Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	S GIVING TO EXTREMES			
	Name chang		, INC	45-558370	66
	Initial		Room/sui	te E Telephone number	
	Final return			804-385-9	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	202,875.
	Amen return			H(a) Is this a group re	turn
	Applie tion	F name and address of principal officer. DAVID INALI		for subordinates	
	pendi	^{ng} 5829 ASCOT GLEN DR, GLEN ALLEN, VA 23	059	H(b) Are all subordinates in	
IT	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1)	or 5		list. See instructions
J۷	Vebsi	te: GIVINGTOEXTREMES.ORG		H(c) Group exemptior	n number
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Ye	ar of formation: 2012 M	State of legal domicile: VA
	nrt I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities: GLOB	AL SU	RGICAL EXPED	ITION (GSE)
Activities & Governance		SENDS PHYSICIANS AND HEALTHCARE PROFESSI	ONALS	5 TO UNDERSERV	VED
srna	2	Check this box if the organization discontinued its operations or dispo	sed of mo	ore than 25% of its net as	sets.
õ	3	Number of voting members of the governing body (Part VI, line 1a)			6
5 X	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es 2	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		1	
viti	6	Total number of volunteers (estimate if necessary)		0	
Acti		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		156,402.	202,467.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		92.	408.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-25,963.	-28,305.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		130,531.	174,570.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			nefits paid to or for members (Part IX, column (A), line 4)		0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	26,912.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
ďX		Total fundraising expenses (Part IX, column (D), line 25) 14,9			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,752.	116,251.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		88,752.	143,163.
	19	Revenue less expenses. Subtract line 18 from line 12		41,779.	31,407.
Net Assets or Fund Balances			Ļ	Beginning of Current Year	End of Year
sset 3alar	20	Total assets (Part X, line 16)	L	315,975.	348,426.
atA	21	Total liabilities (Part X, line 26)		92.	1,136.
ž	22	Net assets or fund balances. Subtract line 21 from line 20		315,883.	347,290.
	nrt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepa	rer has any knowledge.	

Sign Here	Signature of officer DAVID RAPP, PRESIDENT		Date					
nere	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	NICOLE M. PECK, CPA	NICOLE M. PECK, CPA						
Preparer	Firm's name JOYNER, KIRKHAM,	KEEL & ROBERTSON, P.	C. Firm's EIN 54-0987121					
Use Only	Firm's address 5012 MONUMENT AVE	ENUE, SUITE 300						
	RICHMOND, VA 2323	30-3632	Phone no. (804)288-0496					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) GIVING TO EXTREMES 45-5583766 Page	2 :
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO DELIVER SURGICAL CARE TO THOSE IN	
	NEED. GLOBAL SURGICAL EXPEDITION IS A MEDICAL CHARITY THAT SENDS	
	SURGICAL TEAMS TO UNDERSERVED NATIONS AROUND THE WORLD TO DELIVER	
	SURGERIES AND CHANGE LIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Jo
	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?	
3		10
	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 \$ 93,629. including grants of \$) (Revenue \$	_)
	SURGICAL MISSIONS - DOCTORS AND MEDICAL VOLUNTEERS ARE SENT TO CENTRAL	
	AMERICA AND AFRICA TO DELIVER LIFE-CHANGING SURGERIES TO IMPOVERISHED	
	POPULATIONS. THE ORGANIZATION HAS WORKED WITH LOCAL GOVERNMENTS AND	
	HOSPITALS TO PERFORM OVER 400 SURGERIES AND TREAT OVER 1000 PATIENTS.	
	IN ADDITION, GSE HAS PROVIDED TRAINING AND EQUIPMENT FOR NUMEROUS	
	PHYSICIANS AND HOSPITALS ACROSS THE PROGRAM COUNTRIES.	
4b	(Code:) (Expenses \$ 3,881. including grants of \$) (Revenue \$)
	EDUCATION - GSE SEEKS TO FOSTER AND TRAIN THE NEXT GENERATION OF GLOBAL	Ľ,
	HEALTH LEADERS. GSE PROVIDES FORMAL CLASSROOM EDUCATION CURRICULUM AND	—
	TEACHING, AS WELL AS INTERNATIONAL EXPERIENCES TO TRAIN MEDICAL	
	STUDENTS AND RESIDENTS IN GLOBAL SURGERY.	
	12 000	
4c	(Code:) (Expenses \$ 13,089. including grants of \$) (Revenue \$)	_)
	ADVOCACY - GSE PARTICIPATES IN GLOBAL ADVOCACY EFFORTS TO IMPROVE	
	ACCESS TO SURGICAL, ANESTHETIC, OBSTETRIC, AND TRAUMA CARE WORLDWIDE.	
	GSE IS A PERMANENT MEMBER OF THE G4 ALLIANCE, A GLOBAL ORGANIZATION OF	
	MORE THAN 60 ORGANIZATIONS WORKING IN OVER 160 COUNTRIES, UNITED IN	
	ADVOCATING FOR THE NEGLECTED SURGICAL PATIENTS. GSE ALSO ADVOCATES	
	THROUGH PUBLIC AWARENESS CAMPAIGNS BY CREATING AND SHARING VIDEOS,	
	ARTICLES, AND BLOGS TO EDUCATE THE PUBLIC ABOUT THE NEED FOR ACCESS TO	
	SURGICAL CARE.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 4,790 · including grants of \$) (Revenue \$)	
4e	Total program service expenses 115, 389.	
	Form 990 (20	23)
22000		20)

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 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)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		x
4	public office? If "Yes," complete Schedule C, Part I	3		
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
0	Schedule D, Part III	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10	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,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	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

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
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%	26		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
	(gambling) winnings to prize winners?	1c	Λ	1

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023)	GIVING TO	EXTREMES	
Statements	Regarding Othe	r IRS Filings and	Tax Compliance (continued)

Form 990 (2023)

Part V

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	[3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Γ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a					
	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 contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly for goods and ser	ayor?	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 required				
	to file Form 8282?		7c		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 contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	···· -	7f 7g		
g					
h					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		0-		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	r	9a 0h		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_			
11	Section 501(c)(12) organizations. Enter:	_			
''a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	_			
~	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	h			
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.	Ī			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand 13c				
14a		[14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
-	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 activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990) (2023)
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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		1	<u> </u>
			Yes	No
1a		<u>6</u>		
	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 0.			
b		6		
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3		XX
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	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			x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	х	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	л	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
000	tion D. Tonoico (mis section B requests information about policies not required by the internal neverale code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	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	Х	
	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		
	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.			
46	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, a	nd fina	ncial	
	statements available to the public during the tax year.			

	DAVID RAPP -	804-385-9511		
20	-	•	person who possesses the organization	ition's books and records
	- · · · · · · · · · · · · · · · · · · ·			

5829 ASCOT GLEN DRIVE, GLEN ALLEN, VA 23059

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d I	recto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	'ustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st cor yee	L_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ergamzatierte
(1) DAVID RAPP MD	40.00	_			-					
PRESIDENT		x		x				25,000.	0.	0.
(2) QUINN LIPPMAN MD	2.00									
DIRECTOR		X						0.	0.	0.
(3) TIM BRADFORD MD	5.00									
VICE-PRESIDENT		X		х				0.	0.	0.
(4) DAYAL BAXANI	1.00									_
DIRECTOR		X						0.	0.	0.
(5) MATT KERR	5.00									
TREASURER		X		X				0.	0.	0.
(6) ERIK GROSSGOLD	5.00									•
DIRECTOR		X						0.	0.	0.
										- 000 (2222)

_	990 (2023) GIVING TO) EXTREM	1ES	3						45-558	376	<u>б ғ</u>	Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees			ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	hours per(do not check more than one box, unless person is both an officer and a director/trustee)compensationcompensationweekfromfromfrom related							(F) Estimat amount other	of			
		(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)	, 01 a	mpens from th rganiza nd rela ganizat	ne tion ted
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							25,000. 0. 25,000.	C).).).		0.
2	Total number of individuals (including but n compensation from the organization								-	0,000 of reportable			0
3	Did the organization list any former officer,							-				Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	omp	ensa	ation	n and	d otł	her compensation from	the organization			X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsati	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	. 5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for	•	•						the organization's tax	•			
	(A) (B) Description of services Co									(C) ensatio	n		
								_					
								+					
								┥					
								+					
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength or the strength of the streng	•	ot lir	nite	d to		se lis)	sted	l above) who received n	nore than			

Form 990 (20		GIVING
Part VIII	Statement	of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Am (c	Fundraising events 1c	55,258.				
lar Iar	c	Related organizations					
ini,	e	e Government grants (contributions) 1e					
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	147,209.				
du	ç	Noncash contributions included in lines 1a-1f	10,736.				
aŭ	h	Total. Add lines 1a-1f		202,467.			
			Business Code				
e	2 a	l					
Program Service Revenue	b						
en C	c						
ran Jev	c	l					
5 E	e						
٩	f	All other program service revenue					
	ç						
	3	Investment income (including dividends, intere	,	100			400
		other similar amounts)	r	408.			408.
	4	Income from investment of tax-exempt bond p	ł				
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	/ a						
		assets other than inventory 7a					
ē	C	Less: cost or other basis					
)ther Revenue		and sales expenses 7b					
sev.		()					
erF		Net gain or (loss) Gross income from fundraising events (not					
£	00	including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses 8b	28,305.				
				-28,305.			-28,305.
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
S			Business Code				
eou	11 a	۱					
ent	b						
Miscellaneous Revenue	c						
Mis		All other revenue					
		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		174,570.	0.	0.	-27,897.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D٥	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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,				
	trustees, and key employees	25,000.	17,500.	5,000.	2,500
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	1,912.	1,339.	382.	191
11	Fees for services (nonemployees):				
а	F				
b	F				
С	9 F				
d	Lobbying				
е	° ,				
f					
g					
	column (A), amount, list line 11g expenses on Sch 0.)	11,840.	8,564.		3,276.
12	Advertising and promotion	775.	124.	651.	5,270
13 14	Office expenses	6,596.	3,300.	1,217.	2,079
14 15	Information technology	0,000	5,500.	±,2±,•	2,075
15 16	Royalties	186.	130.	37.	19.
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,868.	7,868.		
23	Insurance	4,521.	4,521.		
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		64,920.	64,920.		
b		9,000.	3,500.	1,250.	4,250
c	ACCOUNTING FEES	3,498.		3,498.	
d	BANK CHARGES AND FEES	2,397.			2,397
e		4,650.	3,623.	775.	252
25	Total functional expenses. Add lines 1 through 24e	143,163.	115,389.	12,810.	14,964
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πх	Balance Sneet	+	v line in this Doit V			
		Check if Schedule O contains a response or no	ne to an	y ime in this part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			33,816.	1	36,733.
	2	Savings and temporary cash investments			250,108.	2	120,616.
	3	Pledges and grants receivable, net			1,500.	3	18,394.
	4	Accounts receivable, net			-	4	
	5	Loans and other receivables from any current			-		
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disgua				-	
	_	under section 4958(f)(1)), and persons describe		,		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other	I I			-	
		basis. Complete Part VI of Schedule D	10a	97,224.			
	Ь	Less: accumulated depreciation		74,541.	30,551.	10c	22,683.
	11	Investments - publicly traded securities				11	,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			0.		150,000.
	14	Intangible assets		•••	14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq			315,975.	16	348,426.
	17	Accounts payable and accrued expenses			92.	17	1,136.
	18	Grants payable		, , , , , , , , , , , , , , , , , , , ,	18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to any current or for				21	
Liabilities		trustee, key employee, creator or founder, sub					
llidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		F		23	
	25	Other liabilities (including federal income tax, p				27	
		parties, and other liabilities not included on line					
		of Schedule D	,5 11 2-1			25	
	26	Total liabilities. Add lines 17 through 25			92.	26	1,136.
	20	Organizations that follow FASB ASC 958, ch				20	
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			315,883.	27	347,290.
Bal	28	Net assets with donor restrictions				28	
lpu		Organizations that do not follow FASB ASC				20	
μ		and complete lines 29 through 33.	550, che				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	2			29	
iets	30	Paid-in or capital surplus, or land, building, or e				30	
Åss						31	
let /	31	Retained earnings, endowment, accumulated i		E E E E E E E E E E E E E E E E E E E	315,883.	31	347,290.
Z	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			315,975.	33	348,426.
	33	Total habilities and het assets/juniu baidfices			515,5,5	33	Form 990 (2023)

Form **990** (2023)

Form	990 (2023) GIVING TO EXTREMES	45-	5583766	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			63.
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	315	5,8	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	347	',2	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				ĺ
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2023)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2023
LULU

Open to Public Inspection

Name of the o	rganization
---------------	-------------

Nan	ne of t	the organization							identification number	
			NG TO EXTR						5-5583766	
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete ti	his part.) S	ee instruction	IS.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1	1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted bv a g	overnmental u	unit descrik	bed in	
-		section 170(b)(1)(A)(iv). (C		5 ,		, ,				
6		A federal, state, or local gov	• •	nental unit described in	section 17	70(h)(1)(A)	(v)			
7	X	An organization that norma	-					he general	nublic described in	
'		section 170(b)(1)(A)(vi). (Co		inial part of its support i	ion a gov	enninentai		ne general	public described in	
0				(1)(A)(vi) (Complete Der	+ 11 \					
8 9		A community trust describe				ad in aanii	nation with a	land grant	collogo	
9		An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of	the colleg	eor	
		university:								
10		An organization that norma								
		activities related to its exen								
		income and unrelated busir		(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•							
11		An organization organized a		•	•					
12		An organization organized a	•	•	•			•		
		more publicly supported or							Check the box on	
		lines 12a through 12d that								
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), 1	typically by	' giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type	II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported of								
g		vide the following informatior								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Tota										

Schedule A (Form 990) 2023

GIVING TO EXTREMES

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	86,227.	92,954.	128,521.	156,402.	202,466.	666,570.
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						
4	Total. Add lines 1 through 3	86,227.	92,954.	128,521.	156,402.	202,466.	666,570.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						387,411.
6	Public support. Subtract line 5 from line 4.						279,159.
	ction B. Total Support						2,3,2030
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	86,227.	92,954.	128,521.	156,402.	202,466.	666,570.
8		0072270	5275510	120,5210	150,1020	202,1000	000,0100
0							
	dividends, payments received on						
	securities loans, rents, royalties,			16.	92.	408.	516.
•	and income from similar sources			10.	52.		510.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						667,086.
	Total support. Add lines 7 through 10						007,000.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor					<u></u>	
-	ction C. Computation of Publ						11 OF
	Public support percentage for 2023 (14	41.85 %
	Public support percentage from 2022					15	59.99 %
16 a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	eck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or <u>17</u> t	o, check this box a	nd see instruction	s

Schedule A (Form 990) 2023

GTVING	ͲО	EXTREMES
0 T V TIVO	тU	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and stop here	-			-	-	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2023 (line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inve					1 1	`
17	Investment income percentage for 20		mn (f), divided by I	ne 13. column (f))	1	17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1	
00	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 190, check t	inis box and see in	structions	

Yes

No

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.)

1

2

No

			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		
Sec	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 membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, and what conditions or restrictions if any applied to such powers during the tax year.	
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ł
	Did the executedian execute for the boundit of environmented executed in the other the even exted	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			Yes	N
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	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	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			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

Schedule A	(Form 990) 2023	GIVING	то	EXTREMES
Part V	Type III Non	-Functionally Integ	grate	d 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	ort-term capital gain	1		
2 Recove	ries of prior-year distributions	2		
3 Other g	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Deprec	iation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainter	nance of property held for production of income (see instructions)	6		
7 Other e	expenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - N	/inimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	ate fair market value of all non-exempt-use assets (see			
instruct	tions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair ma	rket value of other non-exempt-use assets	1c		
d Total (a	add lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	n in detail in Part VI):			
2 Acquisi	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	ct line 2 from line 1d.	3		
4 Cash d	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	tructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	/ line 5 by 0.035.	6		
7 Recove	ries of prior-year distributions	7		
8 Minimu	um Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0	.85 of line 1.	2		
3 Minimu	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter g	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distrib	utable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 GIVING TO EXTREMES

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	s	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	. (Form 990) 2023	GIVING TO EXTREMES	45-5583766 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a of I, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

SCHEDULE [C
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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.



Department of the Treasury Internal Revenue Service Name of the organization

GIVING TO EXTREMES laintaining

Employer identification number 45-5583766

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	. (t	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	in writing that the assets held in donor advised funds						
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	ds can be used o	nly				
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any othe	r purpose conferi	ring				
Pa	TII Conservation Easements. Complete if the or	ganization answered "Yes" on Fe	orm 990, Part IV,	line 7.				
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·						
	Preservation of land for public use (for example, recrea			rically important land area				
	Protection of natural habitat	Prese	rvation of a certif	ied historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in	the form of a co					
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b				2b				
c	Number of conservation easements on a certified historic st		1	2c				
d	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register			2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or termina	ted by the organ	ization during the tax				
	year							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
~	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting							
6	Stan and volunteer hours devoted to monitoring, inspecting	, handling of violations, and ento	rcing conservatio	on easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing	conservation ea	sements during the year				
-								
8	Does each conservation easement reported on line 2d abov	e satisfy the requirements of sec	tion 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservat							
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financ	ial statements th	at describes the				
	organization's accounting for conservation easements.	-						
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasure	es, or Other S	Similar Assets.				
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue st	atement and bala	ance sheet works				
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or res	earch in furtherar	nce of public				
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes	these items.					
b	If the organization elected, as permitted under FASB ASC 99	58, to report in its revenue stater	ment and balance	e sheet works of				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or resear	ch in furtherance	e 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	easures, or other similar assets fo	or financial gain, I	provide				
	the following amounts required to be reported under FASB A	-						
	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X		<u></u>	\$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Sche	dule D (Form 990) 2023 GIVING	TO EXTREME	S					45-55	8376	6 _{Pa}	ge 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe					2
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 []		hange progra						
b	Scholarly research	e		Other							
с											
4											
5											
Der	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the	organizatior	answered "	Yes" on I	Form 990	, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custod		diany for	contributio	as or other a	seate not	tincluded				
Id									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo		table:				····· └──			NU
D		and complete the it	nowing	labie.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										ı
Par	t V Endowment Funds Complete if	the organization an	swered '	'Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three y	/ears back	(e) Fou	r years b	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur			g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
20	The percentages on lines 2a, 2b, and 2c sho		ation the	at are hold a	nd administa	rad for th	ho				
Ja	Are there endowment funds not in the posse organization by:	ssion of the organiz	auon una	at are neiù a					I	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part I\	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investi		(b) Cost basis	or other (other)	. ,	ccumulate preciation	ed	(d) Boo	k value	1
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			9	7,224.		74,5	41.	2	2,68	33.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, column	<i>(B))</i>				2	2,68	33.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-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 end	1-of-year market value
(1) 5.4% FIXED COUPON			
(2) CERTIFICATE OF DEPOSIT	50,000.	COST	
(3) 5.5% FIXED COUPON			
(4) CERTIFICATE OF DEPOSIT	100,000.	COST	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	150,000.		
Part IX Other Assets			
		1d. See Form 990, Part X, line 15.	
Part IX Other Assets Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
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Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1 Description		· · ·
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line 1 Description		· · ·
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line 1 Description		· · ·
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line 1 Description		· · ·
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Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)	on Form 990, Part IV, line 1 Description	1e or 11f. See Form 990, Part X, line 25	· · ·

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 GIVING TO EXTREMES		45-5583766 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1 1
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
-	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 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 \$ 4,790. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THE PRESIDENT AND HIS SPOUSE BOTH SERVE ON THE BOARD OF DIRECTORS.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990

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

Schedule O (Form 990) 2023

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.

Form 4562
Department of the Treasury Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Attachment Sequence No. 179 Identifying number

L

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

GI	VING TO EXTREMES			RM 990 P			45-5583766
Pa	rt I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have any	listed property,	complete Parl	V before	you complete Part I.
1	Maximum amount (see instructions)					1	1,160,000.
2	Total cost of section 179 property plac	ced in service (see	instructions)			2	
3	Threshold cost of section 179 property	3	2,890,000.				
4	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-			4	
5	Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter	-0 If married filing separately, s	ee instructions		5	
6	(a) Description of p	roperty	(b) Cost (bus	siness use only)	(c) Elected	cost	
7	Listed property. Enter the amount fron	n line 29		7			
8	Total elected cost of section 179 prop	erty. Add amounts	s in column (c), lines 6 an	d 7		8	
9	Tentative deduction. Enter the smalle	r of line 5 or line 8				9	
	Carryover of disallowed deduction fror						
11	Business income limitation. Enter the s	smaller of busines	s income (not less than z	ero) or line 5		11	
12 3	Section 179 expense deduction. Add	lines 9 and 10, bu	t don't enter more than li	ne 11		12	
13	Carryover of disallowed deduction to 2	2024. Add lines 9	and 10, less line 12	13			
Note	e: Don't use Part II or Part III below for	^r listed property. Ir	nstead, use Part V.				
Pa	rt II Special Depreciation Allowa	ance and Other D	Depreciation (Don't inclu	de listed proper	ty.)		
14 :	Special depreciation allowance for qua	alified property (ot	her than listed property)	placed in servic	e during		
t	the tax year		· · · · · · · · · · · · · · · · · · ·		-	14	
15	Property subject to section 168(f)(1) el						
	Other depreciation (including ACRS)						
	rt III MACRS Depreciation (Don"						
			Section A				
17	MACDC deductions for seasts placed						
	MACRS deductions for assets placed	in service in tax y	ears beginning before 20	23		17	7,868.
18	If you are electing to group any assets placed in set	•				17	7,868.
18	f you are electing to group any assets placed in set	rvice during the tax year		ccounts, check here			-
18	f you are electing to group any assets placed in set	rvice during the tax year	into one or more general asset a	ccounts, check here		ation Syst	-
<u>18</u>	f you are electing to group any assets placed in se Section B - Assets	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery	neral Deprecia	ation Syst	em
	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery	neral Deprecia	ation Syst	em
19a	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery	neral Deprecia	ation Syst	em
19a b	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery	neral Deprecia	ation Syst	em
19a b c	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery	neral Deprecia	ation Syst	em
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19a b c d e	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery	neral Deprecia	ation Syst	em
19a b c d f g	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery period	neral Deprecia	(f) Method	em
19a b c d e f	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	r Using the Ger (d) Recovery period	(e) Convention	(f) Method	em
19a b c d f g h	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property	rvice during the tax year 5 Placed in Servic (b) Month and year placed	into one or more general asset an ce During 2023 Tax Yeal (c) Basis for depreciation (business/investment use	counts, check here r Using the Ger (d) Recovery period 2 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention	(f) Method	em
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 19a b c d e f g h i 20a b c d Pa 21	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property 20-year property 25-year property Residential rental property Residential real property Section C - Assets I Class life 12-year 30-year 40-year TLV Summary (See instructions.) Listed property. Enter amount from lin	Placed uning the tax year s Placed in Service (b) Month and year placed in service / / / / Placed in Service / / Placed in Service / / / e 28	into one or more general asset and asset and a provide the second	r Using the Ger (d) Recovery period (25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. Using the Alter 12 yrs. 30 yrs. 40 yrs.	ieral Deprecia (e) Convention (e) Convention (f) Co	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c d 20a b c d Pa 21 22	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property 25-year property 25-year property Residential rental property Residential real property Section C - Assets Class life 12-year 30-year 40-year Tt IV Summary (See instructions.)	Placed in Service Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	into one or more general asset as ce During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2023 Tax Year During 2023 Tax Year	ccounts, check here r Using the Ger (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alter 12 yrs. 30 yrs. 40 yrs. (g), and line 21.	ieral Deprecia (e) Convention (e) Convention (f) Co	stion Syst (f) Method S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c d 20a b c d Pa 21 22	f you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Residential real property Section C - Assets I Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Total. Add amounts from line 12, lines	Placed in Service Placed in Service Placed in Service Placed in Service / / / Placed in Service / Placed in Service / / / Placed in Service	into one or more general asset as CE During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2023 Tax Year During 2023 Tax Year CE During 2023 Tax Y	ccounts, check here r Using the Ger (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alter 12 yrs. 30 yrs. 40 yrs. (g), and line 21.	ieral Deprecia (e) Convention (e) Convention (f) Co	stion Syst (f) Method S/L	em (g) Depreciation deduction (g) Depreciation (g) Depreciati

Form 4562 (2023)	GIV	ING TO	EXTF	EMES							45-	5583	766	Page 2
Part V Listed Prope	rty (Include a	utomobiles, ce	rtain ot	her vehic	cles, cer	tain airc	raft, ar	nd propert	y used f	or				
		or amusement. hich you are u		etandar	rd miloa	ao rato a	or dodu	icting leas			nlete or	ly 2/2		
24b, columns	s (a) through (c) of Section A,	, all of S	ection B	, and S	ection C	if app	licable.	se exper	130, 0011		iiy 24a,		
Section A	- Depreciation	on and Other I	Informa	ntion (Ca	ution: S	See the i	nstruc	tions for li	mits for	passen	ger autor	nobiles.)	
24a Do you have evidence to	support the bu	siness/investme	nt use cl	aimed?	Υ	′es 🗌	No	24b If "Y	′es," is tl	ne evide	nce writ	ten?	Yes	No
(a)	(b)	(c)		(d)	_	(e)		(f)		(g)		(h)		(i)
Type of property	Date placed in	Business/ investment		Cost or	(bu	sis for depr Isiness/inve		Recovery		thod/		eciation		cted on 179
(list vehicles first)	service	use percentag	ie o	ther basis	,	use only		period	Conv	ention/	ded	uction		ost
25 Special depreciation a	llowance for c	ualified listed	oropert	y placed	in servi	ce durin	g the t	ax year ar	nd					
used more than 50% i	n a qualified b	ousiness use					-			. 25				
26 Property used more th														
	: :	%	6											
	: :	%	6											
	: :	%	6											
27 Property used 50% or	less in a qual	ified business	use:						•					
	1 : :	9							S/L -					
		9	_						S/L -				1	
		9	_						S/L -				1	
28 Add amounts in colum	n (h) lines 25	-		e and or	line 21	page 1				28			1	
29 Add amounts in colum												29		
	iii (i), iii lo 20. E			B - Infor								. 20		
Complete this eastion for	vobiolog upod	-							or rolata	d noroo	. If you	providor	d vobiolo	•
Complete this section for										•	•	•		s
to your employees, first ar	iswer the que	stions in Sectio	on C to	see if yo	u meet	an excep	otion to	o complet	ing this s	section 1	or those	venicles	S.	
														•
ee Tatal husing a financia a		and a star		a)		(b)		(c)		d)		e)	(1	
30 Total business/investmer		•	Ven	icle 1	Veh	iicle 2	Ve	ehicle 3	Ven	icle 4	Ven	icle 5	Vehi	cie 6
year (don't include comm														
31 Total commuting miles														
32 Total other personal (r	noncommuting	g) miles												
driven														
33 Total miles driven duri	ng the year.													
Add lines 30 through 3	32			-				-						
34 Was the vehicle availa	ble for person	ial use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used	primarily by a	more												
than 5% owner or rela	ted person?													
36 Is another vehicle avai	ilable for perso	onal												
use?														
		- Questions f	or Emp	lovers V	ho Pro	vide Vel	nicles	for Use b	v Their	- Emplov	ees			
Answer these questions to												ren't		
more than 5% owners or r			·						,	. ,				
37 Do you maintain a writ	ten policv sta	tement that pro	ohibits a	all persor	nal use	of vehicl	es. inc	ludina coi	mmutino	. bv vou	r		Yes	No
employees?														
38 Do you maintain a writ													·	
employees? See the ir		-	-				-							
39 Do you treat all use of														
40 Do you provide more t													·	
the use of the vehicles														
41 Do you meet the requi														
Note: If your answer to	0 37, 38, 39, 4	U, Or 4 I IS "Ye	s," aon	t comple	ete Seci	CION B TO	r the c	overed ve	nicies.					
Part VI Amortization		I	(b)	1	(2)		1	(പ)	<u> </u>	(0)			(#)	
(a) Description	of costs		(b) amortization		(c) Amortiza	ble		(d) Code		(e) Amortiza	tion	A	(f) mortization	
			begins		amoun	t		section		period or pe		fo	or this year	
42 Amortization of costs	tnat begins du	Iring your 2023	s tax ye	ar:										
			: :											
			: :											
43 Amortization of costs t	that began be	fore your 2023	tax ve	ar							43			

43	Amortization of costs that began before your 2023 tax year	43	
44	Total. Add amounts in column (f). See the instructions for where to report	44	
			Form 4560 (2)

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