(SEE STATEMENT)
(10) (SEE STATEMENT)	N/A		206,993				(SEE STATEMENT)
(11) GEORGETOWN UNIVERSITY 3700 O ST NW, WASHINGTON, DC 20057	53-0196603	501(C)(3)	400,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
- 3 Enter total number of other organizations listed in the line 1 table 8

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2023

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
----------------	--

(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE, SUITE 72, CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	39,206				PROJECT AGREEMENT WITH HARVARD FOR SEQ&TREAT MUTATIONS CATALOGUE WORK
(13) MESO SCALE DIAGNOSTICS LLC 1601 RESEARCH BOULEVARD, ROCKVILLE, MD 20850	52-1974952		56,128				IMMUNOFLUORESCENT TB LAM ASSAY FOR TB DIAGNOSIS.
(14) PROGRAM APPROPRIATE TECH IN HEALTH 2201 WESTLAKE AVENUE, SUITE 200, SEATTLE, WA 98121	91-1157127	501(C)(3)	206,912				GENOMICS TRAININGS. SUPPORTING THE AFRICA CDC WORKFORCE DEVELOPMENT EFFORT FOR PATHOGEN GENOMIC SURVEILLANCE
(15) QUANTIGEN LLC 10300 KINCAID DR SUITE 200, FISHERS, IN 46037	N/A		22,491				ACCELERATING TOOLS TO DRIVE TUBERCULOSIS DETECTION
(16) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO SCHOOL OF MEDICINE 9500 GILMAN DRIVE, MC 0602, LA JOLLA, CA 92093-0602	95-6006144	501(C)(3)	338,978				CONSULTING SERVICES AND BLOOD CULTURE DUE DILIGENCE SUPPORT
(17) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, SUITE 2200, CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	526,828				LABORATORY STRENGTHENING TO SUPPORT CLINICAL CARE AND RESEARCH
(18) UNIVERSITY OF ALABAMA 701 20TH STREET SOUTH, AB 1170, BIRMINGHAM, AL 35294-0111	63-6005396	501(C)(3)	75,348				STUDY TO SUPPORT CLINICAL PERFORMANCE EVALUATION OF GONORRHOEA
(19) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE, BOX 359472, SEATTLE, WA 98195	91-1486484	501(C)(3)	18,772				PERFORM ASSESSMENT OF ACCEPTABILITY AND USABILITY OF HCV SELF-TESTING AMONG PEOPLE WHO INJECT DRUGS IN KENYA
(20) WOLF GREENFIELD AND SACKS P.C. 600 ATLANTIC AVENUE, BOSTON, MA 02210-2206	N/A		22,023				IP LANDSCAPE STUDY DIRECTED TO THE DETECTION OF NGAL/LCN-2 BIOMARKERS

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	CONTRACTS ARE GIVEN FOR RESEARCH AND DEVELOPMENT OF NEW TOOLS FOR THE DIAGNOSIS OF INFECTIOUS DISEASES. EXCEPT FOR THE INITIAL ADVANCE PAYMENTS, PAYMENTS ARE CONDITIONAL UPON ACHIEVEMENT OF MILESTONES OR DELIVERABLES THROUGH THE PERIOD OF THE CONTRACT AS EVIDENCED IN CONTRACTUALLY SPECIFIED REPORTS. IN ADDITION TO THE REGULAR REPORTS, PROGRAM MANAGERS MONITOR PROGRESS WITH REGULAR COMMUNICATIONS AND PHYSICAL AND VIRTUAL SITE VISITS. FINALLY, MOST MAJOR GRANTS ARE SUBJECT TO ANNUAL DONOR AUDITS WHICH ARE IN ADDITION TO THE STATUTORY AUDIT.
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BIOMEME 1015 CHESTNUT ST, SUITE 1401, PHILADELPHIA, PA 19107
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CHAI -CLINTON HEALTH ACCESS INITIATION INC, 383 DORCHESTER AVENUE, SUITE 400, BOSTON, MA 02127
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DIMAGI INC. 585 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION 1140 CONNECTICUT AVE NW STE 200, WASHINGTON, DC 20036
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AUDERE: DEVELOP AND MAKE AVAILABLE DIGITAL TOOLS FOR LAY USERS TO PROMOTE PROPER PERFORMANCE OF CV-19 ANTIGEN RDTs AND REPORTING OF THE RESULTS (ST PROJECT)
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BAYLOR COLLEGE OF MEDICINE: DRIVING EQUITABLE ACCESS TO TESTING IN LMICS THROUGH EFFECTIVE AND AFFORDABLE TESTS AND INFRASTRUCTURE.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BIOMEME: DEVELOPMENT OF DIAGNOSTIC TESTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOSTON CHILDREN'S HOSPITAL: RESEARCH AGREEMENT FOR CROSS-CUTTING DISEASES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BROAD INSTITUTE: DEVELOPMENT OF A RAPIDE, POINT-OF-CARE DIAGNOSTIC FOR HIGH SENSITIVITY DETECTION OF TUBERCULOSIS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CHAI -CLINTON HEALTH ACCESS INITIATION INC, : TO SUPPORT TB ELIMINATION EFFORTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DIAGNOSTIC CONSULTING NETWORK INC: DEVELOPMENT OF DIAGNOSTIC TESTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	DIMAGI INC.: PRODUCTION OF MOBILE PHONE APPS THAT COLLECTS DATA FROM RAPID VITRO DIAGNOSTIC TEST AND THAT CAN AID AN RDT USER IN INTERPRETING THE TEST RESULTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION: EVALUATION OF ANTIGEN RAPID DIAGNOSTIC TESTS.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GEORGETOWN UNIVERSITY: DRIVING EQUITABLE ACCESS TO TESTING IN LMICS THROUGH EFFECTIVE AND AFFORDABLE TESTS AND INFRASTRUCTURE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

98-0407553

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	WILLIAM RODRIGUEZ CHIEF EXECUTIVE OFFICER	(i) 364,452	(ii) 32,823	(iii) 0	77,558	23,403	498,236	0
		(ii) 0	0	0	0	0	0	0
2	SERGIO CARMONA CHIEF MEDICAL OFFICER	(i) 336,733	(ii) 5,823	(iii) 0	68,319	6,651	417,526	0
		(ii) 0	0	0	0	0	0	0
3	MARTA FERNANDEZ SUAREZ CHIEF TECHNOLOGY OFFICER	(i) 322,965	(ii) 6,357	(iii) 0	65,965	18,461	413,748	0
		(ii) 0	0	0	0	0	0	0
4	CASSANDRA KELLY-CIRINO VP, HEALTH PROGRAMMES	(i) 260,828	(ii) 5,823	(iii) 0	53,954	13,012	333,617	0
		(ii) 0	0	0	0	0	0	0
5	LOUISA CHAUBERT DIRECTOR OF FINANCE	(i) 263,260	(ii) 4,487	(iii) 0	57,399	5,527	330,673	0
		(ii) 0	0	0	0	0	0	0
6	WILLO BROCK EXECUTIVE VP, EXTERNAL AFFAIRS	(i) 314,168	(ii) 6,357	(iii) 0	0	0	320,525	0
		(ii) 0	0	0	0	0	0	0
7	SHARON SAACKS SENIOR DIRECTOR, PROGRAMME OPERATIONS	(i) 247,676	(ii) 4,487	(iii) 0	50,935	12,215	315,313	0
		(ii) 0	0	0	0	0	0	0
8	MORTEN RUHWALD DIRECTOR, TUBERCULOSIS PROGRAMME	(i) 249,537	(ii) 4,487	(iii) 0	45,104	10,766	309,894	0
		(ii) 0	0	0	0	0	0	0
9	EMMA JANE HANNAY CHIEF ACCESS OFFICER	(i) 243,481	(ii) 4,487	(iii) 0	53,498	0	301,466	0
		(ii) 0	0	0	0	0	0	0
10	BEATRICE MOUTON DIRECTOR, HUMAN RESOURCES	(i) 240,665	(ii) 5,823	(iii) 0	44,338	10,618	301,444	0
		(ii) 0	0	0	0	0	0	0
11	STEFANO ONGARELLO DIRECTOR, DATA SCIENCE	(i) 225,903	(ii) 4,487	(iii) 0	43,739	10,428	284,557	0
		(ii) 0	0	0	0	0	0	0
12	BROOKE NICHOLS SENIOR DIRECTOR, IMPACT	(i) 249,539	(ii) 4,487	(iii) 0	30,113	0	284,139	0
		(ii) 0	0	0	0	0	0	0
13	SYLVAIN BIELER PRINCIPAL SCIENTIST	(i) 231,025	(ii) 4,487	(iii) 0	43,469	0	278,981	0
		(ii) 0	0	0	0	0	0	0
14	DANIEL BAUSCH SNR. ADVISOR CEO, GLOBAL HEALTH SEC (LEFT 11/23)	(i) 208,248	(ii) 4,487	(iii) 0	45,062	10,793	268,590	0
		(ii) 0	0	0	0	0	0	0
15	SANJAY SARIN VP, ACCESS	(i) 232,180	(ii) 5,823	(iii) 0	0	0	238,003	0
		(ii) 0	0	0	0	0	0	0
16	NORMA TORRES CHIEF OPERATING OFFICER	(i) 145,082	(ii) 0	(iii) 0	16,250	0	161,332	0
		(ii) 0	0	0	0	0	0	0

Schedule J (Form 990) 2023

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	OMB No. 1545-0047 <div style="background-color: black; color: white; padding: 5px; text-align: center;"> 2023 </div> Open to Public Inspection
	▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	

Name of the Organization FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS	Employer Identification Number 98-0407553
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Return Reference - Identifier	Explanation
FORM 990 - BOX E	THE ORGANIZATION'S TELEPHONE NUMBER IS +41 (22) 710 0590.
FORM 990, PART III, LINE 4A - TECHNOLOGY & DEVELOPMENT DEPARTMENT	<p>(EXPENSES \$25,480,451 INCLUDING GRANTS OF \$13,087,039)(REVENUE \$0)</p> <p>IN 2023, FIND MADE SIGNIFICANT PROGRESS IN PROJECTS AIMED AT IMPROVING GLOBAL HEALTH THROUGH DIAGNOSTICS. ACHIEVEMENTS INCLUDE ADVANCEMENTS IN TRUE POINT-OF-CARE DIAGNOSTIC SOLUTIONS, DIGITAL SOLUTIONS, SEQUENCING, AND REDISTRIBUTION OF MANUFACTURING CAPACITY OVER THE WORKS.</p> <p>ONE NOTABLE INITIATIVE WAS SUPPORTING THE DEVELOPMENT OF NEAR-POINT-OF-CARE AND TRUE POINT-OF-CARE SOLUTIONS FOR COVID-19. WE COLLABORATED WITH MANUFACTURERS ON MULTI DISEASE PLATFORMS AND MULTIPLEX ASSAYS TO DECENTRALIZE DIAGNOSTICS IN LMICS, INCREASING ACCESS TO QUALITY TESTING IN THE LEAST DEVELOPED COUNTRIES.</p> <p>IN 2023, A SIGNIFICANT PROJECT WAS UNDERTAKEN TO DEVELOP AND EVALUATE METHODS FOR DIGITALLY-ENABLED INTEGRATED SCREENING AT THE COMMUNITY LEVEL IN RWANDA AND KENYA. THIS INITIATIVE SUCCESSFULLY DEMONSTRATED THE FEASIBILITY OF DECENTRALIZING COMMUNITY-LEVEL SCREENING THROUGH DIGITAL TOOLS, INTEGRATING DISEASE SCREENING INTO COMMUNITY-LEVEL DIGITAL PLATFORMS, AND ENHANCING CONTACT TRACING MODULES FOR TUBERCULOSIS IN RWANDA.</p> <p>ANOTHER SIGNIFICANT ACHIEVEMENT WAS LEVERAGING DATA IN ALL FIND'S ACTIVITIES TO BECOME A DATA INNOVATOR IN THE DIAGNOSTICS SPACE. THIS INVOLVED MAKING FIND A DATA-DRIVEN ORGANIZATION, IMPLEMENTING THE DXCONNECT DATA PORTAL TO MAKE DIAGNOSTICS KNOWLEDGE ACCESSIBLE GLOBALLY, AND INTEGRATING DATA GOVERNANCE INTO ALL BUSINESS PROCESSES. THIS PROJECT INDUCED A CULTURAL SHIFT WITHIN THE ORGANIZATION, POSITIONING FIND AS A KEY PLAYER IN GLOBAL HEALTH DATA COLLABORATIVES.</p> <p>FIND ALSO FOCUSED ON TRANSFORMING THE DIAGNOSIS AND TREATMENT OF DRUG-RESISTANT TB (DR-TB) BY ACCELERATING THE INTRODUCTION AND GLOBAL ADOPTION OF TARGETED NEXT-GENERATION SEQUENCING (NGS). EVIDENCES GENERATED BY FIND THROUGH MULTI-COUNTRY CLINICAL EVALUATIONS OF NGS SOLUTIONS FOR THE DIAGNOSIS OF DRUG-RESISTANT TB PROVIDED PIVOTAL EVIDENCE FOR A WHO POLICY REVIEW AND SUBSEQUENTLY, WHO ISSUED A RAPID COMMUNICATION ON THE USE OF TARGETED NGS FOR THE DIAGNOSIS OF DRUG-RESISTANT TB IN JULY 2023.</p> <p>IN THE REALM OF COVID-19, FIND SUPPORTED ACCESS TO COVID-19 ANTIGEN RAPID DIAGNOSTIC TESTS (AGRDTS) IN RESOURCE-LIMITED COUNTRIES. THIS INVOLVED PARTNERSHIPS WITH VARIOUS MANUFACTURERS TO DEVELOP, OPTIMIZE, AND EVALUATE HIGH-QUALITY AGRDTS, INCREASE MANUFACTURING CAPACITY, AND FOSTER REGIONAL PRODUCTION THROUGH TECHNOLOGY TRANSFER. THE PROJECT ALSO FOCUSED ON BUILDING REGIONAL MANUFACTURING CAPACITY FOR RDT TESTS, WITH AN INITIAL FOCUS ON HIV TESTS.</p> <p>FIND ALSO AIMED TO DEVELOP LOW-COST SELF-TESTS AND SCREENING TECHNOLOGIES TO FACILITATE DECENTRALIZED TESTING IN HEALTHCARE FACILITIES AND AT HOME. THIS INITIATIVE SUPPORTED THE REGISTRATION OF SELF-TESTING SOLUTIONS IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS) AND PROVIDED TECHNOLOGY TRANSFER AND FUNDING SUPPORT TO ENSURE RAPID AVAILABILITY OF THESE TECHNOLOGIES.</p> <p>IN ADDITION TO THESE PROJECTS, FIND'S EFFORTS IN 2023 INCLUDED THE DEVELOPMENT OF A YELLOW FEVER ANTIGEN RAPID DIAGNOSTIC TEST (RDT) AND EVIDENCE GENERATION FOR NOVEL POINT-OF-CARE (POC) MOLECULAR AND ANTIGEN TESTS FOR MPOX. THESE PROJECTS COLLECTIVELY CONTRIBUTED TO ADVANCING DIAGNOSTICS, IMPROVING ACCESS TO ESSENTIAL TESTS, AND STRENGTHENING HEALTH SYSTEMS IN VARIOUS REGIONS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - ACCESS DEPARTMENT	<p>(EXPENSES \$17,309,907 INCLUDING GRANTS OF \$6,870,781)(REVENUE \$0)</p> <p>IN 2023, FIND ACCESS DEPARTMENT EXECUTED SEVERAL MAJOR INITIATIVES ACROSS MULTIPLE REGIONS. IN BIHAR, INDIA, THE LSS PROJECT PROVIDED TECHNICAL ASSISTANCE TO STRENGTHEN LABORATORY SYSTEMS, WORKING CLOSELY WITH THE GOVERNMENT TO IMPLEMENT IPHL GUIDELINES AND ESSENTIAL DIAGNOSIS LIST STANDARDS. SUCCESS HINGED ON STRONG GOVERNMENT ENGAGEMENT AND CONTINUOUS ON-SITE MENTORING.</p> <p>THE ESSENTIAL DIAGNOSTICS LISTS (EDL) PROGRAM ACHIEVED SIGNIFICANT PROGRESS IN EIGHT COUNTRIES. FIND SUCCESSFULLY SUPPORTED NEDL DEVELOPMENT IN ETHIOPIA, GAMBIA, KENYA, MALAWI, AND VIETNAM, WHILE WORK CONTINUES IN BURKINA FASO, CAMEROUN, AND SAO TOME E PRINCIPE. IN COLLABORATION WITH ASLM, THEY PUBLISHED COMPREHENSIVE GUIDANCE FOR NEDL DEVELOPMENT AND IMPLEMENTATION AND EVALUATED FACTORS INFLUENCING DIAGNOSTICS SELECTION AND USE IN 55 AFRICAN UNION MEMBER STATES. FIND ALSO COLLABORATED WITH MCGILL UNIVERSITY AND THE BILL & MELINDA GATES FOUNDATIONS EXEMPLARS IN GLOBAL HEALTH TEAM TO GENERATE EVIDENCE ON EXEMPLARS IN DIAGNOSTICS AND INNOVATIVE SOLUTIONS IN DIAGNOSTICS. THIS COLLABORATION HIGHLIGHTED THE BEST PRACTICES, FOSTERED INNOVATION, AND SET BENCHMARKS FOR IMPROVING ACCURACY AND EFFICIENCY IN MEDICAL DIAGNOSTICS. THE DIAGNOSTIC NETWORK OPTIMIZATION (DNO) INITIATIVE EXPANDED ITS IMPACT THROUGH OPTIDX, AN ADVANCED ANALYTICAL TOOL DESIGNED TO OPTIMIZE DIAGNOSTIC NETWORKS FOR TB, HIV, AND OTHER DISEASES IN LOW AND MIDDLE-INCOME COUNTRIES. THIS PROGRAM HAS BEEN PARTICULARLY IMPACTFUL IN INDIA, WHERE IMPLEMENTATION SPANS 52 DISTRICTS ACROSS 10 STATES, FOCUSING ON UNIVERSAL DST SCALE-UP AND IMPROVED TESTING EFFICIENCY. FIND'S DNO TEAM ALSO LAUNCHED THE DXGEOMAP WHICH IS A USER-FRIENDLY, ONLINE GIS APPLICATION DESIGNED TO MAP POPULATION ACCESSIBILITY TO DIAGNOSTICS WITH MINIMAL DATA INPUTS. THE DXGEOMAP SOFTWARE HELPS USERS BY ESTIMATING THE POTENTIAL IMPACT OF NEW DIAGNOSTIC SOLUTIONS AND DEMONSTRATING THE POTENTIAL EFFECTIVENESS OF EXISTING DIAGNOSTIC SYSTEMS THUS GUIDING HOW INTERVENTIONS MAY BE STRENGTHENED.</p> <p>IN INDONESIA, FIND ESTABLISHED A LANDMARK PARTNERSHIP WITH THE MINISTRY OF HEALTH, TARGETING THE ENHANCEMENT OF 18,000 PRIMARY HEALTH CENTERS. THIS COMPREHENSIVE INITIATIVE ENCOMPASSES ESSENTIAL DIAGNOSTICS ACCESS, HEALTH WORKFORCE CAPACITY BUILDING, PANDEMIC SURVEILLANCE IMPROVEMENT, AND THE ADVANCEMENT OF LOCAL DIAGNOSTICS MANUFACTURING CAPABILITIES. THE PROJECT ALSO INCLUDES THE DEVELOPMENT OF INDONESIA'S FIRST NATIONAL LABORATORY STRATEGIC PLAN.</p> <p>THE ACTA INDO-PACIFIC REGIONAL PROJECT REPRESENTS A COLLABORATIVE EFFORT ACROSS CAMBODIA, PNG, LAOS PDR, AND INDONESIA. WORKING THROUGH A CONSORTIUM OF AUSTRALIAN INSTITUTES AND CHAI, THIS INITIATIVE ESTABLISHED THE REGIONAL PUBLIC HEALTH LEARNING NETWORK (RPHLN) AND DELIVERS TAILORED HEALTHCARE SOLUTIONS IN PARTNERSHIP WITH NATIONAL GOVERNMENTS.</p> <p>FIND MADE SIGNIFICANT PROGRESS IN ACCELERATING ACCESS TO COVID-19 SOLUTIONS BY ENHANCING THE ACCESSIBILITY AND UTILIZATION OF SELF-TESTING IN LMICS. BY EVALUATING COMMERCIALY AVAILABLE SELF-TESTS AND CONDUCTING COMPREHENSIVE VALUES AND PREFERENCES SURVEYS, FIND DEMONSTRATED THAT THE PUBLIC COULD EFFECTIVELY AND SATISFACTORILY USE SELF-TESTS, WHICH EMERGED AS THE PREFERRED MODE OF TESTING. MARKET READINESS EVALUATIONS WERE CONDUCTED TO ENSURE THAT THE SELF-TESTS WERE SUITABLE FOR WIDESPREAD USE AND COULD BE EFFECTIVELY INTEGRATED INTO EXISTING HEALTH SYSTEMS. EVIDENCE WAS GENERATED AND BECAME CRUCIAL IN SUPPORTING THE DEVELOPMENT OF WHO AND NATIONAL POLICIES ON SELF-TESTING, AS WELL AS IN DRIVING DEMAND GENERATION EFFORTS TO ENSURE BROADER ADOPTION AND IMPLEMENTATION OF SELF-TESTING PRACTICES.</p> <p>THROUGH THE OBJECTIVE OF THE COVID-19 ACTA MANAGEMENT R&D PROJECT, FIND HAS STIMULATED R&D TO GENERATE NEW INNOVATIVE TESTS THAT ENABLED ACCESS TO MOLECULAR TESTING AT POINT OF CARE. THE PROJECT ALSO MONITORED THE COVID-19 TEST LANDSCAPE, MAINTAINING AN UP-TO-DATE TEST DIRECTORY THAT FACILITATED THE INTRODUCTION OF NEW TESTS TO THE MARKET AND INTO COUNTRY'S TESTING ALGORITHMS.</p> <p>FIND HAS WORKED ON ENHANCING ACCESS TO COVID-19 TESTING IN 4 PRIORITY COUNTRIES (NIGERIA, KENYA, THE DEMOCRATIC REPUBLIC OF CONGO (DRC), AND TANZANIA). THESE COUNTRIES WERE SELECTED DUE TO THEIR HIGH ESTIMATED BURDENS OF COVID-19 INFECTION BUT LOW REPORTING RATES. BY ENGAGING WITH LOCAL STAKEHOLDERS TO INFORM POLICY, BUILDING THE CAPACITY OF COMMUNITY HEALTH WORKERS AND HEALTHCARE WORKERS AT PRIMARY HEALTH CARE (PHC) FACILITIES, AND PROMOTING THE USE OF ANTIGEN RAPID DIAGNOSTIC TESTS (RDTs) AND SELF-TESTS, THE PROJECT AIMED TO ENSURE WIDESPREAD AND EFFECTIVE TESTING. ADDITIONALLY, THE PROJECT SUPPORTED THE ESTABLISHMENT OF INTEGRATED PATHWAYS AND THE USE OF DIGITAL TOOLS FOR SCREENING AND REPORTING, THEREBY STRENGTHENING THE OVERALL TESTING INFRASTRUCTURE AND RESPONSE IN THESE COUNTRIES.</p> <p>COLLECTIVELY, ALL THESE PROJECTS DEMONSTRATED FIND'S COMMITMENT TO STRENGTHENING HEALTHCARE SYSTEMS THROUGH IMPROVED DIAGNOSTICS ACCESS, ENHANCED LABORATORY CAPABILITIES, AND STRATEGIC PARTNERSHIPS WITH NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - TUBERCULOSIS (TB) PROGRAMME	<p>(EXPENSES \$8,701,980 INCLUDING GRANTS OF \$2,948,582)(REVENUE \$0)</p> <p>TO SUPPORT POLICY FOR POC TB, MDR-TB TESTS AND EXPANDED TB TESTING IN PLHIV, FIND CONDUCTED CLINICAL EVALUATION OF THE IMPACT OF USING THE MOLBIO TRUENAT MTB PLATFORM/ASSAYS IN THE MOST PERIPHERAL LEVEL OF HEALTHCARE. IN ADDITION, EVALUATED THE CEPHEID XPERT MTB/XDR 10-COLOUR REFLEX ASSAY FOR BETTER DIAGNOSIS AND QUICKER INITIATION OF TREATMENT FOR PATIENTS WITH DIFFERENT TYPES OF DRUG RESISTANCE. ALSO, RAN CLINICAL EVALUATION OF AN EXPANDED TB DIAGNOSTIC TESTING STRATEGY FOR PEOPLE LIVING WITH HIV (PLHIV) USING ULTRA ON SPUTUM, STOOL AND URINE, AND ABBOTT DETERMINE TB LAM AG TEST ON URINE, REGARDLESS OF PRESENCE OF TB SYMPTOMS.</p> <p>FIND'S TPP PROJECT WORKS IN COLLABORATION WITH WHO, PROVIDED A NOVEL FRAMEWORK TO GUIDE THE FUTURE DEVELOPMENT OF TPPS FOR DIAGNOSTICS, WITH AN APPROACH THAT BALANCES ACCESSIBILITY AND TEST PERFORMANCE FOR TB. FIND DEVELOPED AN IMPACT MODEL THAT CONSIDERED ACCESS, COST AND ACCURACY TO GUIDE PERFORMANCE TARGETS. THIS WORK WILL YIELD NEW POINT-OF-CARE (POC) TESTS FOR TB THAT PROVIDE RESULTS TO THE PATIENT DURING THE SAME CLINICAL VISIT. THIS STRONGLY SUPPORTS THE ONGOING EFFORTS TO BRING TB TESTS AND RESULTS CLOSER TO PATIENTS, TO ENHANCE OVERALL POPULATION-LEVEL HEALTH.</p> <p>TO ADDRESS THE URGENT NEED FOR A RAPID BIOMARKER-BASED, NON-SPUTUM-BASED TEST TO DETECT ALL FORMS OF TB FOR INDIVIDUALS OF ALL AGES, INCLUDING CHILDREN; FIND EVALUATED THE MYCOBACTERIUM TUBERCULOSIS CELL FREE DNA (MTB-CFDNA) AS A BIOMARKER FOR TB DETECTION. FIND STUDY DEMONSTRATED IMPROVED ANALYTICAL SENSITIVITY OF WATSON BY TARGETING MORE LOCI, DEVELOPED AN IMPROVED PRIMER DESIGN ALGORITHM, AND STREAMLINED THE PROTOCOL TO MINIMIZE CONTAMINATION, ENABLE A MORE ERROR-FREE WORKFLOW, AND FACILITATE HIGH-THROUGHPUT EVALUATION OF PRIMERS.</p> <p>FIND CONDUCTED PERFORMANCE EVALUATION OF THE MOLBIO DIAGNOSTICS TRUENAT™ MTB PLUS/COVID-19 FOR TB AND COVID-19 AND NCD SCREENING CASE DETECTION USING PROSPECTIVELY COLLECTED NP SWABS AND SPUTUM SAMPLES FROM PARTICIPANTS WITH SYMPTOMS SUGGESTIVE OF TB. THE PROJECT WAS IMPLEMENTED IN CLOSE COLLABORATION WITH THE BODA-BODA COMMUNITY, CREATING A HIGH DEMAND FOR COMMUNITY-BASED TESTING SERVICES. THE DIGITAL TOOL CAPTURED COMPLETE DATA FOR MORE THAN 95% OF PARTICIPANTS AND GUIDED THE SELECTION OF PATIENTS FOR TB AND COVID 19 TESTING, INCLUDING CONFIRMATORY PCR TESTING. THE PROJECT ALLOWED THE PILOTING OF INTEGRATION MODELS FOR OTHER DISEASE PROGRAMMES, TRAINED HEALTHCARE WORKERS AND OTHER AG RDT USERS, CONTRIBUTED TO INCREASED DEMAND FOR TESTING, STRENGTHENED COVID-19 SURVEILLANCE AND INFECTION PREVENTION AND CONTROL, AND SUPPORTED THE MANAGEMENT OF AG RDT SUPPLIES.</p> <p>THE UNITAID-FUNDED DRIVEDX4TB PROJECT AIMS TO ACCELERATE THE INTRODUCTION OF TB DIAGNOSTICS, AFTER A THOROUGH EVALUATION AND REVIEW BY INTERNAL AND EXTERNAL EXPERTS, 11 PRODUCTS FROM 10 MANUFACTURERS WERE SELECTED FOLLOWING AN RFP AND DUE DILIGENCE PROCESS, WHICH WAS APPROVED BY UNITAID IN APRIL 2023. THE COMPLETION OF THE VALUES AND PREFERENCES (V&P) STUDY WAS A SIGNIFICANT ACHIEVEMENT FOR THE YEAR, ASSESSING END-USER PREFERENCES IN SOUTH AFRICA, VIET NAM, AND INDIA FOR NOVEL SAMPLE TYPES, URINE AND TONGUE SWABS. THE STUDY'S FINDINGS PROVIDED ESSENTIAL INSIGHTS INTO POTENTIAL PRODUCT RECEPTION AND IMPLEMENTATION CONSIDERATIONS, WITH PLANS FOR FURTHER DISSEMINATION (INCLUDING PUBLICATIONS) EXPECTED IN 2024. ADDITIONALLY, FIND SUCCESSFULLY DEVELOPED A GO-TO-MARKET FRAMEWORK INCLUDING 6 CONSEQUENTIAL MODULES DURING THE REPORTING PERIOD. TO INFORM ACCESS TERMS AND PRICING, FIND INITIATED AN INDEPENDENT COST OF GOODS (COGS) ANALYSIS AND WILLINGNESS-TO-PAY ANALYSIS FOR THE PUBLIC AND PRIVATE SECTOR BUYERS ACROSS ALL THREE PRODUCT CLASSES. ACCESS TERMS AND DEFINITIONS WERE CO-CREATED BY FIND AND UNITAID AND WERE INCLUDED IN THE INITIAL CONTRACTS SENT TO MANUFACTURERS; THIS PROCESS WILL BE REVISITED DURING LATER STAGE-GATES WITHIN THE PROJECT. LASTLY, DRIVEDX4TB ACTIVELY PARTICIPATED IN GLOBAL AND COUNTRY-LEVEL ADVOCACY EFFORTS, INCLUDING CO-ORGANIZING A SIDE-EVENT AT THE UN HIGH-LEVEL MEETING ON TB IN NEW YORK.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$30,536,891 INCLUDING GRANTS OF \$12,922,801)(REVENUE \$0)</p> <p>ANTIMICROBIAL RESISTANCE (EXPENSES \$5,623,858) AADAUC: ASSESSMENT AMR DX AND ABX IN-COUNTRY AMR CARBX ACCELERATOR AMR DX ACCELERATOR AMR MOLECULAR ASSAY AMR NEONATAL SEPSIS SOUTH AFRICA AMR PROGRAMME MANAGEMENT AMR SCORE CARD AMR STI WP2 CLINICAL TRIAL SITE DEVELOPMENT AMR STRATEGY AMR SURVEILLANCE DIGITAL TOOLKIT - KENYA AND NEPAL COVID-19 GENOMIC SURVEILLANCE CRP DEMONSTRATION STUDIES CUMULATIVE ANTIBIOGRAMS EU VALUEDX GONOGO: STEWARDSHIP OF NEW GONORRHOEA ANTIBIOTICS HAMRAS: HAI SURVEILLANCE AND AMS IMPROVE AMS PRACTICES AT PHC: POC AND DIGITAL NEOAMR: NEONATAL SEPSIS DIAGNOSTIC AMR PREVENTION RAPID DUAL LFA FOR GN AND CT SIMPLIFIED BLOOD CULTURE WHO - FIND AMR IN COUNTRY WHO AMR SECONDMENT</p> <p>COMPLEX HUMANITARIAN ENVIRONMENTS (EXPENSES \$273,112) CONFLICT AFFECTED SETTINGS LABORATORY STRENGTHENIN PARTNERSHIP BUILDING</p> <p>HEPATITIS AND HIV (EXPENSES \$28,603) GLOBAL POLICY HCV SELF-TEST</p> <p>IMPACT(EXPENSES \$1,487,563) GAP IMPACT NETWORK IMPACT GENERAL MANAGEMENT IMPACT INFORMATION FOUNDATIONAL VALUE OF DIAGNOSTICS</p> <p>MALARIA AND FEVER (EXPENSES \$3,638,444) DATA FROM RDT LOT-TESTING AT TIME OF PROCUREMENT DENGUE EVALUATION STUDY DIAGNOSIS FOR UHC TRACKER DIGITAL ETAT EVIDENCE FOR NON-INVASIVE MALARIA TESTS EVIDENCE SEVERITY FIELD EVALUATION OF A POC HEMATOLOGY PLATFORM FIND-GAVI COLLABORATION FIND-GAVI COLLABORATION (LANDSCAPING ACTIVITIES) FIND-GAVI COLLABORATION (MENINGO EVALUATIONS) G6PD BIOSENSOR IMPLEMENTATION HS-RDT HRP2 IMPACT STUDIES INNOVATION PLATFORM MALARIA AND FEVER PROGRAMME MANAGEMENT MALARIA SPECIMEN BANK P. VIVAX MALARIA - SEROLOGY TESTS POC HEMATOLOGY PVSTATEM: DIGITAL TOOL FOR PVSEROTAT TEMPERATURE STABILITY TYPHOID DIAGNOSTIC VITAL SIGNS TRIAGE TOOLKIT</p> <p>MEDICAL AFFAIRS (EXPENSES \$3,342,484) BILLING OF SPECIMEN DSTRIBUTION BIOBANKING DEVELOPMENT CLINICAL AFFAIRS GENERAL MANAGEMENT CLINICAL TRIAL UNIT GENERAL MANAGEMENT CLINICAL-REGULATORY-QMS COVID-19 (CTU) DIAGNOSTICS CENTER OF EXCELLENCE MEDICAL AFFAIRS GENERAL MANAGEMENT MEDICAL AFFAIRS PORTFOLIO MANAGEMENT PROGRAM COORDINATION AND SUPERVISION REGULATORY UNIT GENERAL MANAGEMENT SPECIMEN BANK UNIT GENERAL MANAGEMENT</p> <p>NEGLECTED TROPICAL DISEASES (EXPENSES \$5,142,868) BU LAMP BU RDT DEVELOPMENT CHAGAS DISEASE RDT DEVELOPMENT CUIDA CHAGAS EVALUATION OF ONCHOCERCIASIS DIAGNOSTICS EVALUATION OF RDTs FOR CHRONIC CHAGAS DISEASE HAT (SLEEPING SICKNESS) ELIMINATION HAT ELIMINATION (ANGOLA) HAT ELIMINATION (CHAD) HAT ELIMINATION (DRC)</p>

Return Reference - Identifier	Explanation
	<p>HAT ELIMINATION (GUINEA) HAT ELIMINATION (SOUTH SUDAN) HAT ELIMINATION (UGANDA) HAT KENYA HAT RDT DEVELOPMENT NTD BIOBANKING COLLECTION IN GHANA NTD PROGRAMME MANAGEMENT SCHISTOSOMIASIS CAA RDT DEVELOPMENT VISCERAL LEISHMANIASIS AG RDT DEVELOPMENT VISCERAL LEISHMANIASIS ELIMINATION</p> <p>NON-COMMUNICABLE DISEASES (EXPENSES \$1,975,355) ACCEDE: ACCESS TO CGMS FOR EQUITY IN DIABETES MGT ACCESS TO CARDIOMETABOLIC MANAGEMENT ACCESS TO GLUCOSE MEASUREMENT THROUGH DXCONNECT DIABETES MANAGEMENT EDUCATION DIABETES QUALITY ASSURANCE EVIDENCES DIGITAL EDUCATION FOR PHARMACISTS - MCLINICA HBA1C POC H2H COMPARISON NCD PROGRAMME MANAGEMENT NEW TECH FOR DIABETES & CARDIOMETABOLIC CONDITIONS</p> <p>PANDEMIC THREATS (EXPENSES \$7,439,585) AGRDT DEMONSTRATION STUDY IN BOTSWANA COVID-19 EVAL ANTIGEN RDTs COVID-19 EXTERNAL QUALITY ASSESSMENT MOLECULAR COVID-19 MOBILE LABS COVID-19 SURVEILLANCE DATA DIGITAL TOOL-KIT COVID-19 TEST AND TREAT DIAGNOSTIC NETWORK OPTIMIZATION OB SURVEILLANCE DXOD: DIAGNOSTICS FOR OUTBREAK DISEASES TASKFORCE EVALUATION OF COVID-19 MOLECULAR POC TESTS EXTERNAL QUALITY ASSESSMENT CV ANTIGEN TESTING G7-G20 ENGAGEMENT INDEPENDENT EVALUATION OF EBOLA RDTs MARBURG RDT PRODUCT DEVELOPMENT OB LASSA FEVER RESPONSE OB LASSA FEVER RESPONSE-DISSEMINATION AND TRAINING OB PREPAREDNESS AND RESPONSE IN WEST AFRICA PANDEMIC THREATS PROGRAMME MANAGEMENT PATH/WHO/FIND COVID-19 DIAGNOSTIC BENCHMARKING PT MARKET ASSESSMENT AND LANDSCAPE TEST EVALUATION NETWORK FOR OB DISEASE DIAGNOSTICS YELLOW FEVER RDT R&D AND EVALUATION</p> <p>SURVEILLANCE (EXPENSES \$265,435) COMMUNITY-LED OUTBREAK PREP AND RESPONSE SURVEILLANCE GENERAL MANAGEMENT</p> <p>WOMEN'S HEALTH (EXPENSES \$1,319,584) CERVICAL CANCER ELIMINATION CERVICAL CANCER ELIMINATION (ACCESS) CERVICAL CANCER ELIMINATION (COMMUNITY) CERVICAL CANCER ELIMINATION (DIGITAL) CERVICAL CANCER ELIMINATION (R&D EVALUATION) CERVICAL CANCER ELIMINATION (R&D REGULATORY) HPV CERVICAL CANCER SCREENING IN VIET NAM WH PROGRAMME MANAGEMENT</p>
FORM 990, PART V, LINE 2A - AND PART VII, SECTION A	INDIVIDUALS EMPLOYED BY FIND ARE NOT US RESIDENTS OR US EMPLOYEES. INFORMATION PERTAINING TO THE NUMBER OF EMPLOYEES AND EMPLOYEE COMPENSATION IS PROVIDED USING THE BEST INFORMATION AVAILABLE FROM EQUIVALENT W-2 & W-3 FORMS FOR THE VARIOUS COUNTRIES IN WHICH FIND EMPLOYS INDIVIDUALS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE DIRECTOR OF FINANCE. ONCE APPROVED BY THE DIRECTOR OF FINANCE, THE FORM 990 IS ALSO REVIEWED BY THE CEO. ADDITIONALLY, IN 2021, FIND PARTICIPATED IN A BENCHMARKING EXERCISE WITH PEER OF FINANCE, THE FORM 990 IS ALSO REVIEWED BY THE CEO. ADDITIONALLY, IN 2021, FIND PARTICIPATED IN A BENCHMARKING EXERCISE WITH PEER ORGANIZATION TO ENSURE CONSISTENCY OF TREATMENT OF VARIOUS ITEMS ON FORM 990.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	FINDS CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS, OFFICERS AND KEY EMPLOYEES, ALL OTHER STAFF MEMBERS, BOARD MEMBERS, CONSULTANTS AND PARTNERS TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WHEN THEY ARISE. THE PERSON OR COMPANY IS ALSO REQUIRED TO RECUSE THEMSELVES FROM ANY DECISION MAKING.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	A REVIEW BY AN INDEPENDENT CONSULTANT OF THE CEO'S REMUNERATION PACKAGE WAS DONE BY THE BOARD AND FORMS THE BASIS OF A WRITTEN EMPLOYMENT CONTRACT. REMUNERATION TERMS FOR OFFICERS AND KEY EMPLOYEES ARE BASED ON MARKET RATES FOR SIMILAR POSITIONS IN SPECIFIC LOCATIONS. THE COMPENSATION COMMITTEE. THIS BENCHMARKING IS DONE AGAINST AN INDEPENDENT REPORT WHICH PRESENTS DATA COLLECTED FOR SIMILAR ORGANIZATIONS AND THIS EXERCISE IS DONE EVERY 3 YEARS. SALARIES FOR ALL STAFF ARE AVAILABLE TO THE BOARD AND COMPENSATION COMMITTEE. HOWEVER, THE SALARIES OF THE C-SUITE AND OTHER KEY STAFF ARE APPROVED BY THE COMPENSATION COMMITTEE.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	A REVIEW BY AN INDEPENDENT CONSULTANT OF THE CEO'S REMUNERATION PACKAGE WAS DONE BY THE BOARD AND FORMS THE BASIS OF A WRITTEN EMPLOYMENT CONTRACT. REMUNERATION TERMS FOR OFFICERS AND KEY EMPLOYEES ARE BASED ON MARKET RATES FOR SIMILAR POSITIONS IN SPECIFIC LOCATIONS. THE COMPENSATION COMMITTEE. THIS BENCHMARKING IS DONE AGAINST AN INDEPENDENT REPORT WHICH PRESENTS DATA COLLECTED FOR SIMILAR ORGANIZATIONS AND THIS EXERCISE IS DONE EVERY 3 YEARS. SALARIES FOR ALL STAFF ARE AVAILABLE TO THE BOARD AND COMPENSATION COMMITTEE. HOWEVER, THE SALARIES OF THE C-SUITE AND OTHER KEY STAFF ARE APPROVED BY THE COMPENSATION COMMITTEE.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST FIND'S GOVERNING DOCUMENTS (STATUTES AND BY-LAWS) CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION AT FIND'S OFFICES IN GENEVA, SWITZERLAND.
FORM 990, PART VI, LINE 20 - BOOKS IN CARE OF PHONE NUMBER	THE TELEPHONE NUMBER OF THE PERSON WHO POSSESSES THE BOOKS AND RECORDS IS +41 (22) 710 0590
SCHEDULE F, PART I, LINE 3(E) - PROGRAM SERVICE DESCRIPTION	IN EACH REGION, FIND CONDUCTED THE FOLLOWING PROGRAM SERVICES - LABORATORY STRENGTHENING EVALUATION WORK.
SCHEDULE F, PART II, LINE 2 -	DUE TO THE HIGH VOLUME OF ORGANIZATIONS THAT WERE PROVIDED ASSISTANCE FROM FIND DURING 2023, IT WOULD BE DIFFICULT FOR FIND TO LIST EACH ORGANIZATIONS AND GRANT AMOUNT INDIVIDUALLY ON SCHEDULE F, PART II. THEREFORE, FIND HAS LISTED THE TOTAL AMOUNT OF ASSISTANCE PROVIDED FOR REGION IN 2023.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

98-0407553

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FIND INDIA FLAT NO 8, 9TH FL, 17 BARAKHAM, NEW DELHI, 110001, IN	PROGRAM SERVICES	INDIA			FIND SWISS	✓	
(2) FIND DX NPC 89 ROODEBLOEM ROAD, WOODSTOCK, CAPE TOWN, SF	PROGRAM SERVICES	SOUTH AFRICA			FIND SWISS	✓	
(3) FIND DX KENYA OFF MBAGATHI RD, PO BOX 54840, NAIROBI, 00200, KE	PROGRAM SERVICES	KENYA			FIND SWISS	✓	
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
FIND DX KENYA (1)	R	1,257,956	FMV
FIND DX NPC (2)	R	855,553	FMV
FIND INDIA (3)	R	77,035	FMV
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
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(16)													

Schedule R (Form 990) 2023