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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	ror i	me 2021 calendar year, or tax year beginning and andir			
-	Check applica	. The state of the		Employer identi	fication number
	Add	GODS PIT CREW INC			
	Nan cha	ne Doing business as		F 4 4 4 - 4 4	·
	liniti. tretu	al Number and street on D.D. L. M. The		54-19749	
	Fina retu term atec	2499 NORTH MAIN ST	/suite E	Telephone numb 434-836-	
_	Ame	anded or lotelight postal code	G	Gross receipts \$	13,733,155.
<u> </u>	_lretu ∏App	DANVILLE, VA 24540	H((a) Is this a group	return
<u> </u>	_tion pend	F Name and address of principal officer: RANDY JOHNSON		for subordinate	
1.7	****	2499 N MAIN ST, DANVILLE, VA 24540-2334 xempt status: X 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or	H((b) Are all subordinates	
1 1	dx-e.	xempt status: LX 501(c)(3)	527		a list. See instructions
		A STATE OF THE STA	H(c) Group exemption	on number
Pa	rt I	of organization: LX Corporation	Year of fo	rmation: 2000 j	M State of legal domicile: VA
	1	Briefly describe the organization's mission or most significant activities: WITH GOI			
Activities & Governance		TO BRING HOPE, HEALING AND RESTORATION TO PI	PODIE	ELP AND D	IRECTION,
Ë	2	Check this box if the organization discontinued its operations or disposed of	ROETE	TIN TIMES	OF CRISIS.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		_	L' · · · · · · · · · · · · · · · · · · ·
<u>ن</u> ع	4	Number of independent voting members of the governing body (Part VI, line 1b)			22
8	5	Total number of individuals employed in calendar year 2021 (Part V. line 2a)			22 18
ž	6	Total number of volunteers (estimate if necessary)			825
Ş	7 a	rotal difference business revenue from Part VIII, column (C), line 12		70	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Ŏ.
1			3	Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	10	,989,844.	13,643,981.
Revелие	9	Program service revenue (Part VIII, line 2g)	1	0.	0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64,246.	20,267.
1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		281,476.	54,020.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11	,335,566.	13,718,268.
- 1		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· <u> </u> :	816,339.	944,379.
ğ	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 431,882.	· · · · · · · · · · · · · · · · · ·	0.	0.
ŭ	17	Total fundraising expenses (Part IX, column (D), line 25) 431, 882. Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	10	005 001	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11	,295,231. ,111,570.	10,126,718.
	19	Revenue less expenses. Subtract line 18 from line 12	44		11,071,097.
58	i egil	The state of the s	Pagingi	223,996.	2,647,171.
age age	20	Total assets (Part X, line 16)		ng of Current Year, 993, 194.	End of Year 6,413,951.
Fund Bal	21	Total liabilities (Part X, line 26)		226,414.	0,413,931.
	22_	Net assets or fund balances. Subtract line 21 from line 20	3		6,413,951.
Par		Signature Block	1 5		
Under	pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, a	and to the best of my	knowledge and belief, it is
rue, c	orrec	t, and complete. Declaration of préparer (other than officer) is based on all information of which prep	arer has a	ny knowledge.	
21		Signature of office		10//	5/22
Sign Here	i	RANDY JOHNSON, PRESIDENT		Date	
TO C		Type or print name and title	<u> </u>	<u> </u>	<u> </u>
		Print/Type preparer's name Preparer's signature	Date	Check	DTIN
aid		RICHARD H JONES CPA RICHARD H JONES CPA	1.	ir -	PTIN
repar		Firm's name JONES & ASSOCIATES PLC	<u> </u>	self-employed	
lse Or	ıly	Firm's address 635 MAIN ST		FIBIT S CITY L	04-3705223
		DANVILLE, VA 24541		Phone no 434	L-793-8555
/ay ti	ne IR	S discuss this return with the preparer shown above? See instructions		1	. X Yes No
32001	44 (4.4)				Form 990 (2021)

Check if Schedule O contain Briefly describe the organization's WITH GOD'S HELP A	m Service Accomplishments ns a response or note to any line in this Part III	54-1974979 Page
WITH GOD'S HELP A	TO WITE PART III	
WITH GOD'S HELP A	s mission:	
MA BRABE	AND DIRECTION, TO BRING HOPE	HEAT TAYO AND DEGREES
TO PEOPLE IN TIME	S OF CRISTS.	A HEALING AND RESTORATION
		Nigeria de la constanta de la
	y significant program services during the year which we	
prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new service Did the organization cease conduction	ces on Schedule O.	
if "Yes," describe these changes of	cting, or make significant changes in how it conducts, a	ny program services? Yes X No
Describe the organization's progra	ITT Service apparentalments for each of the train	
Section 501(c)(3) and 501(c)(4) ord	im service accomplishments for each of its three larges panizations are required to report the amount of grants a	t program services, as measured by expenses.
revenue, if any, for each program s	service reported	and allocations to others, the total expenses, and
9 (Code:) (Expenses \$		
	UCKETS WERE DISTRIBUTED.) (Revenue \$
	TOTAL DEPOSITION OF THE PROPERTY OF THE PROPER	<u> Maria de la composition della composition dell</u>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	If "Yes," complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	ļ
. •	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	ŀ	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť	4 4	11.74.19
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.		/	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes " complete	1		
_	Schedule D, Part III	8		X
9	be the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	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	1	:	
44	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.			:
				i
ų.	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	X	
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII			**
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
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	110	_	<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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	1.14		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	·		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	.		
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV].	**
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			1 19-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	- 1	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<u>X</u>

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	F	Yes	No
	Part IX. Collimn (A) line 22. If "Vee " complete Enhantile I. Deuts I au 192			ľ_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	ļ	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J			
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
. 0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	7 / / 1 - 2 1	
	any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	- 1	1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	APT.		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	1.1 2 7	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1	1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		Α
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		į.	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	. 1	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	-21		<u></u>
	instructions for applicable filing thresholds, conditions, and exceptions):		- 1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		i	
	"Yes," complete Schedule L, Part IV	992		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	1	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?#	200		<u> </u>
	"Yes," complete Schedule L, Part IV	28c	ļ.	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	-41
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х.
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 1		
	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	VVu		
	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?	300		
	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		Χ.
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	,	1	<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u> [
	<u></u>		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	I		
	Enter the number of Forms W-2G included on line 1a. Enter :0- if not applicable 1b 0		-	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	10	X	
32004	12-09-21	Form §	90 (2	021)

PE	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	- <i></i> -	· · · · · ·	<u>aqo</u> ·					
			Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	٣	1 63	1140					
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	1					
	Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		7	+					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X.					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	<u> </u>	+					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			- T					
b	If "Yes," enter the name of the foreign country	4a	1	X					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ľ) i						
5a		- 1	į.						
b		5a	 	X					
	If "Yes" to line 5a or 5h, did the organization file Form 8886 TO	5b /		X					
Fa.	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	<u>.</u>	ļ					
~~	and a market to the second of	. 4	1) 4						
h		6a		X					
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Î							
7	were not tax deductible?	6b							
	Organizations that may receive deductible contributions under section 170(c).	, 1							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit contract?	7e		<u></u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
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?	8							
9	Sponsoring organizations maintaining donor advised funds.			ĺ					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:			j.					
a	Initiation fees and capital contributions included on Part VIII, line 12			ĺ					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b		. [į					
11	Section 501(c)(12) organizations, Enter:	.]		l ^l					
а	Gross income from members or shareholders	. 1		i					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)			Å					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ī							
	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.		1	Li					
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		ŀ	i					
C	Enter the amount of reserves on hand								
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
5	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.	T		-					
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.			1					
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	-	- 1						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1						
	If "Yes," complete Form 6069.								

Form 990 (2021) GODS PIT CREW INC 54-1974979 Page 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 instruction

Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
12	Enter the number of voting marsh as of the		Yes	N
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among more than 12	2		Ï
	If there are material differences in voting rights among members of the governing body, or if the governing		i.	1
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
2	Enter the number of voting members included on line 1a, above, who are independent	2	1	
~	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		1
^	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		-	
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		X
.7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
_	more members of the governing body?	7a		Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	li.	x
8	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			·
a	The governing body?	8a	X	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1	1	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1	 	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.Va		-21
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 16	-	***
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-43	
		40-		
	on Schedule O how this was done	12c	X	:-
4	Did the organization have a written document retention and destruction policy?	13	X	} -
5	Did the process for determining compensation of the following persons include a review and approval by independent	_14	X	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			i i
	The organization's CEO, Executive Director, or top management official			
h	Other officers or key employees of the expenientian	15a	Λ	
v	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X	
	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
	ff "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		. [
ect	exempt status with respect to such arrangements?	16b	, 1	
		•		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	s only	availa	ole
	qu			
•	—— Provident of Contracts Of			
7	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	icial	
	statements available to the public during the tax year,			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 434-836-4472			
	2499 NORTH MAIN ST, DANVILLE, VA 24540			···········
006	12-09-21	Form	990 (2021
-1 -	6	_		
1 L	12 134744 54-1974979 2021.04021 GODS PIT CREW INC	54-	197	41

			1.		•		
Form 990 (2021)	GODS PIT CR	EW INC			54-19	74070	
Part VII Compensation	in of Officers Disa	L			76-17	<u> </u>	Page 7
Lair All Combensario	m of Officers, Direc	itors, iruste	es, Key Empi	ovees. Highest	Compensated		11,11
Fmployees :	and Independent Co		· · · · · · · · · · · · · · · · · · ·	,,	poiloutou		
muhintaga, c	and undehendelificit A	JILLIACIOIS					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	offi	not c . unle	86 DB	more	fhan than sbot a/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Оптсег	Key employee	Alghest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RANDY JOHNSON PRESIDENT	50.00	x	5		r mag			103,345.	0.	0
(2) TIM NUCKLES	5.00							200,040,	<u> </u>	
CHAIRMAN		\mathbf{x}						0.	0.	. 0
(3) DANNY MARSHALL	5.00									
DIRECTOR		X					(case)	0.	0.	: }
(4) PAUL PARKER	5.00									-
DIRECTOR		X		1				0.	0.	. (
(5) TIM HILL	5.00			1						
DIRECTOR		X		1 1 1 1	Ŀ.			.0	0.	
(6) KATHY SOYARS	5.00		1	7 2						
DIRECTOR		X						0.	0.	
(7) TRACY STONE	5.00									
VICE CHAIRMAN		X			! 		7	0.	0.	(
(8) JACKIE POE	5.00									
DIRECTOR	00 00	X		200 a. a.		1		0.	<u> </u>	(
(9) MICHAEL NEWCOMB	20.00									
REASURER	5.00	X				<u>. </u>	 i	0.	0.	(
(10) JONATHAN FALWELL	5.00	X						0.		_
DIRECTOR (11) PATRICIA MCGUIRE	5.00	Δ	-				+ 4	U.	0.	(
DIRECTOR	3.00	X						0.	0.	
12) BARRY RIDDLE	5.00		-					. V.		<u> </u>
DIRECTOR	3.00	x				٠. ا		0.	0.	
13) ROGER EWING	5.00						1	7.		
ECRETARY		x			i	.		0.	0.	. 0
14) ALEX BURGOS	5.00									-
PIRECTOR		X						0.	0.	
15) TONY STONE	5.00					Ì				
DIRECTOR		X	_					0.	0.	0
16) TOM PETTIS	5.00									
DIRECTOR	- *-	X	22.52		بنبت			0.	0.	
17) BARRY ARMSTRONG	5.00									
DIRECTOR 32007 12-09-21	لعصيبتينا	X		1	,	7	<u> </u>	0.	0.	Form 990 (20)

Contributions, Gifts, Grants and Other Similar Amounts

5

Other Revenue

GODS PIT CREW INC <u>54-1974979</u> Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Related or exempt Total revenue Revenue excluded from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns Membership dues 1b Fundraising events ______1c Related organizations 1d 140 975 Government grants (contributions) te All other contributions, gifts, grants, and similar amounts not included above 13 503 006 g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 13,643,981 **Business Code** All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 13,767 13,767 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6 a Gross rents 6a Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 21,387 b Less: cost or other basis and sales expenses 14,887 d Net gain or (loss) 6,500 6,500 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 54 020 b Less: direct expenses c Net income or (loss) from fundraising events 54 020 54.020. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b Net income or (loss) from sales of inventory **Business Code** d All other revenue

20.267

Total revenue. See instructions

e Total. Add lines 11a-11d

13 718 268

Form 990 (2021)

54 020

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

Do 1 7b,	Check if Schedule O contains a response include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				ovhauses
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				er e
4	Benefits paid to or for members				
5	Compensation of current officers, directors.		1	<u> </u>	Marie
	trustees, and key employees	877,273	693,936.	98,864.	84,473
6	Compensation not included above to disqualified			70,004.	04,413
	persons (as defined under section 4958(f)(1)) and			la de	
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages		,		
8	Pension plan accruals and contributions (include				<u> </u>
•	section 401(k) and 403(b) employer contributions)	· · · · · · · · · · · · · · · · · · ·			
9	Other employee benefits				
10	Payroll taxes	67,106.	53,159.	7,476.	6,471
11	Fees for services (nonemployees):				0/3/T
a	Management				•
	Legal	9,533.		9,533.	
c	Accounting	10,996.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10,996.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u> </u>
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)		<u> </u>	4	
12	Advertising and promotion	187,859.		Manager Pay Contract	187,859.
13	Office expenses	76,848.		41,423.	35,425.
	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				•
9	Conferences, conventions, and meetings	6,763.	6,763.		
	Interest	50,213.	39,723.	5,654.	4,836.
21	Payments to affiliates				
	Depreciation, depletion, and amortization	274,234.	274,234.		
	Insurance	121,741.	96,309.	13,708.	11,724.
i 1	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 O.)				
a]	DISTRIBUTION IN KIND DO	7,026,323.	7,026,323.		
ib j	DISASTER RELIEF	798,221.	798,221.		
	BLESSING BUCKETS	612,572.	612,572.		
	TRUCK FUEL MAINTENANCE	399,918.	399,918.		
	All other expenses	551,497.	443,507.	6,896.	101,094.
	Total functional expenses, Add lines 1 through 24e	11,071,097.	10,444,665.	194,550.	431,882.
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined	i			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X	The Part Co. Co. Co.		<u> </u>
	T 1		(A) Beginning of year		(B) End of year
	2	Cash - non-interest-bearing	311,954.	1	650,784
	1	Savings and temporary cash investments	1,108,796.	2	2,426,368
	3	Pledges and grants receivable, net	the state of the s	3	
	4	Accounts receivable, net	<u> </u>	4	and afficiency on a country
	5	Loans and other receivables from any current or former officer, director,	711.000.00 - Marie (1900.000)		
i		trustee, key employee, creator or founder, substantial contributor, or 35%		# 4	
		controlled entity or family member of any of these persons		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined			
ļ	خ ا	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
į.	. 8	Inventories for sale or use	710,607.	8	1,569,286
	9	Prepaid expenses and deferred charges		9	
100	10a	Land, buildings, and equipment: cost or other			
4		basis. Complete Part Vi of Schedule D 10a 3,562,146. Less: accumulated depreciation 10b 1,794,633.	i j		
	11	Investments sublish traded as the	1,861,837.	10c	1,767,513
	12	Investments - publicly traded securities	ii 	11	
1	13	Investments - other securities. See Part IV, line 11		12	
	14	Investments · program-related. See Part IV, line 11		13	and the second second second
4	15	Intangible assets Other assets See Part IV line 11		14	
1	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	2 002 404	15	
7	17	Accounts payable and accrued expenses	3,993,194.	16	6,413,951
1	18	Grants navable	The second secon	17	
	19	Grants payable Deferred revenue		18	
뒣	20	Tax-exempt bond liabilities	···	19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	<u> </u>
- 1	22	Loans and other payables to any current or former officer, director,		21	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
1		controlled entity or family assessment at a second state			
1	23	Secured mortgages and notes payable to unrelated third parties	226,414.	22	
	24	Unsecured notes and loans payable to unrelated third parties	220,414.	23	
- 1	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X		.	
-[of Schedule D		25	•
	26	Total liabilities, Add lines 17 through 25	226,414.	26	
T		Organizations that follow FASB ASC 958, check here	DAU, ELT.	20	<u></u> V.
-		and complete lines 27, 28, 32, and 33.		ĥ	
1:	27	Net assets without donor restrictions	3,766,780.	27	6,413,951.
	28	Net assets with donor restrictions		28	<u> </u>
Ī		Organizations that do not follow FASB ASC 958, check here	3		
-		and complete lines 29 through 33.	,		
	29	Capital stock or trust principal, or current funds		29	
;	30	Paid in or capital surplus, or land, building, or equipment fund		30	
1:	31	Retained earnings, endowment, accumulated income, or other funds		31	
1:	32	Total net assets or fund balances	3,766,780.	32	6,413,951.
1 :	33	Total liabilities and net assets/fund balances	3,993,194.	33	6,413,951.

For	m 990 (2021) GODS PIT CREW INC	54-1	97497	9 F	Page 12
<u></u>	art XI Reconciliation of Net Assets				ugu
7	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
4		4			V
2	Total revenue (must equal Part VIII, column (A), line 12)	1	13,7	18,	268.
3	Total expenses (must equal Part IX, column (A), line 25)	2	11,0'	71,	097.
	nevenue less expenses. Subtract line 2 from line 1	3	2,64		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,76		
5	Net unrealized gains (losses) on investments	5			
. 6	Donated services and use of facilities	6			
7	investment expenses	7			
В	Prior period adjustments	8			. 10 PT
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10 1 10 10 10 10 10 10 10 10 10 10 10 10		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32.				
Do	column (B))	10	6,41	3 9	951.
FG	Take the residence of the same reporting				-
<u>.,</u>	Check if Schedule O contains a response or note to any line in this Part XII		**********		X
			51 12	Yes	No
7	Accounting method used to prepare the Form 990: X Cash Accrual Other	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	_	,	.i
2a	A 1 THE PARTY OF THE PROPERTY		2a		x
	if yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:			ļ.	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if it es, "check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		ř.	
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				i
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
Δ	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	dule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
l.	Act and OMB Circular A-133?		3a		X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	i i	
			Form	990 (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

- 144	01	AOD	~ D== -					Employ	er identification number		
P	art I	Reason for Public	S PIT CREW	INC				4.	54-1974979		
L			onanty Status	(All organizations must	complete t	his part.)	See instruction	s.			
1	Olyan	nization is not a private four	ndation because it is	: (For lines 1 through 12,	check only	one box.	.)				
_	H	A church, convention of o	nurches, or associa	tion of churches describ	ed in sectic	n 170(b)	(1)(A)(i).	:			
2	\dashv	A school described in sec	rtion 170(b)(1)(A)(ii).	. (Attach Schedule E (Fo	rm 990).)						
3											
4	a riospital described in section 170(b)(1)(A)(iii). Enter the hospital's name										
_	orty, and state,										
5											
_	_	section 170(b)(1)(A)(iv). ((Complete Part II.)								
6		A federal, state, or local go	overnment or govern	ımental unit described in	section 17	^r 0(b)(1)(A)(v).				
7	LX.	An organization that norm	ally recelves a subst	tantial part of its support	from a gove	emmenta	l unit or from th	e genera	l public described in		
_		section trotok titwital' (c	Joinpiete Part II.)						•		
8	\vdash	A community trust describ	oed in section 170(b	i)(1)(A)(vi). (Complete Pa	rt II.)	÷			•		
9	ш.	An agricultural research or	rganization describe	d in section 170(b)(1)(A)	(ix) operate	d in conj	unction with a k	and-gran	t college		
		or university or a non-land	grant college of agri	iculture (see instructions). Enter the I	name, cit	y, and state of	he colle	ge or		
40		university:									
10	لــــا	An organization that norm	ally receives (1) more	e than 33 1/3% of its sup	port from o	ontribution	ons, membershi	p fees, a	and gross receipts from		
		activities related to its exe	mpt functions, subje	ect to certain exceptions:	and (2) no	more that	n 33 1/3% of its	SUDDOM	t from grose investment		
		income and unrelated bus	iness taxable income	e (less section 511 tax) f	rom busine:	ses acqu	ired by the org	anization	after June 30, 1975.		
		See section 509(a)(2). (Co									
11	믐.	An organization organized	and operated exclus	sively to test for public s	afety. See s	ection 50	09(a)(4).				
12	ليا.	An organization organized	and operated exclus	sively for the benefit of, t	o perform t	he functio	ons of, or to can	ry out the	e purposes of one or		
		more publicly supported o	rganizations describ	ed in section 509(a)(1)	or section 5	i09(a)(2).	See section 50	9(a)(3).	Check the box on		
_		lines 12a through 12d that	describes the type	of supporting organization	on and com	plete line:	s 12e, 12f, and	12g.	4		
а	. —	Type I. A supporting org	anization operated, (supervised, or controlled	by its supp	ported org	ganization(s), ty	pically by	y giving		
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority o	f the dire	ctors or trustee	s of the s	supporting		
		organization. You must									
B	L	Type II. A supporting org	janization supervise	d or controlled in connec	ction with its	s support	ed organization	(s), by ha	aving		
		control or management of	of the supporting org	janization vested in the	same persor	ns that co	ontrol or manag	e the sup	ported		
_	ſ—	organization(s). You mus						•			
C	L	Type III functionally into	egrated. A supportir	ng organization operated	in connect	ion with, a	and functionally	integrat	ed with,		
d		its supported organization	un(s) (see instruction	s). You must complete	Part IV, Sec	ctions A,	D, and E.		·		
u		Type III non-functionally	y integrated, A sup	porting organization ope	rated in con	inection v	vith its supporte	d organi	ization(s)		
		that is not functionally in	regrated. The organi	zation generally must sa	tisty a distri	bution re	quirement and a	an attent	iveness		
		requirement (see instruct	nons). Tou must co	mplete Part IV, Section	s A and D, t	and Part	V.				
	. —	Check this box if the orga functionally integrated, o	r Tupo III non functio	written determination fro	om the IHS I	mat It is a	Type I, Type II,	Type III			
	Enter	the number of supported		many integrated support	ing organiza	ation.			ran in the same of		
ė.		de the following information		nd amonimation/s)	************	**********	*********************	***********	· 201 - 10 200 - 2		
.23	(1)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organi in your poverning	zalion lisled	(v) Amount of m	oneten	(vi) Amount of other		
		organization		(described on lines 1-10	Yes	No No	support (see inst		support (see instructions)		
				above (see instructions))	103	110			,		
				i.							
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otal			A	Value of the second of the sec					· · · · · · · · · · · · · · · · · · ·		

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 house like 5.7 and a CP at the control of the co

(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, places as

Se	ection A. Public Support	o noted below, ple	ase complete Par	C 111.)			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	/ n 0000		a ****
	Gifts, grants, contributions, and	147	I IDI.EUTO	10) 2019	(d) 2020	(e) 2021	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	12967749.	7569034	7357336	11160224	12600001	50561444
2	Tax revenues levied for the organ-				11109324.	T203000T	DZ/01444.
	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	12967749.	7569034.	7357336.	11169324	13600001	F0761444
5	The portion of total contributions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11107324.	13030001.	D4/01444.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			'			
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						52761444.
	ction B. Total Support						DEFERR
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7		12967749.	7569034.	7357336.	11169324.	13698001.	52761444.
8	Gross income from interest,				To see contract of the second		
	dividends, payments received on					!	
	securities loans, rents, royalties,		,			:	
	and income from similar sources	2,810.	3,795.	20,575.	21,162.	13,767.	62,109.
. 8	Net income from unrelated business						
	activities, whether or not the					u. National and the second	
	business is regularly carried on			Secretary of the second	are kan as a .		
10	Other income. Do not include gain						and the second second
	or loss from the sale of capital	1.				i	
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						52823553.
	Gross receipts from related activities,			*******************		12	
13	First 5 years. If the Form 990 is for th	e organization's fi	and the second s				
800	organization, check this box and stop	here		····		***********	▶□
360	tion C. Computation of Public	c Support Per	rcentage		<u> </u>	The part of the pa	
19	Public support percentage for 2021 (li	ne 6, column (1), a	ivided by line 11, (column (f))		14	99.88 %
10	Public support percentage from 2020	Schedule A, Part	II, IIne 14			15	<u>99.90 %</u>
108	33 1/3% support test - 2021. If the o	rganization did no	t check the box or	ine 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
h	stop here. The organization qualifies a	as a publicly suppl	orted organization			************	> X
_	33 1/3% support test - 2020. If the or	iganization big no fige se s publich o	Unported promise	ne is or iba, and	ine 15 is 33 1/3%	or more, check th	is box
17a	and stop here. The organization qualifind 10% -facts-and-circumstances test	. 2021 If the over	upported organiza	uion ,,	40 40	******************	
	and if the organization meets the facts	- zoz i. ii ule orgi -and-circumeteno	an toot obsolves	hey and	13, 102, 01 16b, a	na iine 14 is 10% :	or more,
	meets the facts and circumstances tes	st. The propriection	ra icai, uriouk iNS n auslifias se a se	blick supported a	e, ⊏xpiain in Part \ respiration	now the organiza	ation .
b	10% -facts-and-circumstances test	= 2020. If the orde	nization did not o	heck a hou on the	rganization	70 and 8- 4- 1	
-	more, and if the organization meets the	e facts and circum	stances test che	rk this hav and -4-	no, 108, 100, 011	/ a, and line 15 is 1 Dest VI beside:	ı∪% or
	organization meets the facts and circu	mstances test. Th	e organization are	alifias as a mublicks	up fiere, ⊏xpiain in summorted occo=:	rait viiiOW INO	
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16s	: 16b. 17a or 17b	check this hover	rauUII	;****** [H
			V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		THOUSE STORES	212 2 2 2	Form 990) 2021
		•					· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990) 2021 GODS PIT CREW INC

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

1 diffs, grants, contributions, and membership bear sealeved. (Do not include any "unusual greats.") 2 dross receipts from admissions, promotion of pallities furnishes on any activity that is related to the organization star-exempt purpose of a consistent of the organization star-exempt purpose organization of the consistent and either palt to or expended on its behalf or the organization of the consistent and either palt to or expended on its behalf or the organization without charge of the organization of the consistent of the organization of the consistent of the organization of the consistent of the organization organization organization organization or the organization of the organ	Cala	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(en 2000		Var
membership feee received. (Do not include any virtusual grents.) 2. Gross receipts from exhitisticates, membership and sense and control of the property of t				DIZUIO	/GI CO IA	(d) 2020	(e) 2021	(f) Total
Include any *unsual grants.*) 2 Gross receipts from admissions, menchandiss sold or services performed, or facilities furnished in any activity that is related to the organization's tave-worth pulpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide for the organization's benefit and sither paid to or expended on its behalf 5 The value of services or facilities and the paid to or expended on its behalf 5 The value of services or facilities and the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities and the organization without charge 8 Total. Add lines 1 through 5 8 The value of services or facilities and the organization without charge 9 Total. Add lines 1 through 5 9 The value of services or facilities and the organization without charge 10 Total. Add lines 1 through 5 11 The value of services or facilities and the organization without charge 12 The value of services or facilities organization without charge 13 The value of services or facilities organization without charge 14 The organization without charge 15 The value of services or facilities organization without charge organization organizati							1	li .
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19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	17	nvestment income percentage for 2021	(line 10c, column	ו (f), divided by li	ne 13, column (f)) 🗒		17	
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	18	nvestment income percentage from 202	20 Schedule A, P	art III, line 17 🛄			18	
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Description:	b 3	3 1/3% support tests - 2020. If the or	ganization did no	t check a box on	line 14 or line 19a	and line 16 is mor	e than 33 1/20/	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	li	ne 18 is not more than 33 1/3%, check	this box and stor	here. The orga	nization qualifies on	a nublicly comes	tad propriette	iu <u>s</u> . [
	 20 E	Private foundation if the organization	lid not chack a b	ov on line 14. 10	neauon quannos as a or 10h eteel del	a publicly suppor	rea organization	······ ₹⊨
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

•		Yes	No
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Sched	lule	А	(Form	99	(06	20)2	

instructions).

Sci P	nedule A (Form 990) 2021 GODS PIT CRE art V Type III Non-Functionally Integrated 50	W INC 19(a)(3) Supporting On	ganizations (contin	5,	4-1974979 Page 7
Sec	ction D - Distributions		Series (COTICITIES	ueu)	Andrew Control Republication
<u>. 1</u>	Amounts paid to supported organizations to accomplish ex	cempt purposes			Current Year
2	Amounts paid to perform activity that directly furthers exen	not purposes of supported		1	Commence of the second
24.	organizations, in excess of income from activity	, ,,			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ons.	3	<u> </u>
4	Amounts paid to acquire exempt-use assets			4	<u> </u>
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	<u> </u>
. 6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	7	
8	Distributions to attentive supported organizations to which	the organization is responsive	/e		
4	(provide details in Part VI). See instructions.			8	
9	the o	men, a Mariana Mariana,		9	
10	Line 8 amount divided by line 9 amount			10	1
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	The state of the s			· · · · · · · · · · · · · · · · · · ·
2	Underdistributions, if any, for years prior to 2021 (reason-				Part Control C
<u></u>	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021			**************************************	
	From 2016				
	From 2017				
1 100	From 2018				
-	From 2019		The second secon		
e	From 2020	المراجع المنظر المناجع	A CONTRACTOR OF THE PROPERTY O		The second of the second secon
<u>f</u>	Total of lines 3a through 3e		***************************************	144 A. T. T.	
	Applied to underdistributions of prior years		and the second s		
	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)			W 44	
7	Remainder. Subtract lines 3g, 3h, and 3l from line 3f.			a.ev.	
4	Distributions for 2021 from Section D,				
-	line 7: \$		<u> </u>	<u></u>	<u> per en la mangeana en la composició de la composició de</u>
	Applied to underdistributions of prior years				State of the state
	Applied to 2021 distributable amount		Anna and An		
	Remainder. Subtract lines 4a and 4b from line 4.	The second secon			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in Part VI. See instructions.			i i	
0	Remaining underdistributions for 2021, Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3			<u> </u>	<u>.</u>
•	and 4c.				
8	Breakdown of line 7:	A STATE OF THE STA	and the second s		
	Excess from 2017	Construction of the Constr	· 		
b		<u> </u>			
	Excess from 2019				
- 4	Excess from 2020				<u> </u>
- 10 1	Excess from 2021				The state of the s

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization Employer identification number GODS PIT CREW INC 54-1974979 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. \perp For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

GODS PIT CREW INC

54-1974979

(a) No, from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	MISCELLANEOUS MERCHANDISE		
		\$ 1,193,874.	<u>12/31/21</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DISASTER RELIEF SUPPLY		
		\$ <u>1,296,992.</u>	12/31/21
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_8	GATORADE AND BEVERAGES		
		<u> </u>	12/31/21
(a) No. 'om art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	DISASTER RELIEF SUPPLY		
***		\$ 979,027.	12/31/21
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	DISASTER RELIEF SUPPLY		
		\$	12/31/21
a) lo. om irt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	DISASTER RELIEF SUPPLY		
53 11-11	- Control of the Cont	\$ 574,200.	12/31/21

ame of or	3 (Form 990) (2021) ganization	2	Page
	9	\$	Employer identification number
ODS F	PIT CREW INC		F4 1074070
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in section	54-1974979 n 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	completing Part III, enter the total of exclusively religious	charitable etc. contributions of \$1,000 or less s	
	Use duplicate copies of Part III if additiona		or trie year, (chick this mio, thick.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— ·	The second secon	-	
		×	
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
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a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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s		(e) Transfer of gift	
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	Transferee's name, address, ar		Relationship of transferor to transferee
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	Transferee's name, address, ar		Relationship of transferor to transferee
	Transferee's name, address, ar		Relationship of transferor to transferee
a) No.	Transferee's name, address, ar		Relationship of transferor to transferee (d) Description of how gift is held
rom		nd ZIP + 4	
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rom		(c) Use of gift (e) Transfer of gift	
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom Part I	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rom Part I	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rom Part I	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GODS PIT CREW THIC

Employer identification number

Ps	int I Organizations Maintaining Donor Advis	ad Employee Other St. Trans		<u> 54-19749</u>	79
<u> </u>	Organizations Maintaining Donor Advisorganization answered "Yes" on Form 990, Part IV, I	ea runds or Other Similar Funds or ine 6.	Acco	unts. Complete if th	e
,	3003. 01111	(a) Donor advised funds	(b) Fi	inds and other accou	nto
1	Total number at end of year		(0) 10	indo and offier accoun	1118
2	Aggregate value of contributions to (during year)		115		·
3	Aggregate value of grants from (during year)				· · · ·
4	Aggregate value at end of year				
-5	Did the organization inform all donors and donor advisors in	Writing that the assets held in donor advised 5			
	are the organization's property, subject to the organization's	s exclusive legal control?	irios	,	
- 6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used		Yes	∟ No
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confi	only		
	impermissible private benefit?	or to lot any other purpose corne	arring		
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/ line ?		No
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	v, iii e i		
	Preservation of land for public use (for example, recre	ation or education) Preservation of a hist	toriooll.		
	Protection of natural habitat	Preservation of a cer	ioncan) History In	/ Important land area	
	Preservation of open space	T 10561 VALIOTI OF A CO	unea ri	istoric structure	
2	Complete lines 2a through 2d if the organization held a qual	ifled conservation contribution in the form of a			
	day of the tax year.	med control actual postort in the IOHH OF S	Unserv	Held at the End of the	e last
а	Total number of conservation easements		-	Dein at me Eun Di me	iax rear
b	Total acreage restricted by conservation easements	***************************************	2a		
c	Number of conservation easements on a certified historic st	nucture included in (a)	2b	· · · · · · · · · · · · · · · · · · ·	·····
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	2c		· · · · · · · · · · · · · · · · · · ·
	listed in the National Register	and 7720700, and not on a historic structure	20		
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the organ	<u> 20</u>	o duning the text	
	year▶	and the state of t	riikaliOi	induming the tax	
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ion eas	sements during the ve	ar Sar
	The state of the s	3			, CII
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asemai	nts during the year	
	\$		4001110	ino daling the year	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)(l	B)(i)		
	and section 170(h)(4)(B)(ii)?	, and a demand of the second o	-)(1)	Yes	No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ment a		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements the	nat des	cribes the	
	organization's accounting for conservation easements.	Omerica and a second			
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Simil	ar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance s	sheet works	•
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthers	nce of	public	
	service, provide in Part XIII the text of the footnote to its final			F	
b	If the organization elected, as permitted under FASB ASC 95		e shee	t works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of pu	blic service.	
	provide the following amounts relating to these items:		(,	
	(i) Revenue included on Form 990, Part VIII, line 1	****	. •	\$	
	(II) Assets included in Form 990, Part X	***************************************	. 📂 🤅	\$	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain.	provid	e	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	•		
	Revenue included on Form 990, Part VIII, line 1		. 📂 :	\$. <u></u>	
<u>b</u>	Assets included in Form 990, Part X			\$	
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 9)	90) 2021

132051 10-28-21

Sch P£	edule D (Form 990) 2021 GODS P	IT CREW IN	C Art. Hi	istorical T	reasures	or Oth	ar Cim	54-1	9749	<u>79</u>	Page
3	Using the organization's acquisition, access	sion, and other reco	rds, che	ck any of th	e following th	at make	eignifice:	Har Ass	ets(con	tinue	<u>a)</u>
	collection items (check all that apply):		,			at mane	ogrillica	ir nse Oi ii			
а	Public exhibition		d \square	Loan or ex	change progr	am					
b			е	Other							
C	- I I I I I I I I I I I I I I I I I I I										
4	Provide a description of the organization's o	collections and expla	ain how	they further	the organizat	ion's exe	mpt pur	ose in Pa	rt XIII		
5	During the year, did the organization solicit	or receive donations	of art.	historical tre	asures or oth	er simila	rappote				
F. Fo.	to be sold to raise funds rather than to be n	naintained as part of	the ora	ianization's d	oilection?				Yes	Ė	□ No
Pa	LITIA ESCLOM SUU CUSTOGISI ALLSI	igements. Comp	lete if th	ne organizati	on answered	"Yes" on	Form 99	0, Part IV	, line 9, c	 or	
	reported an amount on Form 990, Pa	art X, line 21,									
1a	is the organization an agent, trustee, custoo	lian or other interme	diary fo	r contributio	ns or other as	sets not	included	1			
	on Form 990, Part X?	**************************************	•••••			* > * * * * * * * * * * * * * * * * * *			Yes	Ľ	No
b	if "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:			·				
		* .							Amour	ıt.	*****
c	Beginning balance	**************		***************	*************		1c				
a	Additions during the year	**********************			•		<u>1d</u>		· .		
e f	Distributions during the year	***************************************		·····	••••		<u>1e</u>				
-	Ending balance	Core COO Bank V E					. 11			·	
b	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII	Orm 990, Part X, Ilne	9 21, 10r	escrow or c	ustodial acco	unt liabil	ity?	L	Yes	<u> </u>	ᆜᄱ
Par	t V Endowment Funds. Complete	if the organization o	xpianati newerec	I "Voe" on E	provided on	Part XIII			************	حلي	
		(a) Current year	(h)	Prior vear	(c) Two year			voora book			
1a	Beginning of year balance		10)	101 1041	(c) iwo you	S Dack	(a) Illiee	years dack	(e) FOU	r year:	S DACK
b	Contributions			, see growing and	11		-				
C	Net investment earnings, gains, and losses				-						
ď	Grants or scholarships		<u> </u>		-						
e	Other expenditures for facilities	er i e e e e e	 		<u> </u>			<u> </u>			
	and programs				It.						
f	Administrative expenses			:	-		<u> </u>			,70 m of a	··· ·
g	End of year balance			<u></u>			·····				· · · ·
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	a. column (a	a)) held as:			1	l		
a	Board designated or quasi-endowment		%		-,, <u>-</u>						
b	Permanent endowment	%	7								
C	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administer	ed for th	e organi:	zation			
	by:						. "		. [Yes	No
	(i) Unrelated organizations	***********************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••	• • • • • • • • • • • • • • • • • • • •			3a(i)		
	(II) Helated organizations								2001		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	***************			**********	3b) 	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.					· · · · · · ·		
rar	Land, Buildings, and Equipm					_					
	Complete if the organization answered					Part X, I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost			cumulate		(d) Book	c valu	ıe
		basis (investr	nent)	basis	111	dep	reciation		·	<u> </u>	
	Land				1,532.						<u>32.</u>
b	Buildings	•		88	5,000.	2	<u>30,5</u>	73.	654	1,4	27.
	Leasehold improvements							_			***
d	Equipment	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- i	2.20	F C14						
	Other Add lines 1a through 1e. (Column (d) must ed		V	<u>⊿5U</u>	5,614.	1,5	64.0	b0.		<u>1,5</u>	
√tdl.	A STATE OF THE PROPERTY OF THE	_l uai rom 990, Part.	A, COIUN	nn (出), line 1	uc.);	*******		<u> </u>			<u>13.</u>
			•		**		:	Schedule	D (Form	990)	2021

Schedule D (Form 990) 2021

rt XI Reconciliati	on of Revenue per Au	dited Financial St	atemente Will D.	onue	<u>-1974979</u>
Complete it tile	on of Revenue per Autorganization answered "Yes"	on Form 990. Part IV-li	ne 12a		m.
Total revenue, gains, ar	nd other support per audited	financial statements	ile iza.		The grant of the same
Amounts included on li	ne 1 but not on Form 990, Pa	rt VIII line 12		<u>- 1</u>	13,718,
Net unrealized gains (lo	sses) on investments	at 1111, 11110 12.	اً م اً	· [
Donated services and u	ise of facilities		2a		Į,
Recoveries of prior year	grants	***************************************	2b		Įi
Other (Describe in Part)	XIII.)		20		
Add lines 2a through 2c					<i>k</i> .
		*************************	***************************************	<u>2e</u>	
Amounts included on Fr	e 1 orm 990, Part VIII, line 12, but	not on line to		<u>3</u>	13,718,
Investment expenses no	ot included on Form 990, Part	Will line 76			
Other (Describe in Part)	(III.)	CAMPUMA AD	4a		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4b		
Total revenue. Add lines	3 and 4c. This must equal F	orm 990 Part I line 10	·	4c	4 4 4 4 4 4 4
t XII Reconciliatio	n of Expenses per Au	dited Financial St	atements With Evo	oncoo por Bot	13,718,2
Complete if the o	rganization answered "Yes" c	on Form 990. Part IV. lin	e 12a		urn.
Total expenses and loss	es per audited financial state	ments			11 004 6
variourità incidided Off Illi	e i dui not on form 990, Pari	t IX, line 25:	•	<u>1</u>	11,071,0
Donated services and us	e of facilities		22		
Prior year adjustments			Oh	<u> </u>	
Other losses	an a		2c 2c		-
Other (Describe in Part X	III.)		2d		
Add lines 2a through 2d	***************************************	****************************	(* * * * * * * * * * * * * * * * * * *		
Subtract line 2e from line	m 000 Doct IV Fee OF Land	***************************************		<u>2e</u>	11 071 0
Amounts included on Fo	rm 990, Part IX, line 25, but n	ot on line 1:	**		11,071,0
nvestment expenses no	t included on Form 990, Part	VIII. line 7b	4a		•
Other (Describe in Part X	III.)	***************************************	dh.		
Other (Describe in Part X Add lines 4a and 4 b	III.)	************************	4b		
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	11,071,0 X, line 2; Part XI,
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	III.) s 3 and 4c. <i>(This must equal F</i> I Information.	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses. Add lines XIII Supplemental the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	
Add lines 4a and 4b Total expenses, Add lines XIII Supplemental e the descriptions require	s 3 and 4c. (This must equal for Information. ed for Part II, lines 3, 5, and 9	Form 990, Part I, line 18	Part IV. lines 1b and 2b	5	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

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

Inspection

Employer identification number

Part I Fundraising Activities required to complete this p 1 Indicate whether the organization in a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writter	aised funds through any of the follow e Solici ns f Solici g Speci or oral agreement with any individu Part VII) or entity in connection with	wing activ tation of r tation of g ial fundrai	rities non-g gover sing ing o	Check all that apply tovernment grants ment grants events fficers, directors, trustundralising services?	stees, or	Z filers are not
compensated at least \$5,000 by the compensated at l	e organization. (ii) Activity	(iii) I fundrui have cui or contribut		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by organization
			No			
			12			
The second secon	1					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
			1 1			
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				e La companya di santa		
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	da.		P			,
	de la companya de la		- 1			· · · · · · · · · · · · · · · · · · ·
al			>			L'
List all states in which the organization licensing.	on is registered or licensed to solicit	contribut	ions	or has been notified	it is exempt from re	gistration
	Control of the contro					
			-			
		<u> </u>	<u> </u>			
A For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or 9	90-E	Z.	Schedule	G (Form 990) 20

132081 10-21-21

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	d more than \$15,000 pts greater than \$5,000 (d) Total events (add col. (a) through
9	:		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	54,020			54,020
	2	Less: Contributions				
1 3	3	Gross income (line 1 minus line 2)	54,020			54,020
	4	Cash prizes				
	5	Noncash prizes	To control Province Control			
xpense	6.	Rent/facility costs				
Direct Expenses	7	Food and beverages		9 0		
_	B 9	Entertainment		<u>alago una ciliar casa.</u> Salago una ciliar casa.	- N N N N N N N N.	
1	0	Other direct expenses Direct expense summary. Add lines 4 throug	h 9 in column (d)	<u> </u>		
Par	-	Net income summary. Subtract line 10 from	ine 3; column (d)			54,020
		Gaming. Complete If the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
9			(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
\$			(a) Dailgo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Hevenue	J	Gross revenue	(a) Singo	hingo/progressive bingo	(c) Other gaming	
		Gross revenue Cash prizes	(a) Singo	bingo/progressive bingo	(c) Other gaming	
	2		(a) Juigo	bingo/progressive bingo	(c) Other gaming	
Sesue	2	Cash prizes	(a) Juigo	bingo/progressive bingo	(c) Other gaming	
Direct Expenses	2	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	
Direct Expenses		Cash prizes Noncash prizes	Yes %	hingo/progressive bingo Yes % No	(c) Other gaming Yes % No	
Direct Expenses		Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes % No	Yes%	Yes % No	
segueda and segued		Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 5 in column (d)	Yes %	Yes % No	
Sesued 2 10 10 10 10 10 10 10 10 10 10 10 10 10	?	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 r the state(s) in which the organization condu	Yes % No 5 in column (d) from line 1, column (d)	Yes %	Yes % No	
Security Sec	ente the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these s	Yes %	Yes % No	
Secuedad Sec	the the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 or the state(s) in which the organization conduct organization licensed to conduct gaming acco, " explain:	Yes % No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these s	Yes % No No	Yes % No	col. (a) through col. (c)
Secuency Security Sec	the the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 If the state(s) in which the organization conduct organization licensed to conduct gaming ac	Yes % No 5 in column (d) from line 1, column (d) cts garning activities: tivities in each of these s	Yes % No No	Yes % No	col. (a) through col. (c)

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 GODS PIT CREW INC 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity f		
The state of a market of a granton, beneficially of thusing of a mustiner of a norther phin or other entity of	1 1 1 2 2	
to administer charitable gaming?	n	N ₁
Indicate the percentage of gaming activity conducted in:	Yes	L No
a The organization's facility	100	
W THE CALCIAGO INCOME.	1404	· (
- Ether the rights and address of the person who prepares the organization's gaming/special events books a	nd records:	
Name Address ►		/
5a Does the organization have a contract with a third party from whom the organization receives gaming reven		No
b if "Yes," enter the amount of gaming revenue received by the organization \$\infty\$ and of naming revenue retained by the third party.	the amount	
of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party:		
Name >		
	<u></u>	
Address		
Gaming manager information:	•	
Name >		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independent contractor		
Mandatory distributions:		
Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to		·
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or 	Yes Spent in the	No
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax/year Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year	spent in the	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax.year \$\sigma\$. Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax.year \$\sigma\$. Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax.year \$\sigma\$. Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	
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Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax/year Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax/year Supplemental Information. Provide the explanations required by Part I. line 2b. columns (iii)	spent in the	

Part IV	(Form 990) Supplemental Inf	GODS PIT	CREW	INC	<u> </u>	54-1974979 Page 4
	Anthonicistis III	Ormation (continue	d)			
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F		e de la company				***************************************

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

(a)

Attach to Form 990.

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

Name of the organization

Open to Public Inspection

OMB No. 1545-0047

GODS PIT CREW INC Employer identification number 54-1974979

		Check if applicable	Number of contributions or items contributed	Noncash contribu amounts reporte Form 990, Part VIII,	d on	Method of noncash contri	d) determinir ibution am	ng Iounts	š
1	Art - Works of art							- 4.	
2	Art - Historical treasures					<u> </u>	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		 -
3	Art - Fractional interests	1				A second and the second and the second	.,		-:-
4	Books and publications	ŀ	The company of the company	1		A CONTRACTOR OF THE CONTRACTOR	No. 1		-
5	Clothing and household goods	(3	Charlet a series and a series at	aliana di Wana da Parta da Wala G	7				
6	Cars and other vehicles					7			
7	Boats and planes	gradient school of the same	A CONTRACT OF SOME		1.			<u> </u>	
8	Intellectual property		1						
9	Securities - Publicly traded						· · · · · · · · · · · · · · · · · · ·		
10	Securities - Closely held stock							7 7	
11	Securities - Partnership, LLC, or						1.7	1.12	~
	trust interests								
12	Securities - Miscellaneous	4: 47:5777 B					7		
13	Qualified conservation contribution				- 323 La-	-			
	Historic structures	- 1				•	•		
14	Qualified conservation contribution - Other							··	
15	Real estate - Residential	4							31-51-1-1.
16	Real estate - Commercial						<u> </u>	·····	
17	Real estate - Other								
18	Collectibles					77 2347 + 77			
19	Food inventory						*****		
20	Drugs and medical supplies	<u> </u>			0			1.027	
21	Taxidermy								
22	Historical artifacts							- 17	
23	Scientific specimens					· · · · · · · · · · · · · · · · · · ·		····	
24	Archeological artifacts								
25	Other (BUILDING/FOOD)	Х	0	8,137.5	31.PE	RCENTAGE	OF RE	ema.	TT.
26	Other ()								
27	Other ()		And the second second			and and a second second	****		
28	Other 🕨 i(The second of th					
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828	ation during 3, Part V, Do	the tax year for co nee Acknowledge	ntributions ment 29			lar_		
30a	2 Jami and an amount occurs by	contribution	any property repo	rted in Part I. lines 1	through 2	8 that it	Ye	s N	10
	must hold for at least three years from the date	of the initial	contribution and v	which isn't required to	ho unod	for	0 1	.	
	exempt purposes for the entire holding period?		· · · ·			101	30a	١,	X.
b	if tes, describe the arrangement in Part II.			W. T.			SVa		<u> </u>
31	Does the organization have a gift acceptance po	olicy that req	uires the review of	any nonstandard co	ntribution	s?	31	1,	X_
32a	Does the organization hire or use third parties of contributions?	r related orga	anizations to solicit	. process, or sell not	acash				
þ	If "Yes," describe in Part II.	*****************			• • • • • • • • • • • • • • • • • • • •		32a	 	<u>.</u>
	if the organization didn't report an amount in coldescribe in Part II.	lumn (c) for a	type of property f	or which column (a)	is checked	(,			
LIA	Cesolipe in Pair II.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>		

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Schedule M (Form 990) 2021

Part II Su	m 990) 2021 GODS PIT	CREW	INC	Address of the second s	54-1974979	Page 2
is re this	eporting in Part I, column (b), the part for any additional informat	Provide the number of ion.	e information red contributions, t	quired by Part I, lines 30b, 32th the number of items received,	54-1974979 o, and 33, and whether the organize or a combination of both. Also com	ation plete
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Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

CODE DIE CODE THE

Employer identification number

GODS PIT CREW INC	<u> 54~1974979</u>
FORM 990, PART VI, SECTION B, LINE 11B:	The same of the sa
COPIES OF THE FORM 990 AND FINANCIAL STATEMENTS ARE PROVI	A CONTRACTOR OF THE CONTRACTOR
	IDED TO ALL BOARD
MEMBERS FOR REVIEW	
	<u> </u>
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY THE BOARD MEMBERS ARE REQUIRED TO REVIEW THE CON	IFLICT OF INTEREST
POLICY	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD APPROVES ALL INCREASES OR DECREASES IN PAY	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST AND ON THE
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PART XII LINE 2C	
THE BOARD MAKES SELECTION OF THE INDEPENDENT ACCOUNTANT	
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Schedule O (Form 990) 2021