Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024

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

C Name of organization MAX S LOVE PROJECT INC

Doing business as MAXLOVE PROJECT

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 105

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TUSTIN, CA 92781

D Employer identification number: 45-3792057

E Telephone number: 888-399-6511

G Gross receipts $: 556,555

F Name and address of principal officer: AUDRA DIPADOVA
PO BOX 105, TRUSTIN, CA 92781

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: maxloveproject.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2011

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE EMPOWER FAMILIES FIGHTING CHILDHOOD CANCERS AND RELATED LIFE-THREATENING CONDITIONS WITH QUALITY OF LIFE CARE, FIERCE FOODS, WHOLE-BODY WELLNESS RESOURCES, EDUCATION AND RESEARCH. WE BELIEVE THAT TRUE HEALTH STARTS WHEN FAMILIES ARE EMPOWERED TO BE ACTIVE PARTNERS IN THEIR CHILD'S HEALING.

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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	225
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	854,145	555,918
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,023	-72,188
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	845,166	483,730

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,363	595
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)	277,543	189,976
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,000	0
b	Total fundraising expenses (Part IX, column (D), line 25) 103,191		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	673,233	396,500
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	967,139	587,071
19	Revenue less expenses. Subtract line 18 from line 12	-121,973	-103,341

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	153,250	44,130
21	Total liabilities (Part X, line 26)	967,539	973,815
22	Net assets or fund balances. Subtract line 21 from line 20	-814,289	-929,685

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

Audra DiPadova — Signature of officer — 11/11/2025 — Date

AUDRA DIPADOVA, CEO — Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEREMY CORK	Jeremy Cork	11/11/2025		P01544850

Firm's name: EASY OFFICE DBA JITASA — Firm's EIN: 26-2176601

Firm's address: 1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642 — Phone no.: 208-287-4777

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