### 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)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	GIVING TO EXTREMES			
Ē	Name change		, INC	45-55837	66
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	termin ated			G Gross receipts \$	156,494.
	Ameno			H(a) Is this a group re	
	Applic	F Name and address of principal officer:DAVID RAPP		for subordinates	
	pendir	9 5829 ASCOT GLEN DR, GLEN ALLEN, VA 23	059	H(b) Are all subordinates in	
ī	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)(0)$	or 527	1	list. See instructions
	Websit			H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2012 N	🖊 State of legal domicile: VA
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: $\overline{ t GLOB}$	AL SUR ONALS	GICAL EXPED TO UNDERSER	ITION (GSE) VED
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
ত প্	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es 8	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Υİ	6	Total number of volunteers (estimate if necessary)		6	0
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		128,521.	156,402.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16.	92.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-13,667.	-25,963.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		114,870.	130,531.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  7,9	50 -	0.	0.
Ĕ	D	9 1 ( ) ( )		47,004.	88,752.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,004.	
		Revenue less expenses. Subtract line 18 from line 12		67,866.	
Dr.	3	Heverlue less expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		274,104.	315,975.
ASS	21	Total liabilities (Part X, line 26)		0.	92.
Jet	22	Net assets or fund balances. Subtract line 21 from line 20		274,104.	315,883.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		A			
Sig		Signature of officer		Date	
Не	re	DAVID RAPP, PRESIDENT			
		Type or print name and title		Ooto I -	I DTIN
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		NICOLE M PECK, CPA NICOLE M PECK, (		5/04/23 self-employ	
	parer	Firm's name JOYNER, KIRKHAM, KEEL & ROBERTSOI	N, P.C	Firm's EIN 5	4-0987121
Use	e Only	Firm's address 5012 MONUMENT AVENUE, SUITE 300			04\200 0406
_		RICHMOND, VA 23230-3632		Phone no. (8	04)288-0496
MA	w tha IE	RS discuss this return with the preparer shown above? See instructions			X Ves No

1 Birefly describe the openization's mission.  THE ORGANIZATION'S MISSION IS TO DELIVER SURGICAL CARE TO THOSE IN NEED. GLORAL 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 350 or 950 c2?  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (c)(8) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, to ceach program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (c)(8) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, to each program service report the samount of grants and allocations to others, the total expenses, and revenue, if any, to each program service program services and revenue, if any, to each program service program services and revenue, if any, to each program service program services and revenue, if any, to each program service services. Surgical Missions are required to report the amount of grants and allocations to others, the total expenses, and revenue, and any to each program services. Surgical Missions are required to report the amount of grants and allocations to others, the total expenses and revenue, and the program services and the program services.  4 Discount of the program service and the program services are services and the program services and the program services and the program services.  4 Discount of the program service services and the program services and the program services and the program services and the program	Pa	till Statement of Program Service Accomplishments
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	46	
	<del></del>	Form <b>990</b> (2022)

# Form 990 (2022) 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 (2022) 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			7.7
	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	23		x
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	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		
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29	<u> </u>	
30	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	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
	Part V, line 1	34	<u> </u>	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0  It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		162	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
•	(gambling) winnings to prize winners?	1c	х	
	,			

### GIVING TO EXTREMES Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				res	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							
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		v				
3a			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١,		х				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a						
D	If "Yes," enter the name of the foreign country								
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 22				
			30						
ua	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		6a		X				
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
Ĭ	to file Form 8282?	•	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	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 contr		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b						
10	Section 501(c)(7) organizations. Enter:	1 1							
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 1							
a	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	a at							
100	amounts due or received from them.)	11b	100						
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
ŭ	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							
14a		-	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								
excess parachute payment(s) during the year?									
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	nt income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	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 1b			
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		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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		X
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, and	nd finai	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization		orga	aniza			mpe	nsat			(F)		
<b>(A)</b> Name and title	(B) Average		(C) Position (do not check more to box, unless person is			1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated		
Name and title	hours per	(do box				nore than one son is both an		compensation	compensation	amount of		
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	ee			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the		
	related organizations	Individual trustee or director	Institutional trustee		99	ubeus		1099-NEC)	1099-NEC)	organization and related		
	below	dual t	utiona	_	Key employee	st cor	 	10001100)		organizations		
	line)	Indivi	Institu	Officer	Key e	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) DAYAL BAXANI	1.00							_				
DIRECTOR		Х						0.	0.	0.		
(5) MATT KERR	5.00	↓		l								
TREASURER		Х		Х				0.	0.	0.		
(6) ERIK GROSSGOLD	5.00	١								_		
DIRECTOR		Х						0.	0.	0.		
		-										
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Par	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
Par	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot or/trus	one h an itee)	( <b>D)</b> Reportable compensation from the	es (continued) (E)  Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	Estinamo or compo fron organ and	(F) mated bunt of ther ensation it the nization related ization	on n
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	I, Section A				· · · · · · ·			0 • 0 • 0 • eceived more than \$100	0,000 of reportab	0 • 0 • 0 • ole			0 · 0 · 0 ·
<ul> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of complete organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> </ul>											3 4 5		X X X	
	(A) Name and business  Total number of independent contractors (i			mite		tho	se lii	ster	(B) Description of s			ompens	sation	
_	\$100,000 of compensation from the organic		IOL III	iiiile	iu lu	(	0	31 <del>0</del> (	above, who received if	IOIC IIIAII		_ ^	00 (00	

	rt VI	(= - = -)	ппппп			45 5505	700 Tage 0
ı aı				a to their Dest VIII			
		Check if Schedule O contains a response	or note to any lin	(A) Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	A Federated campaigns  D Membership dues  D Fundraising events  D Related organizations  D Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  D Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	48,450. 107,952. 28,207.	156,402.			
Program Service Revenue	2 a b c c c c c f	All other program service revenue  Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, inter other similar amounts)  Income from investment of tax-exempt bond Royalties	proceeds	92.			92.
		(i) Real	(ii) Personal				
<u>o</u>	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
Other Revenue	c	and sales expenses 7b Gain or (loss) 7c  Net gain or (loss) Gross income from fundraising events (not including \$ 48,450 • of					
	c	contributions reported on line 1c). See Part IV, line 18 8a But 10 Less: direct expenses 8b Ret income or (loss) from fundraising events Gross income from gaming activities. See	<del>   </del>	-25,963.			-25,963.
	b	Part IV, line 19 9a Description Less: direct expenses 9b					
	b	and allowances 10.  Less: cost of goods sold 10.  Net income or (loss) from sales of inventory 10.	b				
Miscellaneous Revenue	11 a		Business Code				
Misc		All other revenue					
$\Box$	e	Total. Add lines 11a-11d		400 =			
	12	Total revenue. See instructions		130,531.	0.	0.	-25,871.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 54. 5,827 18,006. 12,125. Advertising and promotion 12 156. 156. Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 10,186. 10,186. Depreciation, depletion, and amortization ..... 22 652. 652. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 48,383. 48,383. MISSION EXPENSES DUES AND SUBSCRIPTIONS 3,283. 806. 2,477. 2,715. **ACCOUNTING FEES** 2,715. 1,981. 1,873. BANK CHARGES AND FEES 108. 3,390. 250. 2,665. 475. e All other expenses Total functional expenses. Add lines 1 through 24e 88,752. 74,165. 6,637. 7,950. 25 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)

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			32,444.	1	33,816.
	2	Savings and temporary cash investments			210,016.	2	250,108.
	3	Pledges and grants receivable, net				3	1,500.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial d	contributor, or 35%			
		controlled entity or family member of any of	ons		5		
	6	Loans and other receivables from other disq	rsons (as defined				
ţs		under section 4958(f)(1)), and persons descr	ibed in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	97,224.			
	b	Less: accumulated depreciation	10b	66,673.	31,644.	10c	30,551.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			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	equal line 3	3)	274,104.	16	315,975.
	17	Accounts payable and accrued expenses				17	92.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or t					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of	these perso	ons		22	
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24)	. Complete Part X			
		of Schedule D			0	25	0.0
	26	Total liabilities. Add lines 17 through 25			0.	26	92.
S		Organizations that follow FASB ASC 958,	check her	e X			
ž		and complete lines 27, 28, 32, and 33.			274 104		215 002
ala	27				274,104.	27	315,883.
P P	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB AS	C 958, che	eck here			
P.		and complete lines 29 through 33.	1 -			60	
ets	29	Capital stock or trust principal, or current fur				29	
\SS(	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	274,104.	31	315,883.
Ž	32	Total net assets or fund balances			274,104.	32	315,883.
	33	Total liabilities and net assets/fund balances			4/4,104.	33	313,313.

Pai	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			4.0		~ 4			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,5				
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,7				
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{1,7}{4,1}$				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	31	5,8	<u>83.</u>			
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?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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 separate	e basis,						
	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 the	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 Sci	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
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** (2022)

#### **SCHEDULE A**

(Form 990)

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

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

Name of the organization

GIVING TO EXTREMES

Employer identification number 45-5583766

								3 3303700				
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.					
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)						
1	Ш	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit descril	ped in				
_		section 170(b)(1)(A)(iv). (C		<b>g</b>		,						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	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.)										
0				(4)(A)(vi) (Complete Der	<b>.</b> II \							
8	$\equiv$	A community trust describe										
9		An agricultural research org	-			-						
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	ge or				
		university:										
10	ш	An organization that norma										
		activities related to its exen	-	•				-				
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.				
		See <b>section 509(a)(2).</b> (Cor	mplete Part III.)									
11	$\square$	An organization organized a	and operated exclus	sively to test for public sa	ıfety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on				
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.					
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving				
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally		•				ization(s)				
		that is not functionally int						` '				
		requirement (see instruct		• ,	•		•					
е		Check this box if the orga	•	•								
_		functionally integrated, or					, po ., . , po, . , po					
f	Ente	er the number of supported of	* .	many integrated eappers	9 0.94							
a q		vide the following information		ed organization(s)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))								
						-						
Tota	al											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 69,831. 86,227 92,954 128,521 156,402. 533,935. 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 128,521. 156,402. 86,227. 92,954. 69,831. 533,935. 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) 213,552. 320,383. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 156,402. 69,831. 86,227. 92,954. 128,521 533,935. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 16. 92. 108. 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.) 534,043. 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 59.99 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 52.36 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990) 2022

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	· · · · ·	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
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	<u> </u>					
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			1			
	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	,			
	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	<del> </del>			1		
	Total support. (Add lines 9, 10c, 11, and 12.)			1		<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u></u>	check this box and stop here						<u></u>
	ction C. Computation of Publ					Liel	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	04
						18	%
	Investment income percentage from 2 a 33 1/3% support tests - 2022. If the						17 is not
196	more than 33 1/3%, check this box a						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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		
	За		
	3b		
	3с		
	4a		
	4.		
	4b		
	_		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	_		
	_		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	iUa		
	10b		
dule	A (Forr	n 990)	2022

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		

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualit	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ne	t short-term capital gain	1		
<b>2</b> Re	coveries of prior-year distributions	2		
3 Otl	her gross income (see instructions)	3		
<b>4</b> Ad	d lines 1 through 3.	4		
<b>5</b> De	preciation and depletion	5		
<b>6</b> Po	rtion of operating expenses paid or incurred for production or			
col	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Otl	her expenses (see instructions)	7		
8 Ad	ljusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
<b>b</b> Av	erage monthly cash balances	1b		
<b>c</b> Fai	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
<b>2</b> Ac	quisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Su	btract line 2 from line 1d.	3		
<b>4</b> Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
<b>5</b> Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
<b>7</b> Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
<b>1</b> Ad	justed net income for prior year (from Section A, line 8, column A)	1		
	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	ter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functio	nally integrate	d Type III supporting ord	anization (see

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instructions).

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	tion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2022 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					
	(i) (ii)	:	(iii)				

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

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE 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

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	Does each conservation easement reported on line 2(d) above	us satisfy the requirements of section 17	2/6\/4\/D\/;\
8		-	
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	note to the organization's illiancial staten	nerits that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
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		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		a. 3a, p. 61100
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part Y		Φ

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, d	or Other	Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following tha	t make sigr	nificant use c	of its	
	collection items (check all that apply):								
а	Public exhibition	d		oan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how th	ey further t	he organizati	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical trea	sures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	nization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the	organizatio	n answered '	'Yes" on Fo	orm 990, Parl	t IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for o	contribution	ns or other as	sets not inc	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						?	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planatio	n has been	provided on	Part XIII			
Par	t V Endowment Funds. Complete if	the organization ans	swered '	'Yes" on Fo	orm 990, Part	IV, line 10.			
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back (d)	Three years b	ack (e) Four	years back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a	a)) held as:	•		•	
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
С	Term endowment 9	<del></del> %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held a	and administe	red for the			
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizar								
4	Describe in Part XIII the intended uses of the	organization's endov	wment f	unds.					
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Accu	ımulated	(d) Book	value
		basis (investm	ent)	basis	(other)	depre	ciation		
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment			9	7,224.	6	6,673.	3 (	),551.
е	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X, colum	n (B), line 1	10c.)			30	),551.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 GIVING TO E	XTREMES	45	-5583766 Page 3
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Cas Form 000 Port V line 10	
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	t of year market value
	(b) book value	(C) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
<del>-</del>	Description	Tra. coc r crim coc, r are x, into re.	(b) Book value
• • • • • • • • • • • • • • • • • • • •	Boomption		(a) 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.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(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)

Pai	rt XI Reconciliation of Revenue per Aud	ited Financial Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited fil	nancial statements	1	
2	Amounts included on line 1 but not on Form 990, Part	VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but	not on line 1:		
а	Investment expenses not included on Form 990, Part	VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Fo			
Pai	rt XII Reconciliation of Expenses per Auc	-	ises per Return.	
	Complete if the organization answered "Yes" or			
1	Total expenses and losses per audited financial states	ments	1	
2	Amounts included on line 1 but not on Form 990, Part	: IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but n	1 1		
а	Investment expenses not included on Form 990, Part	VIII, line 7b <b>4a</b>		
b		4b		
	Other (Describe in Part XIII.)	4b	4c	
c 5	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal to			
c 5 <b>Pa</b> i	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal of the triangle of triangl	Form 990, Part I, line 18.)	5	
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	Ί,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal of the triangle of triangl	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	l,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	Ί,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 <b>Pa</b> l Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information.  Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.)  9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,

232054 09-01-22 Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

#### **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Schedule G (Form 990) 2022

Name of the organization							ntification number	
							45-5583766	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	sed funds through any of the following solicitates for Solicitates for oral agreement with any individual Part VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra I (include profess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration	

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

45-5583766 Page 2 Schedule G (Form 990) 2022 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 48,450. 48,450. 1 Gross receipts 48,450. 48,450 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 2,826. 2,826. 6 Rent/facility costs 10,806. 10,806. 7 Food and beverages ..... 3,605. 3,605. 8 Entertainment 8,726. 8,726. 9 Other direct expenses 25,963. 10 Direct expense summary. Add lines 4 through 9 in column (d) -25,963. 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:

Schodulo G (Earm 990) 2022

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

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

Sch	Schedule G (Form 990) 2022 GIVING TO EXTREMES	45-5!	583	766	Page 3
	11 Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
12	12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or				
	to administer charitable gaming?			Yes	∟ No
	13 Indicate the percentage of gaming activity conducted in:	1	40-	I	0.4
	a The organization's facility		13a 13b		%
	<ul> <li>b An outside facility</li> <li>Enter the name and address of the person who prepares the organization's gaming/special evaluation.</li> </ul>		ISD		%
17	14 Enter the frame and address of the person who prepares the organization's gaming/special ex	città books and records.			
	Name				
	Address				
	Address				
15a	15a Does the organization have a contract with a third party from whom the organization receives	gaming revenue?		Yes	☐ No
k	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization	and the amount			
	of gaming revenue retained by the third party \$				
C	c If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	16 Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	17 Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming	proceeds to			
	retain the state gaming license?			Yes	☐ No
k	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt of	rganizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2				01 401
Fa	Part IV Supplemental Information. Provide the explanations required by Part I, line 2 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See ins		: 111, 11	nes 9,	90, 100,

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

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

GIVING TO EXTREMES

Employer identification number 45-5583766

Par	rt I   Types of Property	_						
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ame	burits	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	7	12,897.				
25	Other (TRIPS ) Other (CLOTHING, COUPO)	X	8	11,300.				
26 07	Other (CLOTHING, COUPO) Other (FOOD AND DRINK)	X	7	3,310.				
27 28	Other (EVENT TICKETS)	X	2	700.				
<u>20</u> 29	Number of Forms 8283 received by the organ							
25	for which the organization completed Form 8							
	To whom the organization completed from c	200,1 4.1 1, 2	on our term our				es	No
30a	During the year, did the organization receive	bv contributio	on any property rea	oorted in Part I. lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period		•	•		30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31		X
32a	Does the organization hire or use third parties	s or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

## SCHEDULE O (Form 990)

Department of the Treasury

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.

2022
Open to Public Inspection

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. EXPENSES \$ 335. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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.

### 4562 Form

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

Attach to your tax return.

990

2022

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

nis form relates Identifying number

	VING TO EXTREMES				RM 990 F			45-5583766
Pa	rt I Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	u have any li	sted property,	complete Part	V before y	
1	Maximum amount (see instructions)							1,080,000.
	Total cost of section 179 property plac							
	Threshold cost of section 179 propert		2,700,000.					
	Reduction in limitation. Subtract line 3							
5	Dollar limitation for tax year. Subtract line 4 from lin							
6	(a) Description of p	roperty		(b) Cost (busin	ness use only)	(c) Elected	cost	
_	Catalana and Catalana	1: 00			<del>- 1 - 1</del>			
	Listed property. Enter the amount from			\\ lines & and			$\overline{}$	
	Total elected cost of section 179 prop							
	Tentative deduction. Enter the <b>smalle</b> Carryover of disallowed deduction from							
	Business income limitation. Enter the							
	Section 179 expense deduction. Add							
	Carryover of disallowed deduction to a						12	
	: Don't use Part II or Part III below for							
	rt II Special Depreciation Allow		•		e listed prope	rty.)		
14 :	Special depreciation allowance for qua	alified property (oth	ner than liste	d property) p	laced in servic	e during		
	the tax year					· ·	14	
15	Property subject to section 168(f)(1) e							
							16	
Pa	rt III MACRS Depreciation (Don'	<b>t</b> include listed pro	perty. See in	structions.)				
			Se	ction A				
	MACRS deductions for assets placed	•	•	•			17	10,186.
18	f you are electing to group any assets placed in se							
	Section B - Asset	-			Using the Ge	neral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/ir	depreciation vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
<u>d</u>	10-year property							
<u>e</u>	15-year property							
f	20-year property				_			
<u>g</u>	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L S/L	
	Section C - Assets	Placed in Service	During 2025	7 Tax Year II	sing the Alter			tem
 20a	Class life			- rux rour <b>o</b>			S/L	
<u>200</u> b	12-year				12 yrs.		S/L	
	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)						·	
21	Listed property. Enter amount from lin	ie 28					21	
	Total. Add amounts from line 12, lines							
	Enter here and on the appropriate line	s of your return. Pa	artnerships a	nd S corpora	tions - see ins	tr	22	10,186.
23	For assets shown above and placed in	n service during the	e current yea	r, enter the				
	portion of the basis attributable to sec	tion 263A costs			23			

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,

_	,	·	c) of Section A,							mita for	naccana	or outor	nobilos <b>\</b>				
			on and Other I						1		`			T .			
<u>24a</u>	Do you have evidence to s	(b)	(c)	It use ca		<u> </u>	<u>′es                                    </u>	No	1	1				」Yes ∟	<u> No</u> i)		
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percentag	e ot	( <b>d)</b> Cost or her basis	Basis for depreciation		reciation estment	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		Elec sectio cc	ted n 179		
25	Special depreciation alle	owance for q	ualified listed p	roperty	/ placed	in servi	ce durir	ng the t	ax year ar	ıd							
	used more than 50% in	a qualified b	usiness use								. 25						
26	Property used more that	n 50% in a c	ualified busine	ss use:													
		1 1	%	5													
		1 1	%	5													
		1 1	%	5													
<u>27</u>	Property used 50% or le	ess in a quali	fied business ı	use:													
		1 1	%	5						S/L -							
		1 1	%	5						S/L -							
		1 1	%							S/L -							
	Add amounts in column										_						
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here and	on line	7, page	<u>1</u>							29				
			S	ection I	B - Infor	mation	on Use	of Ve	hicles								
to y	our employees, first ans	wer the ques	stions in Section		see if you		an exce	ption t	o completi	· .	section f		vehicles	6. <b>(f</b>	<b>)</b>		
30	Total business/investment	business/investment miles driven during the		ess/investment miles driven during the		-	nicle	Vehicle		\	Vehicle		Vehicle		icle	Vehicle	
	year (don't include commu	At															
31	Total commuting miles																
	Total other personal (no																
	driven																
33	Total miles driven during																
	Add lines 30 through 32	<u>)</u>															
34	Was the vehicle availab		I	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No		
	during off-duty hours?																
35	Was the vehicle used p																
	than 5% owner or relate	ed person?															
36	Is another vehicle availa	able for perso	onal														
	use?																
			- Questions for	-	-					-							
	swer these questions to			ception	to com	pleting	Section	B for \	ehicles us	ed by e	mployee	s who <b>ar</b>	en't				
	re than 5% owners or rel													1			
37	Do you maintain a writte										, by you	r		Yes	No		
														-			
38	Do you maintain a writte		•														
20	employees? See the ins													-	<u> </u>		
	Do you treat all use of v													-			
40	Do you provide more th																
44	the use of the vehicles, Do you meet the require																
41	Note: If your answer to																
D	art VI Amortization	37, 36, 39, 4	U, OF 41 IS TES	s, don	Comple	ete Sec	1011 15 10	or trie C	overed ve	nicies.							
				(b)	1	(c)		$\neg$	(d)		(e)			(f) nortization r this year			
	(a) Description o	f costs	Date a	e amortization Amorti			ortizable mount		(d) Code section		Amortization		on Ar				
42	Amortization of costs th	at begins du		tax vea	ar:					L	period or per	oonayt					
		209.10 00	, , , , , , , , , , , , , , , , , , , ,	: :													
				:				$\top$									
43	Amortization of costs th	at began be	fore your 2022	tax vea	ır							43					
	Total. Add amounts in o											44					