# Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

and ending

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number				
г	Addres	GIVING TO EXTREMES						
F	lchange Name change	CLODAL CUDCLOAL BYDEDTHION IN	NC 45-55837	66				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/						
F	Final return/	5829 ASCOT GLEN DR	804-385-					
	termin- ated		G Gross receipts \$	128,537.				
Г	Amend		H(a) Is this a group re	_				
F	Application		for subordinates					
	pendin	5829 ASCOT GLEN DR, GLEN ALLEN, VA 23059	ı	H(b) Are all subordinates included? Yes No				
$\overline{}$	Тах-ехе	empt status: X 501(c)(3)		list. See instructions				
		e: DIVINGTOEXTREMES.ORG	H(c) Group exemption					
		•	Year of formation: 2012 N					
		Summary	1001 01 1011110011, = 0 = =   14	Cutto or logar dormono, 1 ==				
		Briefly describe the organization's mission or most significant activities: GLOBAL \$	SURGICAL EXPED	ITION (GSE)				
Activities & Governance		SENDS PHYSICIANS AND HEALTHCARE PROFESSIONAL	LS TO UNDERSER	ERVED				
ern	1	Check this box  if the organization discontinued its operations or disposed of		ssets.				
હ	1		3	<u>2</u>				
જ	1	Number of independent voting members of the governing body (Part VI, line 1b)						
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<del></del>	27				
ξį		Total number of volunteers (estimate if necessary)						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11						
Revenue		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year 92,954.	Current Year 128,521.				
	1	Contributions and grants (Part VIII, line 1h)	0	0.				
	1	Program service revenue (Part VIII, line 2g)		16.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-13,667.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		114,870.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	+	0.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0.				
"		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.				
Expenses	15 3	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ben	h -	Fotal fundraising expenses (Part IX, column (D), line 25) 5,519.	•					
$\overline{\Sigma}$	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,514.	47,004.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40 -44	47,004.				
	1	Revenue less expenses. Subtract line 18 from line 12	= - 1 1 1	67,866.				
<u>L</u>	3	tevenue less expenses. Subtract line 10 non line 12	Beginning of Current Year	End of Year				
ets (	20	Total assets (Part X, line 16)	206,238.	274,104.				
ASS Ra	21	Total liabilities (Part X, line 26)	0.	0.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	206,238.	274,104.				
P	art II	Signature Block	, ,					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of my	y knowledge and belief, it is				
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
		<b>\</b>						
Sig	jn	Signature of officer	Date					
He	re	DAVID RAPP, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pai	- t	NICOLE M PECK, CPA NICOLE M PECK, CPA	03/02/22 if self-employe	P01944487				
		Firm's name JOYNER, KIRKHAM, KEEL & ROBERTSON,	P.C. Firm's EIN	54-0987121				
Use	Only	Firm's address 5012 MONUMENT AVENUE, SUITE 300		041000 0405				
		RICHMOND, VA 23230-3632	Phone no. (8	04)288-0496				
Ма	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO DELIVER SURGICAL CARE TO THOSE IN
	NEED. GLOBAL SURGICAL EXPEDITION IS A MEDICAL CHARITY THAT SENDS
	SURGICAL TEAMS TO UNDERSERVED NATIONS AROUND THE WORLD TO DELIVER
	SURGERIES AND CHANGE LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 33,853. including grants of \$) (Revenue \$)
	SURGICAL MISSIONS - DOCTORS AND MEDICAL VOLUNTEERS ARE SENT TO CENTRAL
	AMERICA AND AFRICA TO DELIVER LIFE-CHANGING SURGERIES TO IMPOVERISHED
	POPULATIONS. THE ORGANIZATION HAS WORKED WITH LOCAL GOVERNMENTS AND
	HOSPITALS TO PERFORM OVER 400 SURGERIES AND TREAT OVER 1000 PATIENTS.
	IN ADDITION, GSE HAS PROVIDED TRAINING AND EQUIPMENT FOR NUMEROUS
	PHYSICIANS AND HOSPITALS ACROSS THE PROGRAM COUNTRIES.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	EDUCATION - GSE SEEKS TO FOSTER AND TRAIN THE NEXT GENERATION OF GLOBAL
	HEALTH LEADERS. GSE PROVIDES FORMAL CLASSROOM EDUCATION CURRICULUM AND
	TEACHING, AS WELL AS INTERNATIONAL EXPERIENCES TO TRAIN MEDICAL
	STUDENTS AND RESIDENTS IN GLOBAL SURGERY.
4c	(Code:) (Expenses \$6,630 • including grants of \$) (Revenue \$)
	ADVOCACY - GSE PARTICIPATES IN GLOBAL ADVOCACY EFFORTS TO IMPROVE
	ACCESS TO SURGICAL, ANESTHETIC, OBSTETRIC, AND TRAUMA CARE WORLDWIDE.
	GSE IS A PERMANENT MEMBER OF THE G4 ALLIANCE, A GLOBAL ORGANIZATION OF
	MORE THAN 60 ORGANIZATIONS WORKING IN OVER 160 COUNTRIES, UNITED IN
	ADVOCATING FOR THE NEGLECTED SURGICAL PATIENTS. GSE ALSO ADVOCATES
	THROUGH PUBLIC AWARENESS CAMPAIGNS BY CREATING AND SHARING VIDEOS,
	ARTICLES, AND BLOGS TO EDUCATE THE PUBLIC ABOUT THE NEED FOR ACCESS TO
	SURGICAL CARE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 40 , 483 .
	Form <b>990</b> (2021)

# Form 990 (2021) GIVING TO EXTREMES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Ţ.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2021) GIVING TO EXTREMES 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			İ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			İ
	Schedule L, Part I	25b		Х
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%			İ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del>		
UZ.	Sahadula N. Dart II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
<b>-</b>		34		х
35.2	211	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa		<del></del>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20		31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	ĺ
Pai	Note: All Form 990 filers are required to complete Schedule 0  † V   Statements Regarding Other IRS Filings and Tax Compliance	JO	22	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is doctional of doctions a response of flote to any line in this fact v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Port -0- if n			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10		
	(gambling) winnings to prize winners?	1c		Щ_

021) GIVING TO EXTREMES

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

					Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b				
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		Х		
				3a 3b		<u> </u>		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD				
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x		
h	If "Yes," enter the name of the foreign country	accou	111.9:	<del>T</del> a				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ and \ partly \ and \ partly \ and \ partly \ and \ partly \ for \ goods \ and \ service \ partly \ and \ partly \ for \ goods \ and \ service \ partly \$			7a		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					,,		
	to file Form 8282?		 I	7с		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.			7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h				
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>							
٠				8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Didd			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		1					
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<i>(</i> 	12a				
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1					
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.			100				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or					
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

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			X				
Sec	tion 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.							
b	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?	2	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?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		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?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		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?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►VA							
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	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	,						
	Own website Another's website X 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, ar	d fina	ncial					
	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							
	DAVID RAPP - 804-385-9511							
	5829 ASCOT GLEN DRIVE, GLEN ALLEN, VA 23059							

# 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, 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.

X Check this box if neither the organization r		orga T	anıza			npe	ıısat			<b>/=</b> `
(A)	(B)			(C	C) ition			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer ar	ss pe	s person is both an d a director/trustee)		n an tee)	compensation from	compensation from related	amount of other
	(list any	<u>ا</u>						the	organizations	compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	96 OF	stee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpel		1099-NEC)	,	and related
	below	idual	tution	la la	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) DAVID RAPP MD	10.00									
PRESIDENT		Х		Х				0.	0.	0
(2) QUINN LIPPMAN MD	2.00									
DIRECTOR		Х						0.	0.	0
(3) TIM BRADFORD MD	5.00									
VICE-PRESIDENT		Х		Х				0.	0.	0
(4) COURTNEY RAPP	1.00									
DIRECTOR		x						0.	0.	0
(5) WILLIAM STEGEMAN	4.00							-		-
TREASURER		X		x				0.	0.	0
	+	<del> </del>		<del> </del>				•		
		1								
	1									
		1								
		1								
	+									
		1								
		1								
	+									
		4								
	+									
		-								
		1								
	1									
		]								
				L						
			L_	L	L	L				
		1	1	l	1	1	l			

45-5583766

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ployees, and Highest Compensated Employees (continued)							es (continued)			
	T VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposition	not c	Pos heck	ition more erson lirecto		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	Estin amou oth compe from organ and re	nated unt of her ensation in the ization elated zations
			-										
1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable								0. 0. 0.		0.			
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some series of the series	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated inc	ole co ," co. nsat le J f	omp mple ion f	ensa ete S from uch	atior Sche any pers	n and edule y uni son racte	d ot e J r relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of con		3 4 5	x X X
	(A) Name and business			DNI					(B) Description of s		C	(C) ompensa	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho (	se li:	stec	d above) who received n	nore than		- 00	

Form 990 (2021) GIVING
Part VIII | Statement of Revenue

		Check if Schodule O contains a response	or note to any lin	o in this Dart VIII			
		Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
e al	b	Membership dues 1b					
ا څي	С	Fundraising events 1c	23,938.				
# i		Related organizations 1d					
ا≝ئ		···············					
Siz		ÿ \ / <del>         </del>					
풀힐	T	All other contributions, gifts, grants, and	104 502				
들튀		similar amounts not included above 1f	104,583.				
털	g	Noncash contributions included in lines 1a-1f 1g \$	13,138.				
S E	h	Total. Add lines 1a-1f		128,521.			
			Business Code				
o l	2 a						
į ķ	b						
je š							
E E	С.						
Re	d						
Program Service Revenue	е						
۱ ۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)		16.			16.
	4	Income from investment of tax-exempt bond					
	5	Royalties	1				
	3	(i) Real	(ii) Personal				
	_		(ii) i ersoriai				
	6 a						
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
le	_						
ě		, , , , , , , , , , , , , , , , , , , ,					
her Revenue		Net gain or (loss)	<b></b>				
	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-13,667.			-13,667.
		Gross income from gaming activities. See					
	Ja		]				
		Part IV, line 19					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold 10	o				
		Net income or (loss) from sales of inventory	<b>b</b>				
		( === ) ===== =	Business Code				
snc	11 ~						
Jee e	11 a						<del> </del>
le la	b						
Miscellaneous Revenue	С						
Ĕ¯		All other revenue					
	е	Total. Add lines 11a-11d	<b>&gt;</b>	444 6==			45 5= 1
	12	Total revenue. See instructions	▶	114,870.	0.	ι 0.	-13,651.

## 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 respon	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	- I				
•	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	9,562.	4,960.		4,602.
13	Office expenses	542.	523.	19.	
14	Information technology	3121	3231		
15					
	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10,287.	10,287.		
22	Depreciation, depletion, and amortization	876.	224.	652.	
23	Insurance	0/0.	224.	034.	
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 0.)	12 074	12 074		
а	MISSION EXPENSES	13,074.	13,074.		
b	CONSULTING FEES	3,540.	3,540.		400
С	POSTAGE	3,481.	3,359.		122.
d	STORAGE	2,846.	2,846.		
е	All other expenses	2,796.	1,670.	331.	795.
25	<b>Total functional expenses</b> . Add lines 1 through 24e	47,004.	40,483.	1,002.	5,519.
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 if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form <b>990</b> (2021)

Form 990 (2021)
Part X | Balance Sheet

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			164,307.	1	32,444
	2	Savings and temporary cash investments		2	210,016		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	88,132.			
	b	Less: accumulated depreciation			41,931.	10c	31,644
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	206,238.	16	274,104
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offi	cer, director,			
≣		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	sons		22	
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0
ģ		Organizations that follow FASB ASC 958, or	check he	re 🕨 🗓			
uce		and complete lines 27, 28, 32, and 33.			006 000		074 104
<u>a</u>	27	Net assets without donor restrictions			206,238.	27	274,104
g B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 📖			
ᅩ		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	006 000	31	074 104
ž	32	Total net assets or fund balances			206,238.	32	274,104
	33	Total liabilities and net assets/fund balances			206,238.	33	274,104

Pa	rt 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		4,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0	$\frac{04.}{66.}$		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt 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: X Cash Accrual 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?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2021)

## **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GIVING TO EXTREMES 45-5583766 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 50,775. 69,831 86,227. 92,954. 128,521. 428,308. include any "unusual grants.") 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 ... 50,775. 69,831. 86,227. 92,954. 128,521. 428,308. 4 Total. Add lines 1 through 3 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) 204,044. 224,264. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 86,227. 128,521 428,308. 50,775. 69,831. 92,954. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 16. 16. and income from similar sources 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.) 428,324. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 52.36 14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % 100.00 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. 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 \_\_\_\_\_\_\_ 17a 10% -facts-and-circumstances test - 2021. 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 b 10% -facts-and-circumstances test - 2020. 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

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

# 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.)

Se	ction A. Public Support	siow, picase com	piete i urt ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		<u> </u>	<u> </u>	,, ==	,,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	<del></del>
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		-	-	<del> </del>	1	
	or loss from the sale of capital						
12	assets (Explain in Part VI.)					<del> </del>	
	First 5 years. If the Form 990 is for the	e organization's f	iret eacond third	fourth or fifth toy	Vear as a soction	501(c)(3) organiza	l etion
'-	check this box and <b>stop here</b>	•		•			
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	100.00 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organizatior	ı ▶ <u></u>
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Oraa	nizations -	13 3303700 Fage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
'	All other Type III non-functionally integrated supporting organizations mu	•	, , ,	r ai t vij. <del>Jee</del> ilisti uctiolis.
Sect	ion A - Adjusted Net Income	3. Complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		( 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		
			(4) 5	(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 GIVING TO EXT				5-5583/66 Page <b>7</b>
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contint</sub>	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

(See instructions.)

## **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

Open to Public Inspection

Name of the organization

GIVING TO EXTREMES

Employer identification number 45-5583766

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts.Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	. ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	······································	Yes No_
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	o antinfiction considerate of another 170	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8			
0	and section 170(h)(4)(B)(ii)?		
9	,	•	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	iote to the organization's illiancial statem	ients that describes the
Par		f Art. Historical Treasures. or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. e
а	Revenue included on Form 990, Part VIII, line 1	_	<b>▶</b> \$
	Assets included in Form 990, Part X		

		O EXTREME		<del></del>					33/6		age 2
Pai	rt III   Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	sset	<b>S</b> (contil	nued)	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	at make si	gnificant use o	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how t	hey further tl	ne organizat	ion's exen	npt purpose in	Part :	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	ner similar	assets				_
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	llection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the	e organizatio	n answered	"Yes" on	Form 990, Par	t IV, lir	ne 9, o	1	
	reported an amount on Form 990, Part	•									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	ssets not i	included				_
	on Form 990, Part X?							.Ш	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabilit	ty?	$\Box$	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanati	on has been	provided on	Part XIII		<u></u>			
Pai	T V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo							
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	<b>d)</b> Three years b	ack	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment ▶	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	nd administe	ered for th	e organization	I			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990	0, Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther		or other	(c) Ac	cumulated	(	( <b>d)</b> Boo	k valu	е
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			8	8,132.		56,488.		3	1,6	44.
	Other										

Schedule D (Form 990) 2021

31,644.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 GIVING TO E	EXTREMES	45	-5583766 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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 V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Gost of Ch	d of year market value
(1)			
(2)			
(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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.  Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability	, ,	,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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..

(7) (8)

	rt XI	Reconciliation of Revenue per Audited Financial Sta	rements with vever	iue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d		r (Describe in Part XIII.)			
е	Add li	ines 2a through 2d		2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>		3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	r (Describe in Part XIII.)	4b		
С	Add li	ines <b>4a</b> and <b>4b</b>		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total	expenses and losses per audited financial statements		1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b		year adjustments			
С		losses			
d	Other	(Describe in Part XIII.)			
е		ines 2a through 2d		2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>			
4		unts included on Form 990, Part IX, line 25, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	r (Describe in Part XIII.)	4b		
С		ines <b>4a</b> and <b>4b</b>	•	4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
Pa	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part X, line 2; Part	XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		

132054 10-28-21 Schedule D (Form 990) 2021

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GIVING TO EXTREMES

Employer identification number 45-5583766

	10 EVIVENED				43-3303	700						
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not						
1 Indicate whether the organization rais		na acti	vities	Check all that apply								
					•							
				overnment grants								
<b>b</b> Internet and email solicitations				nment grants								
c Phone solicitations	c Phone solicitations g Special fundraising events											
d In-person solicitations												
2 a Did the organization have a written of	or oral agreement with any individual	(includ	dina o	fficers, directors, tru	stees, or							
key employees listed in Form 990, F						☐ No						
<b>b</b> If "Yes," list the 10 highest paid indi												
		iani to	agree	ements under which	the fundraiser is to t	е						
compensated at least \$5,000 by the	e organization.											
		/:::\			(v) Amount paid							
(i) Name and address of individual	/> A .: '!	(iii) fundr have c or con	aiser_	(iv) Gross receipts	to (or retained by)	(vi) Amount paid						
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization						
, ,		contrib	utions?	_	listed in col. (i)	organization						
		Yes	No									
「otal												
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration						
or licensing.												

45-5583766 Page 2 Schedule G (Form 990) 2021 GIVING TO EXTREMES 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 (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 23,938. 23,938. 1 Gross receipts 23,938. 23,938 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 7,132. 7,132. 6 Rent/facility costs 6,006. 6,006. 7 Food and beverages 8 Entertainment 9 Other direct expenses 529. 529. 13,667. 10 Direct expense summary. Add lines 4 through 9 in column (d) -13,667. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor 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? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

Schedule G (Form 990) 2021

**b** If "Yes," explain:

Sch	ledule G (Form 990) 2021 GIVING TO EXTREMES 45	-5583	5/66	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🔲	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	. 13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carriing manager compensation 🛩 🤟			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatany diatributions:			
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		-	
~	organization's own exempt activities during the tax year > \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, I	ines 9.	9b, 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			, ,

31

Schedule (Form 990) GIVING TO EXTREMES 45-5583766 Page 4 Part IV Supplemental Information (continued)	Schedule (	G (Form 990)	GIVING TO	EXTREMES	45-5583766	Page 4
	Part IV	Supplemental Info	rmation (continued)			

#### SCHEDULE O (Form 990)

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.

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GIVING TO EXTREMES

Employer identification number 45-5583766

FORM 990, ITEM C, DOING BUSINESS AS: GLOBAL SURGICAL EXPEDITION, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COUNTRIES TO DELIVER MEDICAL AND SURGICAL CARE. GSE ALSO SUPPORTS SURGICAL INFRASTRUCTURE BY DONATING SURGICAL EQUIPMENT AND TRAINING LOCAL PROVIDERS TO DELIVER SURGERIES THEMSELVES. FURTHER, GSE CONDUCTS RESEARCH TO BETTER UNDERSTAND AND TREAT UROLOGICAL DISEASE, SUPPORTS GLOBAL ADVOCACY EFFORTS TO IMPROVE ACCESS TO SURGICAL AND ANESTHETIC CARE, AND PROVIDES GLOBAL SURGERY EDUCATION AND TRAINING OPPORTUNITIES TO MEDICAL STUDENTS AND RESIDENTS. FINALLY, GSE SEEKS TO EDUCATE THE PUBLIC COMMUNITY ON TOPICS OF GLOBAL SURGERY AND POVERTY THROUGH THE CREATION AND DISSEMINATION OF VIDEOS, BLOGS, AND EDUCATIONAL MATERIALS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH - GSE CONDUCTS RESEARCH TO BETTER UNDERSTAND HOW TO IDENTIFY AND TREAT SURGICAL DISEASE IN LOW-INCOME COUNTRIES AND TO COMBAT POVERTY RELATED TO MEDICAL ILLNESS. FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT AND HIS SPOUSE BOTH SERVE ON THE BOARD OF DIRECTORS.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE PRESIDENT AND TREASURER PRIOR TO FILING.

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Name(s) shown on return

Identifying number

GIV	ING TO EXTE							PAGE 10		45-5583766
Par	t I Election To Expen	ise Certain Propert	ty Under Section 17	79 Note: If yo	u have any li	sted pr	operty	, complete Par	t V before	you complete Part I.
<b>1</b> N	laximum amount (see	instructions)							1	1,050,000.
	otal cost of section 17	,								
	hreshold cost of section									2,620,000.
	eduction in limitation.									, ,
	ollar limitation for tax year. Su									
6		(a) Description of prop			(b) Cost (busin			(c) Elected		
7 1	isted property. Enter t	ha amaunt from l	line 20				7			
	sted property. Enter t				) l' 0		/			
	otal elected cost of se									
	entative deduction. Er									
	arryover of disallowed									
	usiness income limitat									
	ection 179 expense d								12	
	arryover of disallowed					▶	13			
	Don't use Part II or P									
Par	ороски ворг	eciation Allowan		•	•					1
<b>14</b> S	pecial depreciation all	owance for quali	fied property (oth	ner than liste	d property) p	laced ir	n servi	ce during		
th	ne tax year								14	
<b>15</b> P	roperty subject to sec	tion 168(f)(1) elec	ction						15	
	ther depreciation (incl	luding ACRS)							16	
Par	t III MACRS Depr	eciation (Don't i	nclude listed pro	perty. See in	structions.)					
				Se	ction A					
17 N	IACRS deductions for	assets placed in	service in tax ye	ars beginnin	g before 202	1		······································	17	10,287.
	IACRS deductions for you are electing to group any								17	10,287.
	you are electing to group any		ce during the tax year	into one or more e During 20	general asset acc 21 Tax Year	counts, ch	neck here	· <b>&gt;</b> [		
	you are electing to group any	assets placed in servi	ce during the tax year	e During 20: (c) Basis for (business/ir	general asset acc	Counts, ch	neck here	eneral Depreci	ation Syst	
	you are electing to group any Sec  (a) Classification of p	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	neck here the Ge	eneral Depreci	ation Syst	em
18 If:	you are electing to group any Sec  (a) Classification of p  3-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	neck here the Ge	eneral Depreci	ation Syst	em
18 If :	Sec  (a) Classification of p  3-year property  5-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	neck here the Ge	eneral Depreci	ation Syst	em
18 ff	you are electing to group any Sec  (a) Classification of p  3-year property  5-year property  7-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	neck here the Ge	eneral Depreci	ation Syst	em
19a b c d	you are electing to group any Sec  (a) Classification of p  3-year property 5-year property 7-year property 10-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	neck here the Ge	eneral Depreci	ation Syst	em
19a b c d e	you are electing to group any Sec  (a) Classification of p  3-year property 5-year property 7-year property 10-year property 15-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	neck here the Ge	eneral Depreci	ation Syst	em
19a b c d e f	(a) Classification of p  3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Using (d) F	neck here	eneral Depreci	ation Syst	em
19a b c d e	you are electing to group any Sec  (a) Classification of p  3-year property 5-year property 7-year property 10-year property 15-year property	assets placed in servi	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	Counts, ch	the Ge Recovery period  5 yrs.	eneral Depreci	ation Syst (f) Method	em
19a b c d e f	(a) Classification of p  3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	assets placed in servi- tion B - Assets I roperty	ce during the tax year  Placed in Servic  (b) Month and year placed	e During 20: (c) Basis for (business/ir	general asset acc 21 Tax Year depreciation vestment use	counts, ch	the Ge Recovery period  5 yrs. 5 yrs.	eneral Depreci	ation Syst  (f) Method  S/L  S/L	em
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19a b c d e f g h	you are electing to group any Sec  (a) Classification of p  3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental p  Nonresidential real  Section	assets placed in servi- tion B - Assets I roperty  roperty	ce during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more  e During 20:  (c) Basis for (business/ir only - see	general asset acc 21 Tax Year depreciation vestment use instructions)	25 27 38	5 yrs. 5 yrs. 5 yrs. 9 yrs.	eneral Depreci (e) Convention  MM  MM  MM  MM  MM	ation Syst  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	em  (g) Depreciation deduction
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19a b c d e f g h i	(a) Classification of p  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental p  Nonresidential real Section Class life 12-year 30-year	assets placed in servi- tion B - Assets I roperty  roperty  property  on C - Assets Pl	ce during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	into one or more  e During 20:  (c) Basis for (business/ir only - see	general asset acc 21 Tax Year depreciation vestment use instructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 2 yrs.	eneral Depreci (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	ation Syst  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	em  (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par	(a) Classification of p  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental p  Nonresidential real  Section Class life 12-year 30-year 40-year  Section Summary (Se	assets placed in servi- tion B - Assets I roperty  property  property  on C - Assets Pl  e instructions.)	ce during the tax year  Placed in Servic  (b) Month and year placed in service  // //  aced in Service	into one or more  e During 20:  (c) Basis for (business/ir only - see	general asset acc 21 Tax Year depreciation vestment use instructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eneral Depreci (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	ation Syst  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	em  (g) Depreciation deduction
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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A Depreciation and Other Information (Caution: See the instructions for limits for passanger automobiles)  2a (a) type the property (a) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	_	24b, columns (	·	<u>,                                      </u>							limita for	nassan	aor autor	nobilee l			
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			: :	%	ó						S/L -						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			: :	%	ó						S/L -						
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (abrit include commuting miles)  31 Total commuting miles driven during the year (abrit include commuting miles driven during th			: :	%	ó						S/L -						
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