

TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING
DECEMBER 31, 2022**

PREPARED FOR:

THE MAX FOUNDATION
1107 NE 45TH 230
SEATTLE, WA 98105

PREPARED BY:

CLARK NUBER, PS
10900 NE 4TH STREET, SUITE 1400
BELLEVUE, WA 98004

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE MAX FOUNDATION

EIN or SSN

91-1893957

Name and title of officer or person subject to tax

PATRICIA M. PEARCE
CFO & VP, ADMINISTRATION

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 5,512,677.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLARK NUBER, PS to enter my PIN 83957
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91494094016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

JENNIFER BECKER HARRIS

Date

08/03/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE MAX FOUNDATION		D Employer identification number 91-1893957
	Doing business as		E Telephone number 425-778-8660
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1107 NE 45TH	230	G Gross receipts \$ 5,610,422.
City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98105		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: PATRICIA GARCIA-GONZALEZ SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: WWW.THEMAXFOUNDATION.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1997	M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE ON A MISSION TO ACCELERATE HEALTH EQUITY BY DELIVERING MEDICATION, TECHNOLOGY, AND		
	2 Check this box 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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	626
	7 a 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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,018,778.	1,103,879.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,900,915.	4,451,139.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,103.	9.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-69,711.	-42,350.
		4,848,879.	5,512,677.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	532,668.	563,864.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,670,391.	2,810,058.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	610,258.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,864,715.	2,430,550.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,067,774.	5,804,472.
19 Revenue less expenses. Subtract line 18 from line 12	-218,895.	-291,795.	
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)	2,817,836.	2,609,712.
	22 Net assets or fund balances. Subtract line 21 from line 20	306,391.	390,062.
	2,511,445.	2,219,650.	

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 <i>Patricia M Pearce</i> D25F0634D5804C7...	Date 2023 August 4 10:31 AM PDT			
	PATRICIA M. PEARCE, CFO & VP, ADMINISTRATION Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's signature JENNIFER BECKER HARRIS	Date 08/03/23	Check if self-employed <input type="checkbox"/>	PTIN P00183358
	Firm's name CLARK NUBER, PS	Firm's EIN 91-1194016	Phone no. 425-454-4919		
	Firm's address 10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004				

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 [X]

1 Briefly describe the organization's mission: AT THE MAX FOUNDATION WE BELIEVE THAT ALL PEOPLE LIVING WITH CANCER SHOULD BE ABLE TO ACCESS HIGH IMPACT MEDICINES, THAT GEOGRAPHY SHOULD NOT DICTATE ONE'S DESTINY, AND THAT EVERYONE SHOULD BE ABLE TO STRIVE FOR HEALTH WITH DIGNITY AND HOPE. WE ARE ON A MISSION TO ACCELERATE

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 \$ 3,366,539. including grants of \$ 563,864.) (Revenue \$ 4,451,138.) A KEY FOCUS OF THE MAX FOUNDATION IS EXPANDING HUMANITARIAN ACCESS TO INNOVATIVE TREATMENTS FOR CANCER AND OTHER CRITICAL ILLNESSES IN LOW-AND MIDDLE-INCOME COUNTRIES. DONATIONS OF HIGH IMPACT PRODUCTS FROM DRUG MANUFACTURERS ARE RECEIVED BY OUR SUPPORT ORGANIZATION, MAXAID, AND CHANNELED TO INDIVIDUAL PATIENTS VIA OUR NETWORK OF HEALTHCARE PROVIDERS AND CANCER TREATMENT CENTERS. THIS ACCESS TO MEDICINES IS ENABLED THROUGH OUR PATIENT-CENTERED TREATMENT ACCESS MODEL KNOWN AS MAX ACCESS SOLUTIONS. OUR PRIMARY CLIENT IS A PATIENT WHO IS TREATED BY ONE OF OUR PARTNER PHYSICIANS, DIAGNOSED WITH A SPECIFIC CANCER OR CRITICAL ILLNESS, AND PRESCRIBED A MEDICATION FOR WHICH THE ONLY AVAILABLE FORM OF ACCESS IS A HUMANITARIAN CHANNEL THROUGH MAX ACCESS SOLUTIONS. WE USE A SOPHISTICATED WEB-ENGINE PLATFORM DEVELOPED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,366,539.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, HI, NY, PA
- 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
 JOHN MENAPACE - 425-778-8660
 1107 NE 45TH, 230, SEATTLE, WA 98105

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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 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) PATRICIA GARCIA-GONZALEZ CHIEF EXECUTIVE OFFICER	50.00 5.00	X		X				292,137.	0.	25,742.
(2) PATRICIA M. PEARCE CFO & VP, ADMINISTRATION	40.00 2.00			X				192,860.	0.	19,902.
(3) BRYAN MURPHY VICE PRESIDENT, PROGRAMS	40.00 2.00				X			181,602.	0.	14,949.
(4) WILMA COMENAT VICE PRESIDENT, DEVELOPMENT	40.00 2.00					X		150,694.	0.	15,656.
(5) CRAIG ANDERSON DIRECTOR OF IT	40.00 0.00					X		124,712.	0.	19,837.
(6) MICHAEL WRIGGLESWORTH SR. DIRECTOR OF PROGRAMS STRATEGY	40.00 0.00					X		132,451.	0.	4,141.
(7) PAULA BOULTBEE BOARD CHAIR	5.00 2.00	X		X				0.	0.	0.
(8) TRACEY HIGGINS BOARD VICE CHAIR	5.00 2.00	X		X				0.	0.	0.
(9) CURT MALLOY BOARD TREASURER	5.00 2.00	X		X				0.	0.	0.
(10) MIKA MATSUZAKI BOARD SECRETARY	5.00 2.00	X		X				0.	0.	0.
(11) JERALD (JERRY) RADICH, MD BOARD MEMBER	5.00 2.00	X						0.	0.	0.
(12) SUSAN JERIAN BOARD MEMBER	5.00 2.00	X						0.	0.	0.
(13) MABEL WOLOJ BOARD MEMBER	5.00 2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	309,554.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	794,325.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 272,774.				
	h	Total. Add lines 1a-1f		1,103,879.				
Program Service Revenue	2 a	PATIENT CARE	Business Code					
			624100	4,375,404.	4,375,404.			
	b	MEDICAL TEST KITS	624100	75,735.	75,735.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		4,451,139.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9.			9.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					9,895.			
	b	Less: cost or other basis and sales expenses	7b	9,895.				
c	Gain or (loss)	7c	0.					
d	Net gain or (loss)		0.					
8 a	Gross income from fundraising events (not including \$ 309,554. of contributions reported on line 1c). See Part IV, line 18	8a		33,576.				
				87,850.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events		-54,274.			-54,274.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	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	11 a	REIMBURSEMENTS	Business Code					
			900099	11,920.	11,920.			
	b	SETTLEMENTS	900099	4.	4.			
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		11,924.					
12	Total revenue. See instructions		5,512,677.	4,463,063.	0.	-54,265.		

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 ...	10,000.	10,000.		
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	553,864.	553,864.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	727,192.	198,649.	528,543.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	59,998.	59,998.		
7 Other salaries and wages	1,739,517.	1,036,741.	244,003.	458,773.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	108,705.	39,795.	39,528.	29,382.
10 Payroll taxes	174,646.	77,373.	66,739.	30,534.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,060.		38,060.	
c Accounting	65,500.		65,500.	
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 Sch O.)	384,809.	110,248.	253,363.	21,198.
12 Advertising and promotion	107,343.		106,632.	711.
13 Office expenses	141,252.	19,207.	110,506.	11,539.
14 Information technology	96,361.	10,397.	85,765.	199.
15 Royalties				
16 Occupancy	161,927.	106,102.	40,166.	15,659.
17 Travel	298,860.	205,341.	84,324.	9,195.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,026.	5,608.	16,129.	289.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,453.	37,105.	32,848.	15,500.
23 Insurance	38,764.		38,764.	
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 COUNTRY REPRESENTATIVES	885,488.	827,153.	58,335.	
b DISTRIBUTION & SHIPPING	1,201.	1,201.		
c _____				
d _____				
e All other expenses _____	103,506.	67,757.	18,470.	17,279.
25 Total functional expenses. Add lines 1 through 24e	5,804,472.	3,366,539.	1,827,675.	610,258.
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 Sheet

Check 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	892,681.	1	661,765.
	2 Savings and temporary cash investments	40,252.	2	63,365.
	3 Pledges and grants receivable, net	26,000.	3	27,399.
	4 Accounts receivable, net	11,543.	4	0.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	152,521.	9	128,131.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 464,785.		
	b Less: accumulated depreciation	10b 346,069.		
		204,170.	10c	118,716.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,490,669.	15	1,610,336.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,817,836.	16	2,609,712.	
Liabilities	17 Accounts payable and accrued expenses	236,241.	17	176,489.
	18 Grants payable		18	
	19 Deferred revenue	70,150.	19	5,425.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	208,148.
	26 Total liabilities. Add lines 17 through 25	306,391.	26	390,062.
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	599,088.	27	2,002,780.
	28 Net assets with donor restrictions	1,912,357.	28	216,870.
	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	2,511,445.	32	2,219,650.
33 Total liabilities and net assets/fund balances	2,817,836.	33	2,609,712.	

Part XI Reconciliation of Net Assets

Check 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	5,512,677.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,804,472.
3	Revenue less expenses. Subtract line 2 from line 1	3	-291,795.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,511,445.
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	2,219,650.

Part XII Financial Statements and Reporting

Check 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		X
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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,791,248.	57,006,075.	6,430,918.	807,768.	1,103,879.	93,139,888.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,791,248.	57,006,075.	6,430,918.	807,768.	1,103,879.	93,139,888.
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)						81,821,993.
6 Public support. Subtract line 5 from line 4.						11,317,895.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	27,791,248.	57,006,075.	6,430,918.	807,768.	1,103,879.	93,139,888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,483.	25.	24.	22.	9.	4,563.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,022.	18,869.			11,924.	31,815.
11 Total support. Add lines 7 through 10						93,176,266.
12 Gross receipts from related activities, etc. (see instructions)					12	18,705,619.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	12.15	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	12.10	%
16a 33 1/3% support test - 2022. 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 type="checkbox"/>
b 33 1/3% support test - 2021. 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 - 2022. 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 checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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

b 33 1/3% support tests - 2021. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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).		

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 1,022.

2019 AMOUNT: \$ 18,869.

2022 AMOUNT: \$ 11,924.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE MAX FOUNDATION QUALIFIES AS A PUBLICLY SUPPORTED CHARITY UNDER THE

FACTS AND CIRCUMSTANCES EXCEPTION PROVIDED TO IRC SECTION 509(A)(1)

CHARITIES UNDER TREAS. REG. SEC. 1.170A-9(E)(3). THE FOUNDATION DOES NOT

RECEIVE AT LEAST ONE THIRD OF ITS SUPPORT FROM THE PUBLIC. IT DOES HOWEVER

MEET THE TESTS REQUIRED UNDER THE FACTS AND CIRCUMSTANCE TEST:

I. THE FOUNDATION NORMALLY MEETS THE PUBLIC SUPPORT TEST AS PROVIDED IN

THE REGULATIONS. THE AGGREGATE PUBLIC SUPPORT PERCENTAGE FOR THE YEARS

ENDED DECEMBER 31, 2022, 2021, 2020, 2019, AND 2018, IS 12.15%, 12.10% ,

13.53%, 13.99%, AND 17.27% RESPECTIVELY.

II. THE FOUNDATION CARRIES ON A BONA FIDE CONTINUOUS PUBLIC SOLICITATIONS

PROGRAM. ITS FUNDRAISING EFFORTS INCLUDE ANNUAL MAILINGS TO SOLICIT FUNDS,

PUBLISHING OF AN ANNUAL REPORT TO EDUCATE ITS DONOR BASE AND FURTHER

SOLICIT DONATIONS, AND OTHER FUNDRAISING ACTIVITIES. IN 2022, THE

FOUNDATION CELEBRATED OUR 25TH ANNIVERSARY WITH A FUNDRAISING GALA, .

RAISING OVER \$284,000. THE 2021 GALA WAS VIRTUAL, DUE TO COVID-19 SOCIAL

DISTANCING RESTRICTIONS AND RAISED NEARLY \$90,000.

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.)

THE FOUNDATION'S ANNUAL PEER-TO-PEER CAMPAIGN, MAX-A-THON WAS HELD IN 2022

RAISING OVER \$58,000. RECEIPTS FROM THIS CAMPAIGN HAVE INCREASED ANNUALLY

SINCE IT WAS LAUNCHED IN 2020.

IN 2017 AND 2018 WE ALSO HAD INTERNATIONAL FUNDRAISING EVENTS CALLED MAX

GLOBAL EXPERIENCE WHICH RAISED OVER \$109,000 AND OVER \$80,000,

RESPECTIVELY, FROM THE GENERAL PUBLIC. DUE TO THE PANDEMIC, MAX GLOBAL

EXPERIENCE WAS NOT HELD IN 2020, 2021, OR 2022. HOWEVER, PLANS ARE

UNDERWAY TO RESTART THIS CAMPAIGN FOR 2023.

SINCE 2017, FIVE MULTINATIONAL PHARMACEUTICAL COMPANIES JOINED THE

FOUNDATION IN A HUMANITARIAN PARTNERSHIP FOR ACCESS TO CANCER TREATMENT

(PACT). THROUGH THESE HUMANITARIAN COLLABORATIONS, EACH COMPANY HAS

COMMITTED TO DONATE PRESCRIBED MEDICATIONS FOR A DIFFERENT NUMBER OF

PATIENTS WITHIN THEIR CAPABILITIES, AND ALL HAVE COMMITTED THEIR SUPPORT

FOR AS LONG AS EACH PATIENT NEEDS IT.

III. DURING THE YEARS ENDED DECEMBER 31, THE FOUNDATION HAD THE FOLLOWING

SUPPORTERS, RESPECTIVELY:

2018:

INDIVIDUALS - 377

CORPORATIONS - 42

FOUNDATIONS - 2

TOTAL - 421

2019:

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.)

INDIVIDUALS - 183

CORPORATIONS - 35

FOUNDATIONS - 0

TOTAL - 218

2020:

INDIVIDUALS - 245

CORPORATIONS - 34

FOUNDATIONS - 2

TOTAL - 281

2021:

INDIVIDUALS - 472

CORPORATIONS - 35

FOUNDATIONS - 1

TOTAL - 508

2022:

INDIVIDUALS - 429

CORPORATIONS - 42

FOUNDATIONS - 2

TOTAL - 473

IV. THE PUBLIC NATURE OF THE FOUNDATION'S GOVERNING BOARD: THE FOUNDATION

HAS A BOARD OF DIRECTORS THAT INCLUDES PROFESSIONALS, COMMUNITY LEADERS,

AND OTHER PERSONS WITH EXPERTISE IN DIFFERENT DISCIPLINES.

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.)

IN ADDITION, THE FOUNDATION HAS SEVERAL MEDICAL ADVISORY BOARDS. OUR

MEDICAL ADVISORY BOARDS INCLUDE SPECIALISTS WHO ARE KEY OPINION LEADERS IN

THE FIELD OF ONCOLOGY AND HEMATOLOGY. THESE EXPERT PHYSICIANS PROVIDE

GUIDANCE TO THE STRUCTURE OF OUR PROGRAMS.

V. THE FOUNDATION SUPPORTS GLOBAL HEALTH EFFORTS BY:

- CREATING ACCESS CHANNELS TO INNOVATIVE CANCER MEDICINES FOR PEOPLE IN

LOW- AND MIDDLE-INCOME COUNTRIES WHERE NO OTHER MEANS OF ACCESS EXISTS.

- MAKING TREATMENT, CARE, AND SUPPORT AVAILABLE IN LOW- AND MIDDLE- INCOME

COUNTRIES AND THEREBY PREVENTING AVOIDABLE CANCER DEATHS AROUND THE WORLD

- CREATING A MODEL THAT ENABLES THE PRIVATE SECTOR TO HELP CANCER PATIENTS

IN NEED.

- STRENGTHENING HEALTH SYSTEMS AND LOCAL SUPPORTS THROUGH WRAPAROUND

SERVICES FOR PATIENTS AND THEIR COMMUNITIES.

VI. MAX ACCESS SOLUTIONS IS THE FOUNDATION'S OPERATIONAL PROGRAM THROUGH

WHICH HUMANITARIAN DONATIONS OF APPROVED MEDICINES ARE CHanneled TO

PATIENTS IN NEED. MAX ACCESS SOLUTIONS IS DESIGNED TO BE A BRIDGE FOR

ACCESS TO TREATMENT SPECIFICALLY WITHIN LOW- AND MIDDLE-INCOME COUNTRIES

WHERE THE BURDEN OF DISEASE IS HIGH AND LOCAL GOVERNMENT ACCESS PROGRAMS

MAY NOT BE CURRENTLY FEASIBLE.

WITHIN MAX ACCESS SOLUTIONS, COMPANIES DONATE PRODUCT TO THE FOUNDATION

AND THE ORGANIZATION CHANNELS PRODUCT AT ITS DISCRETION TO PATIENTS IN

NEED THROUGH THEIR TREATING PHYSICIAN AND WITHIN THE SCOPE OF ITS

COLLABORATION AGREEMENTS. VETTED HEALTH CARE PROVIDERS IN LOW- AND

MIDDLE-INCOME COUNTRIES INITIATE THE PRODUCT REQUEST AND MANAGE TREATMENT

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.)

OF PATIENTS RECEIVING PRODUCT FROM THE FOUNDATION. THE FOUNDATION WORKS THROUGH A THIRD-PARTY LOGISTICS PROVIDER WHO, AS ITS AGENT, RECEIVES PRODUCT FROM MANUFACTURERS AND SHIPS IT TO END USERS ON THE ORGANIZATION'S BEHALF.

AT THE CENTER OF OUR MODEL IS A PATIENT WHO HAS BEEN DIAGNOSED WITH CANCER BY ONE OF OUR PARTNER PHYSICIANS AND PRESCRIBED A TREATMENT IN OUR PORTFOLIO FOR WHICH NO LOCAL ACCESS EXISTS. WORKING IN COLLABORATION WITH A ROBUST NETWORK OF LEADING CANCER TREATING INSTITUTIONS AND PHYSICIANS, DRUG MANUFACTURERS, AN INTERNATIONAL DISTRIBUTOR, AND LOCAL PATIENT SUPPORT ORGANIZATIONS, WE PROVIDE HUMANITARIAN ACCESS TO THE TREATMENT WITH THE AIM THAT EACH REQUIRED DAILY DOSE REACHES THE INTENDED PATIENT AT THE RIGHT TIME, WHILE STRENGTHENING THE LOCAL HEALTHCARE SYSTEM.

IN 2022, THE FOUNDATION PROVIDED SERVICES TO 34,131 INDIVIDUAL CANCER PATIENTS IN 77 COUNTRIES INCLUDING DELIVERING 9.0 MILLION DAILY DOSES OF CRITICAL CANCER TREATING MEDICATION, PROVIDING 8,890 MOLECULAR DIAGNOSTIC TESTS, AND ORGANIZING AND DELIVERING 73 EXTERNAL PRESENTATIONS INCLUDING AWARENESS EVENTS AND ONLINE PATIENT EDUCATION SESSIONS, IN PARTNERSHIP WITH A GLOBAL NETWORK OF 380 MEDICAL INSTITUTIONS AND 505 DOCTORS.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE MAX FOUNDATION

Employer identification number

91-1893957

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 foundationCheck 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 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization THE MAX FOUNDATION	Employer identification number 91-1893957
--	--

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	PFIZER INC 235 EAST 42ND ST. NEW YORK, NY 10017-5703	\$ 26,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BRISTOL MYERS SQUIBB 100 NASSAU PARK BLVD PRINCETON, NJ 08540-5932	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CEPHEID 904 E CARIBBEAN DR SUNNYVALE, CA 94089-1189	\$ 263,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	TANNER PHARMA GROUP 1808 ASSOCIATES LN CHARLOTTE, NC 28217-2822	\$ 125,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BRISTOL MYERS SQUIBB FOUNDATION 300 BRICKSTONE SQ ANDOVER, MA 01810-1492	\$ 60,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SEAGEN 21823 30TH DR SE BOTHELL, WA 98021-3907	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MAX FOUNDATION	Employer identification number 91-1893957
--	--

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	AA PHARMACY NO. 11, JALAN PEMAJU U1/15 SEKSYEN U1, HICOM GLENMARIE INDUSTRIAL PARK SHAH ALAM, SELANGOR, MALAYSIA 40150	\$ 31,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BECTON, DICKINSON AND COMPANY 1 BECTON DR # D FRANKLIN LAKES, NJ 07417-1815	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SCHWAB CHARITABLE FUND 211 MAIN ST SAN FRANCISCO, CA 94105-1905	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	IRVING WEISSMAN 747 SANTA YNEZ ST STANFORD, CA 94305-8478	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ROCHE GLOBAL / GENENTECH 600 E GRAND AVE SOUTH SAN FRANCISCO, CA 94080-6231	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BELLEVUE ROTARY 10455 NE 8TH ST BELLEVUE, WA 98004-4346	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MAX FOUNDATION	Employer identification number 91-1893957
---	---

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
13	DR. SUSAN JERIAN MD & DAVID ESSAYAN PO BOX 2130 AGOURA HILLS, CA 91376	\$ 9,952.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
_____	_____ _____ _____	\$ _____	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.)

Name of organization THE MAX FOUNDATION	Employer identification number 91-1893957
---	---

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
3	DRUGS AND MEDICAL SUPPLIES _____ _____ _____	\$ 242,070.	12/31/22
13	PUBLICLY TRADED STOCK _____ _____ _____	\$ 9,952.	12/06/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE MAX FOUNDATION	Employer identification number 91-1893957
---	--

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 info. once.) \$ _____
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

2022

Open to Public Inspection

Name of the organization THE MAX FOUNDATION Employer identification number 91-1893957

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for Yes/No).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection. 2: Amounts for art collection for financial gain.

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 on 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		243,580.	187,369.	56,211.
d Equipment		161,905.	134,730.	27,175.
e Other		59,300.	23,970.	35,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				118,716.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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) LEASE DEPOSIT	15,048.
(2) DUE FROM MAXAID	1,425,711.
(3) RIGHT OF USE ASSET	169,577.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,610,336.

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) LEASE LIABILITIES	208,148.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	208,148.

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

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

2022

Open to Public Inspection

Name of the organization

Employer identification number

THE MAX FOUNDATION

91-1893957

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
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		232,000.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		76,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		32,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		100,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		86,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		25,000.
SOUTH ASIA	1	19	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		350,000.
3 a Subtotal	1	19			903,000.
b Total from continuation sheets to Part I	3	34			928,000.
c Totals (add lines 3a and 3b)	4	53			1,831,000.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	1	11	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		279,000.
EAST ASIA AND THE PACIFIC	2	10	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		259,000.
NORTH AMERICA	0	2	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		79,000.
SOUTH AMERICA	0	6	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		192,000.
RUSSIA AND NEIGHBORING STATES	0	3	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		64,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	2	EDUCATIONAL WORKSHOPS, PATIENT COUNSELING		55,000.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		0.
Totals	3	34			928,000.

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)
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		16,425.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		15,800.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		5,715.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		10,720.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		18,000.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		9,870.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		5,545.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		8,170.	DIAGNOSTIC EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT

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 ► 25

3 Enter total number of other organizations or entities ►

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		9,510.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	2,300.	WIRE TRANSFER	36,200.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		51,100.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SUB SAHARAN AFRICA	DIAGNOSTIC TESTING	0.		13,530.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		EAST ASIA AND THE PACIFIC	DIAGNOSTIC TESTING	0.		40,815.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		RUSSIA AND NEIGHBORING STATES	DIAGNOSTIC TESTING	0.		27,105.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		RUSSIA AND NEIGHBORING STATES	DIAGNOSTIC TESTING	0.		9,000.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		RUSSIA AND NEIGHBORING STATES	DIAGNOSTIC TESTING	0.		11,250.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		RUSSIA AND NEIGHBORING STATES	DIAGNOSTIC TESTING	0.		28,445.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DIAGNOSTIC TESTING	0.		14,460.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		CENTRAL AMERICA AND THE CARIBBEAN	DIAGNOSTIC TESTING	0.		5,555.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		CENTRAL AMERICA AND THE CARIBBEAN	DIAGNOSTIC TESTING	0.		18,450.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		CENTRAL AMERICA AND THE CARIBBEAN	DIAGNOSTIC TESTING	0.		12,280.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		CENTRAL AMERICA AND THE CARIBBEAN	DIAGNOSTIC TESTING	0.		46,925.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		CENTRAL AMERICA AND THE CARIBBEAN	DIAGNOSTIC TESTING	0.		25,447.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		SOUTH ASIA	DIAGNOSTIC TESTING	0.		29,250.	DIAGNOSTICS EQUIPMENT	NON-PROFIT PREFERENTIAL PRICING AGREEMENT
		EAST ASIA AND THE PACIFIC	PATIENT SUPPORT	32,533.	WIRE TRANSFER	0.		

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)
PROVIDER SUPPORT	SUB SAHARAN AFRICA	1	0.		650.	COMPUTER TABLET	FAIR MARKET VALUE
TRANSPORTATION ASSISTANCE	RUSSIA AND NEIGHBORING STATES	2	600.	WIRE TRANSFER	0.		
TRANSPORTATION ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	39	3,300.	WIRE TRANSFER	0.		
TRANSPORTATION ASSISTANCE	NORTH AMERICA	21	1,800.	WIRE TRANSFER	0.		
TRANSPORTATION ASSISTANCE	SOUTH AMERICA	240	1,026.	WIRE TRANSFER	0.		

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

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.

PART I, LINE 2:

ALL GRANTS TO FOREIGN ENTITIES OR INDIVIDUALS ARE MADE SUBJECT TO A WRITTEN AGREEMENT OR AWARD LETTER THAT CLEARLY DEFINES DELIVERABLES. THE MAX FOUNDATION MAINTAINS A PROGRAM DATABASE IN ORDER TO TRACK DOCUMENTATION OF GRANT REQUESTS, QUALIFIED GRANTEES, AND FULFILLMENT OF GRANT REQUESTS. PROGRAM STAFF MEMBERS MONITOR THE EXECUTION OF GRANT DELIVERABLES TO ENSURE THAT THE TERMS OF THE AGREEMENT ARE FULFILLED ON A TIMELY BASIS.

PART I, LINE 3:

THE EXPENDITURES REPORTED ON SCHEDULE F, PART I ARE ON THE ACCRUAL BASIS OF ACCOUNTING.

PART IV, LINE 1

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC SEC. 6038(A)(1)(A).

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		MAXIMIZE LIFE GALAMAX-A-THON (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	284,349.	58,781.		343,130.
	2 Less: Contributions	254,916.	54,638.		309,554.
	3 Gross income (line 1 minus line 2)	29,433.	4,143.		33,576.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		3,864.		3,864.
	6 Rent/facility costs	3,400.			3,400.
	7 Food and beverages	32,252.			32,252.
	8 Entertainment	500.			500.
	9 Other direct expenses	39,388.	8,446.		47,834.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				87,850.
11 Net income summary. Subtract line 10 from line 3, column (d)				-54,274.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2022

**Open to Public
Inspection**

Name of the organization **THE MAX FOUNDATION** Employer identification number **91-1893957**

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.

1 (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
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE N - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	10,000.	0.			SUPPORT FOR "SPOT ON" DIAGNOSTIC TESTING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ALL GRANTS TO U.S. ENTITIES ARE MADE SUBJECT TO AN AWARD LETTER THAT

CLEARLY DEFINES THE GRANTS SCOPE. PROGRAM TEAM MEMBERS MONITOR THE

EXECUTION OF GRANT DELIVERABLES TO ENSURE THAT THE TERMS OF THE AGREEMENT

ARE FULFILLED ON A TIMELY BASIS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MAX FOUNDATION

Employer identification number
91-1893957

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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.

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.

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.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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) PATRICIA GARCIA-GONZALEZ CHIEF EXECUTIVE OFFICER	(i)	252,739.	39,398.	0.	8,636.	17,106.	317,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA M. PEARCE CFO & VP, ADMINISTRATION	(i)	192,860.	0.	0.	5,855.	14,047.	212,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRYAN MURPHY VICE PRESIDENT, PROGRAMS	(i)	181,602.	0.	0.	4,195.	10,754.	196,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILMA COMENAT VICE PRESIDENT, DEVELOPMENT	(i)	150,694.	0.	0.	4,606.	11,050.	166,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

PATRICIA GARCIA-GONZALEZ, CEO, RECEIVED A NON-FIXED PAYMENT IN THE FORM OF

A BONUS, PURSUANT TO HER EMPLOYMENT AGREEMENT. THE BONUS WAS REVIEWED AND

APPROVED BY THE BOARD BASED ON HER PERFORMANCE AND A VARIETY OF OTHER

FACTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE MAX FOUNDATION	Employer identification number 91-1893957
---	---

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	14,634.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	28	242,070.	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AUCTION ITEMS)	X	46	16,070.	FAIR MARKET VALUE
26	Other ()				
27	Other ()				
28	Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
----	---	----	---

	Yes	No
30a		X
b		
31	X	
32a		X
b		
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**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

2022

Open to Public
Inspection

Name of the organization

THE MAX FOUNDATION

Employer identification number

91-1893957

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO PATIENTS FACING CANCER AND OTHER CRITICAL ILLNESSES,
FOCUSING OUR ENERGY ON THOSE NO ONE ELSE IS HELPING.

FORM 990, PART I, LINE 6, VOLUNTEERS:

PARTNER HEALTHCARE PROVIDERS VOLUNTEER THEIR TIME TO FULFILL ALL
OBLIGATIONS RELATED TO PRESCRIBING, APPLYING FOR TREATMENT ACCESS
REQUESTS ON BEHALF OF INDIVIDUAL PATIENTS, SUPPORT LOGISTICS AND
OBTAINING IMPORT PERMITS FROM LOCAL HEALTHCARE AUTHORITIES, OVERSEE USE
AND DISPENSATION OF DONATED PRODUCTS AND OTHER ACTIVITIES RELATED TO
THEIR OBLIGATIONS WITHIN THE MAX ACCESS SOLUTIONS. IN 2022, THERE WERE
505 HEALTHCARE PROVIDERS IN OUR NETWORK. THERE ARE 7 VOLUNTEER BOARD
MEMBERS AND 31 MEMBERS OF OUR MEDICAL & STRATEGIC ADVISORY BOARD.
ADDITIONALLY, WE WORKED WITH 57 VOLUNTEERS TO ORGANIZE EDUCATION AND
AWARENESS EVENTS. 25 VOLUNTEERS ASSISTED WITH FUNDRAISING EVENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH EQUITY BY DELIVERING MEDICATION, TECHNOLOGY, AND SERVICES TO
PATIENTS FACING CANCER AND OTHER CRITICAL ILLNESSES, FOCUSING OUR
ENERGY ON THOSE NO ONE ELSE IS HELPING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN-HOUSE TO ALLOW US TO WORK IN REAL TIME WITH HEALTHCARE PROVIDERS AND
CREATE INDIVIDUALIZED PROGRAM LIFE CYCLES TO MEET EACH PATIENT'S NEEDS.
WE FURTHER ACT AS HEALTHCARE NAVIGATORS FOR THESE PATIENTS, HELPING
THEM WALK THROUGH THE ACCESS PROGRAM ENVIRONMENT. IN ORDER TO OPTIMIZE

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

Schedule O (Form 990) 2022

Name of the organization

THE MAX FOUNDATION

Employer identification number

91-1893957

TREATMENT, WITHIN OUR CAPABILITIES WE PROVIDE CRUCIAL SUPPORT THAT INCLUDES ACCESS TO DIAGNOSTIC TESTING, EMOTIONAL AND LOGISTICAL SUPPORT, INFORMATIONAL RESOURCES AND EDUCATION, AS WELL AS ADVOCATING ON THEIR BEHALF WHEN NEEDED. WE STRENGTHEN THE COMMUNITIES AROUND PATIENTS BY SUPPORTING PATIENT ORGANIZATIONS AND CREATING AWARENESS INITIATIVES IN LOCAL AND GLOBAL COMMUNITIES.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

INDIA, MALAYSIA, THAILAND, SOUTH AFRICA

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTANT. AFTER PREPARATION, THE FINANCE COMMITTEE PERFORMS A REVIEW OF THE RETURN. THE RETURN IS THEN FILED WITH THE IRS. A COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS ADOPTED A CONFLICT OF INTEREST POLICY AND THE POLICY IS REVIEWED ON AN ANNUAL BASIS. EACH YEAR, BOARD MEMBERS AND OFFICERS MUST REVIEW THE POLICY AND DETERMINE IF ANY CONFLICT OF INTERESTS EXIST. ANNUALLY, THE DISCLOSURES WERE REVIEWED BY THE EXECUTIVE ASSISTANT. SHOULD A CONFLICT ARISE, IT WOULD BE REVIEWED BY THE CFO, CEO AND BOARD TREASURER. NO BOARD MEMBER OR OFFICER MAY VOTE ON ANY MATTER UNDER CONSIDERATION IN WHICH SUCH PERSON HAS A CONFLICT OF INTEREST. FURTHER, ANY PERSON WITH A MATERIAL CONFLICT OF INTEREST IN ANY DECISION SHOULD BE ABSENT FROM THE ROOM DURING THE BOARD'S REVIEW, INCLUDING ITS VOTE, ON THE DECISION IN QUESTION.

Name of the organization THE MAX FOUNDATION	Employer identification number 91-1893957
--	--

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO HAS AN UPDATED CONTRACT WITH THE BOARD FOR A PERIOD OF FIVE YEARS,
 COMMENCING JULY 1, 2021. IN THIS CONTRACT, A BASE SALARY AND A YEARLY
 PERCENTAGE INCREASE HAS BEEN ESTABLISHED, AS WELL AS A YEARLY BONUS.
 EXTERNAL COMPENSATION ANALYSIS AND A WRITTEN PERFORMANCE EVALUATION WERE
 INCLUDED IN THE RENEWAL OF THE CEO CONTRACT.

THE CFO WAS OFFICIALLY HIRED AS AN EMPLOYEE IN JULY 2018. BOTH THE CEO AND
 THE BOARD REVIEWED AND DETERMINED COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
 STATEMENTS ARE PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2B AND PART IV LINE 12A

ACTIVITY REPORTED ON THIS FORM 990 AND ITS AUDITED FINANCIAL STATEMENTS
 INCLUDES ALL ACTIVITY FOR ENTITIES REPORTED ON SCHEDULE R.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization <p align="center">THE MAX FOUNDATION</p>	Employer identification number <p align="center">91-1893957</p>
--	--

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
MAXSTATION MALAYSIA SDN BHD - 32-0492996 UNIT 1302 (LOBBY 1), BLOCK A, DAMANSARA INTA SELANGOR, MALAYSIA	PATIENT ORIENTED PROGRAMS	MALAYSIA	37,318.	34,555.	THE MAX FOUNDATION

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
MAXAID - 35-2577906 1107 NE 45TH, NO. 230 SEATTLE, WA 98105	SUPPORT MAX FOUNDATION	WASHINGTON	501(C)(3)	LINE 12A, I	THE MAX FOUNDATION	X	

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

Schedule R (Form 990) 2022

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1) MAXAID	L	4,371,165.	BOOK
(2)			
(3)			
(4)			
(5)			
(6)			

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning JAN 1, 2022, and ending DEC 31, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return THE MAX FOUNDATION	Filer's identifying number 91-1893957
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
1107 NE 45TH, 230

City or town, state, and ZIP code
SEATTLE, WA 98105

Filer's tax year beginning JAN 1, 2022, and ending DEC 31, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB MAXSTATION MALAYSIA BLOCK A DAMANSARA INTAN, NO 1 JALAN PETALING JAYA, SELAN MALAYSIA 47400	b(1) U.S. identifying number, if any 32-0492996
	b(2) Reference ID number (see instructions) MAXFN3957
c For FDE, country(ies) under whose laws organized and entity type under local tax law MALAYSIA CORPORATION	d Date(s) of organization 07 10 09
	e Effective date as FDE 01/01/16
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MALAYSIA
	h Principal business activity PATIENT SUPPLY
	i Functional currency MYR

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States THE MAX FOUNDATION 1107 NE 45TH, NO. 230 SEATTLE, WA 98105	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different TAY & PARTNERS PLAZE SEE HOY CHAN KUALA LAMPUR 50200 MALAYSIA
---	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	164,050.	37,318.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	164,050.	37,318.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	164,050.	37,318.
11	Total deductions (exclude income tax expense)	612,862.	139,412.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	-448,812.	-102,094.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	16,709.	31,550.
2	Other assets	1,915.	3,005.
3	Total assets	18,624.	34,555.
Liabilities and Owner's Equity			
4	Liabilities	891,717.	961,341.
5	Owner's equity	-873,093.	-926,786.
6	Total liabilities and owner's equity	18,624.	34,555.

Schedule G Other Information

	Yes	No
1		X
2		X
3		X
4		X
5		X

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		X
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss \$		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		X
b	Enter the amount of the dual consolidated loss for the combined separate unit \$		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		X
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		X
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture \$		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-448,812.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-448,812.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-448,812.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-102,094.
8	Enter exchange rate used for line 7		4.396049

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Certificate Of Completion

Envelope Id: E9529A16C4404DE7B8A37B70E3DD9009	Status: Completed
Subject: Complete with DocuSign: 2022 Form 990 - THE MAX FDTN-FINAL.pdf	
Source Envelope:	
Document Pages: 69	Signatures: 1
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Abby Russo
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1107 NE 45th St.
	Suite 230
	Seattle, WA 98105
	abby.russo@themaxfoundation.org
	IP Address: 67.183.140.209

Record Tracking

Status: Original	Holder: Abby Russo	Location: DocuSign
8/3/2023 4:19:45 PM	abby.russo@themaxfoundation.org	

Signer Events

Patricia M Pearce
 patti.pearce@themaxfoundation.org
 CFO & VP, Administration
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 Patricia M Pearce
 D25F0634D5804C7...
 Signature Adoption: Pre-selected Style
 Using IP Address: 67.171.37.161

Timestamp

Sent: 8/3/2023 4:20:38 PM
 Viewed: 8/4/2023 10:31:13 AM
 Signed: 8/4/2023 10:31:43 AM

Electronic Record and Signature Disclosure:

Accepted: 8/4/2023 10:31:13 AM
 ID: 3cf9ca38-a740-45fc-a564-f510e1533e1f

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	8/3/2023 4:20:38 PM
Certified Delivered	Security Checked	8/4/2023 10:31:13 AM
Signing Complete	Security Checked	8/4/2023 10:31:43 AM
Completed	Security Checked	8/4/2023 10:31:43 AM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, The Max Foundation (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact The Max Foundation:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: mwrigglesworth@themaxfoundation.org

To advise The Max Foundation of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at mwrigglesworth@themaxfoundation.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from The Max Foundation

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to mwrigglesworth@themaxfoundation.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with The Max Foundation

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to mwrigglesworth@themaxfoundation.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify The Max Foundation as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by The Max Foundation during the course of your relationship with The Max Foundation.