

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization, Number and street, Room/suite, City or town, state or province, country, and ZIP or foreign postal code. D Employer identification number, E Telephone number, F Group Exemption Number.

G Accounting Method: Cash, Accrual, Other (specify). H Check if the organization is not required to attach Schedule B (Form 990).

I Website: J Tax-exempt status (check only one) - 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527.

K Form of organization: Corporation, Trust, Association, Other.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Contributions, program service revenue, membership dues, investment income, gaming and fundraising events, sales of inventory, other revenue). Rows 10-17: Expenses (Grants, benefits, salaries, professional fees, occupancy, printing, other expenses). Rows 18-21: Net Assets (Excess or deficit, beginning/end of year).

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization’s primary exempt purpose? _____

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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**SCHEDULE O
(Form 990)**

Department of the 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

Axiom REACH Inc.

Employer identification number

83-3682696

Part I Line 10

Name and Address	Amount	Relationship	Activity
Rutgers University Foundation P O Box 193 New Brunswick, NJ 08903	\$118,405	None	ARGOS - Axiom REACH Graduate Oncology Scholarship Program

Part I Line 16

Description	Amount
Bank charges & fees	\$75
Licenses & Permits	\$220
Website Maintenance	\$756
Cancer Patient Support	\$45,499

Part II Line 26

Description	Beginning Of Year Amount	End Of Year Amount
Credit card liability	\$315	\$0

Part III - Primary Exempt Purpose

Explanation

The mission of Axiom REACH is to make lives better for cancer patients living in poverty by improving care and their quality of life. Axiom REACH assists patients undergoing treatment and awards scholarships to future healthcare providers.

Part V 35

Description

Conflict of Interest Policy: The organization maintains a written Conflict of Interest Policy to ensure transparency and accountability in decision-making. All board members and key personnel are required to disclose any potential conflicts of interest annually. If a conflict arises, the individual must recuse themselves from discussions and decisions related to the matter. The board reviews and enforces this policy to uphold the organization's integrity and compliance with nonprofit best practices.