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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	or the	e 2024 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang	GIVING TO EXTREMES			
	Name chang		, INC	45-55837	66
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return			804-385-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	450,522.
	Amen	GLEN ALLEN, VA 25059		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer:DAVID KAFF		for subordinates	? Yes X No
		3829 ASCOT GLEN DR, GLEN ALLEN, VA 23	059	H(b) Are all subordinates in	ncluded? Yes No
<u>I</u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2012 N	State of legal domicile: VA
Pa	art I	Summary	AT CITE	OTONI EVDED	TETON (CCE)
Se	1	Briefly describe the organization's mission or most significant activities: GLOB. SENDS PHYSICIANS AND HEALTHCARE PROFESSION.	AL SUR	MO IMPEDCED	ITION (GSE)
Jan					
Ver		Check this box if the organization discontinued its operations or dispo		1 1	ssets.
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	6
∞ ∽		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			
iŧie		Total number of volunteers (estimate if necessary)			0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		202,467.	438,118.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		408.	12,404.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-28,305.	-33,294.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		174,570.	417,228.
	13	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,912.	88,811.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line 25) 38,8		116 251	222 256
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,251. 143,163.	232,356. 321,167.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,407.	96,061.
-Se	19	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	F	348,426.	446,065.
Ass	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,136.	2,714.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		347,290.	443,351.
	art II	Signature Block		•	· · · · · · · · · · · · · · · · · · ·
Und	ler pena	Ities 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	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	DAVID RAPP, PRESIDENT			
		Type or print name and title	11	Oata I	T DTIN
		Preparer's name Preparer's signature		Date Check	PTIN
Pai		NICOLE M. PECK, CPA NICOLE M. PECK,	CPA 0	3/03/25 self-employ	P01944487
	parer	Firm's name JOYNER, KIRKHAM, KEEL & ROBERTSO	N, P.C	Firm's EIN 5	4-0987121
USE	Only	Firm's address 5012 MONUMENT AVENUE, SUITE 300		Dk / 0	041288_0486
N.4 :	ا - مالا ،	RICHMOND, VA 23230-3632		Prione no. (o	04)288-0496 X Yes No
		RS discuss this return with the preparer shown above? See instructions			X Yes No

	990 (2024) GIVING TO EXTREMES 45-5583766 Page 2
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO DELIVER SURGICAL CARE TO THOSE IN
	NEED. GLOBAL SURGICAL EXPEDITION IS A MEDICAL CHARITY THAT SENDS
	SURGICAL TEAMS TO UNDERSERVED NATIONS AROUND THE WORLD TO DELIVER
	SURGERIES AND CHANGE LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	T7
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 203,618 • including grants of \$) (Revenue \$
	SURGICAL MISSIONS - DOCTORS AND MEDICAL VOLUNTEERS ARE SENT TO CENTRAL
	AMERICA AND AFRICA TO DELIVER LIFE-CHANGING SURGERIES TO IMPOVERISHED
	POPULATIONS. THE ORGANIZATION HAS WORKED WITH LOCAL GOVERNMENTS AND
	HOSPITALS TO PERFORM OVER 400 SURGERIES AND TREAT OVER 1000 PATIENTS.
	IN ADDITION, GSE HAS PROVIDED TRAINING AND EQUIPMENT FOR NUMEROUS
	PHYSICIANS AND HOSPITALS ACROSS THE PROGRAM COUNTRIES.
	PHISICIANS AND HOSPITALS ACROSS THE PROGRAM COUNTRIES.
4b	(Code:) (Expenses \$ 9,179 • including grants of \$) (Revenue \$
	EDUCATION - GSE SEEKS TO FOSTER AND TRAIN THE NEXT GENERATION OF GLOBAL
	HEALTH LEADERS. GSE PROVIDES FORMAL CLASSROOM EDUCATION CURRICULUM AND
	TEACHING, AS WELL AS INTERNATIONAL EXPERIENCES TO TRAIN MEDICAL
	STUDENTS AND RESIDENTS IN GLOBAL SURGERY.
	DIODENID AND REDIDENID IN GHODAH DONGERI:
4c	(Code:) (Expenses \$ 18,701 · including grants of \$) (Revenue \$
	ADVOCACY - GSE PARTICIPATES IN GLOBAL ADVOCACY EFFORTS TO IMPROVE
	ACCESS TO SURGICAL, ANESTHETIC, OBSTETRIC, AND TRAUMA CARE WORLDWIDE.
	GSE IS A PERMANENT MEMBER OF THE G4 ALLIANCE, A GLOBAL ORGANIZATION OF
	<u> </u>
	MORE THAN 60 ORGANIZATIONS WORKING IN OVER 160 COUNTRIES, UNITED IN
	ADVOCATING FOR THE NEGLECTED SURGICAL PATIENTS. GSE ALSO ADVOCATES
	THROUGH PUBLIC AWARENESS CAMPAIGNS BY CREATING AND SHARING VIDEOS,
	ARTICLES, AND BLOGS TO EDUCATE THE PUBLIC ABOUT THE NEED FOR ACCESS TO
	SURGICAL CARE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 8,829 • including grants of \$) (Revenue \$)
4e	Total program service expenses 240,327.
	Form 990 (2024

Form **990** (2024)

Form 990 (2024) 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	X	
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			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
• •	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
'	the organization's separate of 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		X
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			- v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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	13		1
	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,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2024) 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			7.7
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		X
00	Schedule L, Part I	25b		<u> </u>
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%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		X
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		21
20				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
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	31		 -
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 -
33	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			
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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			
	(gambling) winnings to prize winners?	1c	Х	

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

					Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	າ			
	filed for the calendar year ending with or within the year covered by this return	2a	2	01	X	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Λ	Х
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		ity over a	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a ferrige pounts (such as a heat, account account as a the financial account as a the financial account as a signature or other financial account as a signature or other financial accounts as a signatu		•	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial and account, securities account, or other financial and account	accou	nu)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	te (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7с		X
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 of	ontrad	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•				8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		140		Х
				14a		
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or	14b		
IJ	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	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	3			
	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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c	ss pe	more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID RAPP MD PRESIDENT	40.00	x		x				50,000.	0.	0.
(2) QUINN LIPPMAN MD	2.00	^		^				30,000.	0.	0.
DIRECTOR		x						0.	0.	0.
(3) TIM BRADFORD MD	5.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(4) WILL REYNOLDS	1.00									
DIRECTOR	F 00	Х						0.	0.	0.
(5) MATT KERR TREASURER	5.00	X		x				0.	0.	0.
(6) ERIK GROSSGOLD	5.00	^		^				0.	0.	
DIRECTOR	3.00	x						0.	0.	0.

45-5583766

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	Esti amo o comp fro orga and	matectount of their ensation of the initiation of their ensation o	of ion on ed
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	I, Section A				· · · · · · ·			50,000. 0. 50,000. received more than \$100	0,000 of reportab	0 • 0 • 0 • le			0.
3 4 5 Sec	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," completion B. Independent Contractors	uch individual um of reportab 0,000? If "Yes, accrue compe	le co " <i>co</i> nsat	omp omple ion t	ensa ete S from	atior S <i>che</i> any	n and e <i>dul</i> d y uni	d ot e <i>J</i> r	ther compensation from	the organization		3 4 5		X X X
1 —	Complete this table for your five highest countered the organization. Report compensation for (A) Name and business	the calendar y	ear		ng v					year.		ation fro	1	
	Total number of independent contractors (i		not li	mite	d to	tho	ese li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation					U					- ^	00 /0	

_ · u			so or note to any lin	o in this Dart VIII			
		Check if Schedule O contains a respon	se of flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
						business revenue	
40 1							sections 512 - 514
nts	1 a	Federated campaigns 1a					
3ra	b	Membership dues1b					
s, (С	Fundraising events1c	84,230.				
ᄩ		Related organizations 1d					
s, (Government grants (contributions) 1e					
Sign		A					
Pe E	•	similar amounts not included above 1f	353,888.				
[6류	~	· · · · · · · · · · · · · · · · · · ·	117,175.				
Contributions, Gifts, Grants and Other Similar Amounts	_		i	438,118.			
- "	n	Total. Add lines 1a-1f		430,110.			
_			Business Code				
ဦ	2 a	l	_				
e S	b		_				
n S	С	·	_				
rar ev	d	l	_				
Program Service Revenue	е		_				
ه ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
		other similar amounts)		12,404.			12,404.
	4	Income from investment of tax-exempt bon-	d proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		L. Niet wentel in come ou (lose)					
		Gross amount from sales of (i) Securitie	s (ii) Other				
	<i>i</i> a	,	(ii) Other				
		assets other than inventory 7a					
a	D	Less: cost or other basis					
ž		and sales expenses 7b					
e e		Gain or (loss) 7c					
her Revenue		l Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
₫		including \$ 84 , 230 . of					
		contributions reported on line 1c). See					
			Ba 0.				
			33,294.				22.22
	С	Net income or (loss) from fundraising events	S	-33,294.			-33,294.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	0a				
	b		Ob				
		Net income or (loss) from sales of inventory					
<u></u>		, ,	Business Code				
Miscellaneous Revenue	11 a	l					
ane	b						
e e e	c		-				
<u>iş</u>		All other revenue					
2		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		417,228.	0.	0.	-20,890.

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).

3601	Ohank if Sahadula Qaantaina a yaana	<u> </u>			
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 500	41 500	10 750	01 050
	trustees, and key employees	82,500.	41,500.	19,750.	21,250.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,311.	3,175.	1,511.	1,625.
11	Fees for services (nonemployees):	0,0223	3,2.00		
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	12,189.	9,231.	2,262.	696.
13	Office expenses	301.	100	301.	
14	Information technology	187.	108.	7.	72.
15	Royalties	4 155	2 000	0.21	415
16	Occupancy	4,155.	2,909.	831. 116.	415.
17	Travel	1,622.	1,506.	110.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest	6.		6.	
20 21	Payments to affiliates	<u>``</u>			
22	Depreciation, depletion, and amortization	5,075.	5,075.		
23	Insurance	4,403.	4,403.		
24	Other expenses. Itemize expenses not covered		,		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	MISSION EXPENSES	159,273.	159,273.		
b	CONSULTING FEES	17,366.	7,866.	6,000.	3,500.
С	DUES AND SUBSCRIPTIONS	9,813.	1,254.	4,408.	4,151.
d	BANK CHARGES AND FEES	7,305.	4 005	164.	7,141.
е	All other expenses	10,661.	4,027.	6,634.	20 050
25	Total functional expenses. Add lines 1 through 24e	321,167.	240,327.	41,990.	38,850.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2024)

Form 990 (2024)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			36,733.	1	44,181.
	2	Savings and temporary cash investments			120,616.	2	38,125.
	3	Pledges and grants receivable, net			18,394.	3	10,100.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	107,224.			
	b	Less: accumulated depreciation	10b	79,617.	22,683.	10c	27,607 21,157
	11	Investments - publicly traded securities		11	21,157		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li	150,000.	13	304,895		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			348,426.	16	446,065
	17	Accounts payable and accrued expenses			1,136.	17	2,714
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		21			
ies	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		_		22	
	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrela		F		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li		· · · ·		0.5	
	00	of Schedule D			1,136.	25	2,714.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, of			1,130.	26	2,/14
es		and complete lines 27, 28, 32, and 33.	check ne	re 121			
auc	27	Net assets without donor restrictions			347,290.	27	443,351.
Bal	28	Net assets with donor restrictions			31,72300	28	110,001
- Pu	20	Organizations that do not follow FASB ASG				20	
Ψ		and complete lines 29 through 33.	J 330, CI	leck field			
ō	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			347,290.	32	443,351.
~	33	Total liabilities and net assets/fund balances			348,426.	33	446,065.

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		1000 (202.1)			. u	90
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 96, 061 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	Pa	rt XI Reconciliation of Net Assets				
2		Check if Schedule O contains a response or note to any line in this Part XI				
2						
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3 44 7, 290 Revenue less expenses. Subtract line 2 from line 3, 47, 290 Revenue less expenses in expenses. Subtract line 32, column (A)) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Subtract line 32, column (A) Revenue less expenses in expenses. Suble 3 443,351 Revenue less expenses in expenses. Subtract line 3	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis.	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis.	3	Revenue less expenses. Subtract line 2 from line 1	3		-	
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 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 443,351 Part XII Financial Statements and Reporting The column of the	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	7,2	90.
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 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 443,351 Part XII Financial Statements and Reporting The column of the	5	Net unrealized gains (losses) on investments	5			
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)) 10 443 , 351 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6		6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 443,351 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis	8		8			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Note Accounting method used to prepare the Form 990: X Cash	10					
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Note 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 reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			10	44	3,3	51.
Yes No. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	Pa	rt XII Financial Statements and Reporting	•			
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 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 basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		· · · · · · · · · · · · · · · · · · ·			Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 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 basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			e O.			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a			2a		Х
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		•				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	b			2b		Х
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
			,			
		Separate basis Consolidated basis Both consolidated and separate basis				
, , , , , , , , , , , , , , , , , , , ,	С		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 Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	За					
	-			3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
				3b		
a notice and the second control of the residence and the second control and the second control of the second c		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

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.

Open to Public

OMB No. 1545-0047

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 tl	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative)(b)(1)(A)(i	ii).	
4		A medical research organiz					-	the hospital's name.
•		city, and state:						ine morphial o maine,
_		An organization operated for	or the benefit of a co	llogo or university owner	d or opera	tod by a a	overnmental unit descri	and in
5				niege of university owner	u or opera	iteu by a g	overninental unit descri	Ded III
_		section 170(b)(1)(A)(iv). (C	-					
6	77	A federal, state, or local government						
7	X	An organization that norma	ılly receives a substa	intial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen						
		income and unrelated busin		•				-
		See section 509(a)(2). (Con		(1000 coolidir o'r raw, ii	om baome	oooo aoqe	and by the organization	untor burio 66, 1676.
11		An organization organized	• •	ively to test for public es	faty Saa	section 50	10(a)(4)	
12	H	An organization organized a	-	•	•			nurposes of one or
12	ш	-	·	•	•		· · · · · · · · · · · · · · · · · · ·	• •
		more publicly supported or						Sheck the box on
		lines 12a through 12d that				•	. ,	
а			· · · · · · · · · · · · · · · · · · ·	•				
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
	_	organization. You must c						
b			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	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int					• • • •	
		requirement (see instruct		• ,	•		•	
е		Check this box if the orga	•	•				
·		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111	
f	Ente	er the number of supported of	• .	many integrated support	ing organi	Zation.		
'		vide the following information		nd organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your govern	ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	/	,
Tota	al							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	92,954.	128,521.	156,402.	202,466.	438,118.	1,018,461.
2	Tax revenues levied for the organ-						
	ization'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	02.054	100 501	156 400	202 466	420 110	
	Total. Add lines 1 through 3	92,954.	128,521.	156,402.	202,466.	438,118.	1,018,461.
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,						227 512
_	column (f)						327,512.
	Public support. Subtract line 5 from line 4.						030,343.
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(a) 2022	(4) 2022	(a) 2024	(f) Total
	Amounts from line 4	(a) 2020 92,954.	128,521.	(c) 2022 156,402.	(d) 2023 202,466.	(e) 2024 438,118.	1,018,461.
	Gross income from interest,	32,331.	120,521.	130,102.	202,400.	450,110.	1,010,401.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		16.	92.	408.	12,404.	12,920.
9	Net income from unrelated business						
Ŭ	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.)						
11	Total support. Add lines 7 through 10						1,031,381.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2024 (line 6, column (f), d	livided by line 11,	column (f))		14	66.99 %
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	41.85 %
16a	33 1/3% support test - 2024. If the	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				•	_	
_	meets the facts-and-circumstances to	-		*	-		
b	10% -facts-and-circumstances tes	•				·	10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	pox on line 13, 16;	a. 160. 17a. or 17b	 check this box a 	na see instruction	s II

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	slow, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and		` '	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
	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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
	check this box and stop here	· 9 · · - · ·	,,		,	(-)(-)	
Se	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2024 (li			column (f))		15	%
	Public support percentage from 2023					16	%
	ction D. Computation of Inves					1 1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% %
	33 1/3% support tests - 2024. If the						
.50	more than 33 1/3%, check this box ar	-					
k	33 1/3% support tests - 2023. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
••	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	ı box on line 14, 19	≀a, or 19b, check t	nıs box and see ir	structions	

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		
	3a		
	01		
	3b		
	3с		
	4a		
	ıu .		
	4b		
	4c		
	4C		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
	J		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
عابياد	A (Forr	n 990	2024
		550)	

Par	supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	in of one or		
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	r tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	v		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	a		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(se	e instructions).		
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 government	tal		
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
I-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
а	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the currented exercise in the current of the current			
400	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Schedule A (Fori	000°	2000
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	y
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2024

instructions).

t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continue}	ed)	
on D - Distributions				Current Year
Amounts paid to supported organizations to accomplish ex	empt purposes		1	
Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	3	
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - pi		5		
Other distributions (describe in Part VI). See instructions.			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which	the organization is responsive)		
(provide details in Part VI). See instructions.		8		
Distributable amount for 2024 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
	(i)	(ii)		(iii)
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exem organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - processed of the pr	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2024 from Section C, line 6 Line 8 amount divided by line 9 amount	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2024 from Section C, line 6 Line 8 amount divided by line 9 amount	ion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

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.
	line 1. Part IV. Section P. lines 2, 2, 90, 30, 40, 40, 10, 30, 50, 714, 715, and 715, 714, 715, 714, 715, 714, 715, 715, 715, 715, 715, 715, 715, 715
	Cestion D. Brace C. Card D. and Dark V. Section E. Hilles 1C, 2d, 2b, 3d and 3b, Fatt V, line 1, Fatt V, Section B, line 1e, Fatt 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)

(Rev. December 2024) 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

Pa	rt 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	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	• •		
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recreations)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserve	ation easements during the year
8	Does each conservation easement reported on line 2d abov	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial staten	nents that describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99	· ·	
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part Y		¢

Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Other	Simila	r Asse	t s (continu	ıed)	_
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following tha	at make sig	nificant ι	se of its	;		_
	collection items (check all that apply).										
а	Public exhibition		d 🔲	Loan 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 expla	ain how th	ney further t	he organizati	on's exem	pt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets		_		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?			L	Yes	No)
Par	t IV Escrow and Custodial Arran	gements Comple	ete if the	organizatior	n answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									_
1a	Is the organization an agent, trustee, custod	ian, or other interme	ediary for	contributio	ns or other a	ssets not i	ncluded		_		
	on Form 990, Part X?							L	Yes	∟ No)
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:							_
									Amount		_
	Beginning balance										_
	Additions during the year										_
	Distributions during the year						1e				_
	Ending balance						1f		_		_
	Did the organization include an amount on F						y?	L	」Yes	⊢ No)
	If "Yes," explain the arrangement in Part XIII.		_								_
Par	t V Endowment Funds Complete if							ava baalı			_
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	i) Three ye	ars back	(e) Four y	ears back	_
	Beginning of year balance		-								_
	Contributions		-								_
	Net investment earnings, gains, and losses		-								_
	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs										_
	Administrative expenses										_
g	End of year balance										_
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organia	zation tha	at are held a	and administe	ered for the	9		[x	/aa Na	_
	organization by:									res No	_
	(i) Unrelated organizations?									_	_
	(ii) Related organizations?									_	_
b	If "Yes" on line 3a(ii), are the related organiza				·				. 3b		_
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							_
rai	Complete if the organization answere		n Dart IV	/ lino 11a 9	Soo Form 900) Dort V li	no 10				
								,	(d) Dools	volus	_
	Description of property	(a) Cost or obasis (invest		. ,	or other (other)		cumulated eciation	'	(d) Book	value	
1-	Land	<u> </u>	()	Dasis	(otrior)	чері	COIGLIOIT				_
	Land										-
	Buildings Leasehold improvements							+			-
				4.0			70 61	7	27	,607	-
u	Fallinment			10	17 224 1	'	/9.hi	/ • !	2. 1		
	Equipment Other			10	7,224.	'	79,61	. / •	21	,007	<u>•</u>

Schedule D (Form 990) (Rev. 12-2024) GIVING TO	EXTREMES	45	5-5583766 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) 5.05% FIXED COUPON			
(2) CERTIFICATE OF DEPOSIT	51,833.	COST	
(3) 4.8% FIXED COUPON			
(4) CERTIFICATE OF DEPOSIT	52,163.	COST	
(5) 4.0% FIXED COUPON			
(6) CERTIFICATE OF DEPOSIT	100,844.	COST	
(7) 4.05% FIXED COUPON			
(8) CERTIFICATE OF DEPOSIT	100,055.	COST	
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	304,895.		
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	vl. (B))		
Part X Other Liabilities	(=//		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	l 1e or 11f. See Form 990. Part X. line 2	5.
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Takel (Column (b) must equal Form 200, Part V, line 25, and	./ (D)\		
Total. (Column (b) must equal Form 990, Part X, line 25, co			that rangets the
2. Liability for uncertain tax positions. In Part XIII, provide	trie text of the footnote to	trie organization's financial statements	triat reports the

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	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 VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
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 Form 990, Part I, line 12.)		5	
Ра	rt XII Reconciliation of Expenses per Audited Financial Sta		enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments			
С	***************************************			
d	7			
е	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part VIII.)	4b		
		•		
С	Add lines 4a and 4b		- 1	
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information	3.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b and 2b;	5	

SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) (Rev. 12-2024)

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.												
Name of the organization Employer identification numbers 1. Employer numbers 1. Employer identification numbers 1. Employ												
GIVING TO EXTREMES 45-5583766 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not												
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 raised funds through any of the following activities. Check all that apply.												
a Mail solicitations e Solicitation of nongovernment grants												
b Internet and email solicitations f Solicitation of government grants												
c Phone solicitations g Special fundraising events												
d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or												
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No												
		viduals or entities (fundraisers) pursu					undraiser is to	be				
compensated at le	east \$5,000 by the	organization.										
			(iii)	Did		(v)	Amount paid	(- 1) A				
(i) Name and addres		(ii) Activity	(iii) fundr have c	ustodv	(iv) Gross receipts	to (c	or retained by) fundraiser	(vi) Amount paid to (or retained by)				
or entity (fund	uraiser)		or control of contributions?		from activity	listed in col. (i)		organization				
			Yes	No			,					
								1				
								_				
						<u> </u>						
3 List all states in white or licensing.	ich the organizatio	on is registered or licensed to solicit (contrib	outions	s or has been notified	d it is	exempt from	registration				

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

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 84,230. 84,230. 1 Gross receipts 84,230 84,230. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 1,163. 1,163. 6 Rent/facility costs 28,881. 28,881. 7 Food and beverages 1,500. 1,500. 8 Entertainment 1,750. 1,750. 9 Other direct expenses 33,294. 10 Direct expense summary. Add lines 4 through 9 in column (d) -33,294. 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)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990) (Rev. 12-2024) GIVING TO EXTREMES 45-5	5583	766	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:	۔ مدا	ı	07
	The organization's facility	13a 13b		<u>%</u> %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD		90
•	Elitor the hallo and dadress of the person who propares the organization organization of garming openial events because and records.			
	Name			
	Address			
45.	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	—	163	NO
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter the name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companyation			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	vet III. li	inos O	0h 10h
1 6	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	urt III, II	illes 9,	90, 100,
-	100, 100, 10, and 110, an approache. Also provide any additional information. Occ methodologic.			

Schedule G (Form 990) GIVING TO EXTREMES	45-5583/66 Page 4
Part IV Supplemental Information (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

	GIVING	TO	EXTREMES
Part I	Types of Property		

Employer identification number 45-5583766

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ution amoun	ts
1	Art - Works of art		TOTAL CONTINUES OF	1 01111 000,1 are viii, iiiio 19			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		89,445.			
6	Cars and other vehicles			-			
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	117	21,157.			
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	X	5	1,355.			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (EVENT TICKETS)	X	13	4,268.			
26	Other (TRIPS)	X	3				
27	Other (<u> </u>				
28	Other (
29	Number of Forms 8283 received by the organ	I ization durin	a the tay year for a	contributions			
23	for which the organization completed Form 82						
	101 Which the organization completed 1 of 1102	.00, r art v, t	Jones Actinowicas	23		Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	norted on Part I lines 1 throu	ah 28 that it	103	110
ooa	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period					30a	х
h	If "Yes," describe the arrangement in Part II.	l f				30a	
31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any nonstandard contribu	tions?	31	Х
						31	+
s∠a	Does the organization hire or use third parties contributions?		_	· ·		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						
For F	Paperwork Reduction Act Notice, see the Ins	tructions fo	or Form 990.		Schedule N	/I (Form 990) 2024

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 45-5583766 GIVING TO EXTREMES 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 \$ 8,829. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: THE TREASURER AND ANOTHER EXECUTIVE BOARD MEMBER ARE SIBLINGS. 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. FORM 990, PART VI, SECTION B, LINE 12C: ENFORCEMENT OF CONFLICTS OF INTEREST POLICY THE BOARD OF DIRECTORS REGULARLY MONITORS FOR POTENTIAL CONFLICTS OF INTEREST AND ENFORCES COMPLIANCE WITH MEMBERS OF THE BOARD. FORM 990, PART VI, SECTION C, LINE 18: TAX FILINGS AVAILABLE FOR PUBLIC INSPECTION EXPLANATION MADE AVAILBLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION MADE AVAILABLE UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

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

Identifying number

GI.	VING TO EXTREMES						PAGE				45-5583766
Pa	art Election To Expense Certain Prop	erty Under Section 1	79 Note: If you	have any lis	ted pr	operty	, complet	e Parl	t V bef	ore y	ou complete Part I.
1	Maximum amount (see instructions)									1	1,220,000.
2	Total cost of section 179 property pla									2	
3	Threshold cost of section 179 propert	y before reduction	in limitation						[3	3,050,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter	-0-						4	
5	Dollar limitation for tax year. Subtract line 4 from li	ne 1. If zero or less, enter	-0 If married filing	g separately, see	instruct	ions				5	
6	(a) Description of p	property		(b) Cost (busin	ess use	only)	(c)	Elected	cost		
	Listed property. Enter the amount from				_	7				_	
	Total elected cost of section 179 prop									8	
	Tentative deduction. Enter the smalle									9	
	Carryover of disallowed deduction fro									10	
	Business income limitation. Enter the									11	
	Section 179 expense deduction. Add Carryover of disallowed deduction to					13				12	
	e: Don't use Part II or Part III below fo					13					
_	art II Special Depreciation Allow	,			e lister	Inrone	erty)				
	Special depreciation allowance for qu		• •				<u> </u>				
	the tax year						·			14	
	Property subject to section 168(f)(1) e									15	
	Other depreciation (including ACRS)									16	
	art III MACRS Depreciation (Don										
			Sec	tion A							
17	MACRS deductions for assets placed	in service in tax ye	ears beginning	before 2024	4					17	4,825.
	MACRS deductions for assets placed If you are electing to group any assets placed in se	•								17	4,825.
	•	ervice during the tax year	into one or more ge	eneral asset acco	ounts, ch	eck here	e	🗀			-
	If you are electing to group any assets placed in se	ervice during the tax year S Placed in Servic (b) Month and year placed	into one or more ge e During 2024 (c) Basis for c (business/inve	eneral asset according to the second according to the	Jsing (d) F	the Ge	eneral De	🗀	ation S	Syste	-
	If you are electing to group any assets placed in se Section B - Asset	ervice during the tax year S Placed in Service (b) Month and	into one or more general control one or more general control of the control of th	eneral asset according to the second according to the	Jsing (d) F	eck here	eneral De	preci	ation S	Syste	em
	If you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property	ervice during the tax year S Placed in Servic (b) Month and year placed	into one or more go te During 202- (c) Basis for o (business/invi only - see in	eneral asset according to the second according to the	Jsing (d) F	the Ge	eneral De	preci	ation \$	Syste	em (g) Depreciation deduction
18	If you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property	ervice during the tax year S Placed in Servic (b) Month and year placed	into one or more go te During 202- (c) Basis for o (business/invi only - see in	eneral asset according to the second according to the	Jsing (d) F	the Ge	eneral De	preci	ation S	Syste	em
19a b c	If you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property	ervice during the tax year S Placed in Servic (b) Month and year placed	into one or more go te During 202- (c) Basis for o (business/invi only - see in	eneral asset according to the second according to the	Jsing (d) F	the Ge	eneral De	preci	ation \$	Syste	em (g) Depreciation deduction
19a b c	f you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property	ervice during the tax year S Placed in Servic (b) Month and year placed	into one or more go te During 202- (c) Basis for o (business/invi only - see in	eneral asset according to the second according to the	Jsing (d) F	the Ge	eneral De	preci	ation \$	Syste	em (g) Depreciation deduction
19a b c d	f you are electing to group any assets placed in se Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	ervice during the tax year S Placed in Servic (b) Month and year placed	into one or more go te During 202- (c) Basis for o (business/invi only - see in	eneral asset according to the second according to the	Jsing (d) F	the Ge	eneral De	preci	ation \$	Syste	em (g) Depreciation deduction
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19a b c d e f g h	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	Price during the tax year S Placed in Servic (b) Month and year placed in service // // // //	into one or more ge ee During 2022 (c) Basis for c (business/invi only - see in	eneral asset accord Tax Year II depreciation destinent use structions) 0,000.	25 27 27	5 yrs. .5 yrs. .5 yrs.	e e eneral De eneral De M	eprecial vention [Q]	SL S/ S/ S/ S/ S/	L L L L	em (g) Depreciation deduction 250.
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19a b c d e f g h i 20a b c d	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	Placed in Service during the tax year s Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	into one or more ge ee During 2022 (c) Basis for c (business/invi only - see in	eneral asset accord Tax Year II depreciation destinent use structions) 0,000.	25 27 27 38 39	5 yrs. 5 yrs. 5 yrs. 9 yrs. 10 yrs. 10 yrs. 11 yrs. 12 yrs. 12 yrs.	e e eneral De en	IM IM Depreciation	SL S/ S/ S/ S/ S/ S/ S/ S/ S/ S	Syston L L L L L L L L L L L L L L L L L L L	em (g) Depreciation deduction 250.
19a b c d e f g h i 20a b c d d Pa	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // Placed in Service	into one or more ge ee During 2022 (c) Basis for c (business/invi only - see in	eneral asset acce 4 Tax Year II depreciation estment use structions) 0 , 0 0 0 •	25 27 27 36 31 31	5 yrs. 5 yrs. 5 yrs. 6 yrs. 7 yrs. 9 yrs. 10 yrs. 10 yrs. 11 yrs. 12 yrs.	e e eneral De en	IM IM Depreciation	SL S/ S/ S/ S/ S/ S/ S/ S/ S/ S	Syston L L L L L L L L L L L L L L L L L L L	em (g) Depreciation deduction 250.
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19a b c d e f g h i 20a b c d 21 22 23	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / Placed in Service / / / service / / / pee 28 service 14 through 17, line as of your return. Pan service during the	into one or more ge ie During 2022 (c) Basis for or (business/invonly - see in 1 During 2024 es 19 and 20 in artnerships an e current year,	Tax Year Usen column (gild S corporate enter the	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 6 yrs. 7 yrs. 9 yrs. 9 yrs. 10 yrs. 11 yrs. 12 yrs. 13 yrs. 14 yrs. 15 yrs.	eneral De (e) Cor M N N N N N N N N N N N N	in precision wention wention wention wention wention with the precision with the precision with the precision with the precision wention wention wention with the precision with the pre	SL S/ S/ S/ S/ S/ S/ S/ S/ S/ S	System of the sy	em (g) Depreciation deduction 250.

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,

	24b, columns (· · · · · ·	'												
			on and Other I		•	ution:	See the	_					<u>_</u>	, – –	
24a	Do you have evidence to s		siness/investme	nt use cla	aimed?	<u> </u>	∕es ∟	No	24b If "Y	es," is t	ne evide	nce writt	ten? L	│ Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	Ot!	(d) Cost or her basis	(hı	(e) sis for dep usiness/inv use on	reciation estment	(f) Recovery period	Me	(g) thod/ /ention	Depre	h) eciation uction	Elec sectio co	n 179
25	Special depreciation allo	owance for q	ualified listed	oroperty	placed	in serv	ice durir	ng the t	ax year ar	ıd					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more tha														
		: :	9/	6											
		: :	9/	6											
		: :	9/	6											
27	Property used 50% or le	ess in a quali	fied business	use:					•			•	'		
			%	6						S/L -					
			9/	6						S/L -					
		: :	9/	6						S/L -					
28	Add amounts in column	(h), lines 25			e and or	n line 21	. page	1	1		28				
	Add amounts in column											'	29		
	7 144 4111041110 111 00141111	. (,), = = -: =			3 - Infor								.		
	mplete this section for ve your employees, first ans			on C to s	see if yo	u meet	an exce		o complet	ng this	section f	or those	vehicles	.	
30	Total business/investment year (don't include commu		ŭ	Vehi	a) cle 1		(b) nicle 2	V	(c) ehicle 3		d) icle 4		e) cle 5	(f) Vehicle 6	
24	Total commuting miles							+							
	Total other personal (no	ncommuting) miles												
22	Total miles driven during							+							
33															
24	Add lines 30 through 32			Vaa	No	Vac	No	Va	No.	Voc	No	Voc	No	Vaa	Na
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
25	during off-duty hours?						+	+	+						
33	Was the vehicle used p														
20	than 5% owner or relate						+	+	+						
36	Is another vehicle availa														
	use?									<u> </u>					
	swer these questions to	determine if y		-	-					-			ren't		
	re than 5% owners or rel	·												1	·
37	Do you maintain a writte		•		-				-	-				Yes	No
														-	
38	Do you maintain a writte		-	-											
	employees? See the ins													-	
	Do you treat all use of v													-	
40	Do you provide more the														
	the use of the vehicles,														
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete Sec	tion B fo	or the c	overed ve	hicles.					
Pa	art VI Amortization			<i>(</i> 1.)					7.5					(6)	
	(a) Description of			(b) imortization begins		(c) Amortiza amour	ible it		(d) Code section		(e) Amortiza period or per	tion	An fo	(f) nortization r this year	
42	Amortization of costs th	at begins du	ring your 2024	tax yea	ır:			-							
				<u> </u>				\perp							
				<u> </u>											
43	Amortization of costs th	at began be	fore your 2024	tax yea	r							43			
44	Total. Add amounts in o	column (f). Se	ee the instructi	ons for	where to	report						44			