

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Axiom Reach Inc 300 Witherspoon Street #201 Princeton, NJ 08542	D Employer identification number 83-3682696	E Telephone number (609) 651-5678
F Name and address of principal officer: Hafiz Sikder Same As C Above		G Gross receipts \$ 335,996.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
J Website: axiomreach.com		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2019	M State of legal domicile: NJ

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>			
Activities & Governance	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)	3		5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		0
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5		0
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11.	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		416,696.	335,996.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		416,696.	335,996.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		356,805.	310,939.
Expenses	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)			
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,203.	18,174.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		375,008.	329,113.
19 Revenue less expenses. Subtract line 18 from line 12		41,688.	6,883.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		102,218.	109,374.
	22 Net assets or fund balances. Subtract line 21 from line 20		22.	295.
			102,196.	109,079.

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	Date			
	Hafiz Sikder	President			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Eric Robert Lear, CPA	Eric Robert Lear, CPA			P00216901
	Firm's name	Lear & Pannepacker, LLP		Firm's EIN	22-2947255
	Firm's address	791 Alexander Road Princeton, NJ 08540		Phone no.	(609) 452-2200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. []

1 Briefly describe the organization's mission:

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.

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 [X] 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 [X] 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 \$ 182,534. including grants of \$) (Revenue \$)
Cancer Patients Support - To provide struggling cancer patients with direct financial assistance for basic living expenses, especially those patients providing for a family

4b (Code:) (Expenses \$ 118,405. including grants of \$) (Revenue \$)
Scholarships - Providing underrepresented future healthcare providers with all of the tools and resources they need to succeed both personally and professionally in their careers with cancer patients

4c (Code:) (Expenses \$ 10,000. including grants of \$) (Revenue \$)
Starfish Program - Providing one-off support based on special circumstances & Other Programatic Support

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 310,939.