#### EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

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

A F	or the	2019 calendar year, or tax year beginning and	d ending	_			
B	Check if applicable	C Name of organization		D Employer identific	cation number		
X	Addres	EXODUS CRY, INC.					
	Name change	Doing business as		26-23171	16		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	Final return/	1017 L STREET	2223	(816)398			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,299,013.		
Ļ	Amend	SACRAMENTO , CA 93014		H(a) Is this a group re			
	Applica tion pending			for subordinates	····· — —		
_		714 MAIN ST., GRANDVIEW, MO 04030	507	H(b) Are all subordinates in			
		mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) EXODUSCRY • COM	or 527		list. (see instructions)		
J \	Nebsite	organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	n number ► ↑ State of legal domicile: MO		
P		Summary	L Teal	or iorination. 2000 K	A State of legal doffliche, 140		
		Briefly describe the organization's mission or most significant activities: <b>EXO</b> D	US CRY	IS AN INTE	RNATIONAL		
Activities & Governance	l i	NON-PROFIT ORGANIZATION COMMITTED TO ABO	LISHIN	G SEX TRAFF	ICKING AND		
rua	-	Check this box  if the organization discontinued its operations or dispose					
ove.		Number of voting members of the governing body (Part VI, line 1a)			5		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4		
es &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			15		
Ϋ́Ε		Total number of volunteers (estimate if necessary)			0		
₹		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	۱d	Net unrelated business taxable income from Form 990-T, line 39		7b	0.		
				Prior Year	Current Year		
<u>e</u>		Contributions and grants (Part VIII, line 1h)		925,795.	768,928.		
en		Program service revenue (Part VIII, line 2g)		541,587.	10,465.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		114.	19,538.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,807.	6,830.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,486,303.	805,761.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,924.	13,057.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 463,790.	0.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		463,790.	471,132.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  41,6		0.	0.		
Ä				949,846.	378,186.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,448,560.	862,375.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		37,743.	-56,614.		
or es	י פון	Toyondo 1899 expenses. Odbiract IIIIe 10 IIOIII IIIIe 12	Re	ginning of Current Year	End of Year		
ets (	20 7	Fotal assets (Part X, line 16)		2,330,654.	2,126,423.		
Ass I Ba	21 7	Fotal liabilities (Part X, line 26)		28,687.	33,052.		
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20		2,301,967.	2,093,371.		
Pa	art II	Signature Block					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is		
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Sig	n	Signature of officer		Date			
Her	е	BENJAMIN NOLOT, PRESIDENT AND CEO					
		Type or print name and title		Data I	I DTIN		
		Print/Type preparer's name Preparer's signature	<b>I</b>	Date Check	PTIN		
Paid	-	JONATHAN MCKINZIE JONATHAN MCKINZ	1 TR	.0/15/20 if self-employ	P01326474		
		Firm's name EMERICK & COMPANY, PC		Firm's EIN ▶	43-1855764		
use	Only	Firm's address 4520 MADISON AVE, STE G KANSAS CITY, MO 64111		Dk 01	6-531-2822		
N / -	, the ID	S discuss this return with the preparer shown above? (see instructions)		Phone no. 5 1	X Yes No		
IVIA\	, uie iR	o discuss mis return with the preparer SHOWH above (1888 INSTRICTIONS)			L41 TUS L INO		

Par	rt III Statement of Program Service Ac	complishments
	Check if Schedule O contains a response or	note to any line in this Part III
1	Briefly describe the organization's mission:	
		IONAL NON-PROFIT ORGANIZATION COMMITTED TO
		G AND THE COMMERCIAL SEX INDUSTRY WHILE
	ASSISTING AND EMPOWERING	ITS VICTIMS.
2	Did the organization undertake any significant prog	ram services during the year which were not listed on the
		Yes X No
	If "Yes," describe these new services on Schedule	
3		nificant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4		plishments for each of its three largest program services, as measured by expenses.
		quired to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	12 057 7 210
4a	(Code: ) (Expenses \$ 534, 2	
		NG THE ISSUE OF HUMAN TRAFFICKING IN THE
		S. CARE OF VICTIMS OF HUMAN TRAFFICKING, SICAL AND BASIC NEEDS. SUPPORT OF OTHER
		FOR THE PURPOSE OF RAISING AWARENESS WITH
	REGARD TO HUMAN TRAFFICKI	NG.
41	206.7	31. including grants of \$ 8,710.
4b	(Code: ) (Expenses \$ 200, 7.	31. including grants of \$ (Revenue \$ 8,710.) (Revenue \$ 8,710.)
	OF HUMAN TRAFFICKING.	FILMS AIMED AT KAISING AWARENESS TO THE ISSUE
	OF HOMAN TRAFFICKING:	
	-	
	-	
4c	(Code: \(\( \) \(	including grants of \$) (Revenue \$
70	(Code:) (Expenses o	) (nevertible \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including gra	nts of \$ ) (Revenue \$ )
4e	Total program service expenses	740,987.
		Form <b>990</b> (2019

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	441.		X
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		122
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	<b> </b>		x
	Schedule L, Part I	25b		Δ.
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
۔ د	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 32			
D C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	Х	
	(gambling) winnings to prize winners?	_ 10	000	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	· ·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b>C</b> -		X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
D			6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		<u> </u>
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b		10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
		13b			
	Enter the amount of reserves on hand	13c	4.4		v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the expension subject to the section 4000 toy on payment(s) of more than \$1,000,000 in remune		14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		X
	excess parachute payment(s) during the year?  If "Yos " soo instructions and file Form 4720, Schodule N.		15		$\vdash$
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincome?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	income?	10		
	ii ree, complete i dini 4720, concedie C.		Гани	000	(0040

Form **990** (2019

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)		_	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (816)398-7490			
	714 MAIN ST., GRANDVIEW, MO 64030			

Form **990** (2019)

Form 990 (2019) EXODUS CRY, INC. 26-2317116 Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more box, unless person i officer and a directo				than is bot	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT BEER DIRECTOR	2.00	x						0.	0.	0
(2) REBECCA BENDER	2.00									
DIRECTOR		x						0.	0.	0
(3) TODD BURNS	2.00									
DIRECTOR		x						0.	0.	0
(4) LANCE JACOBS	2.00									
DIRECTOR		Х						0.	0.	0
(5) BENJAMIN NOLOT	40.00									_
PRESIDENT AND DIRECTOR		Х		Х				111,469.	0.	0
		1								
		1	1	l		l	l			

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	<b>(A)</b> Name and title	(B) Average	(C) Position						<b>(D)</b> Reportable	(E) Reportable		E~	(F) timate	nd.
	Name and title	hours per week	box offi	not c , unle	heck r ss per d a di	more rson i	than is bot	h an	compensation from	compensation from related		an	nount o	of
		(list any hours for related	Individual trustee or director	tee			sated		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr	pensa om the anizati	Э
		organizations below	dual truste	Institutional trustee		Key employee	Highest compensated employee	JE.	(** 2/ 1000 Wilder)			and	d relati anizatio	ed
		line)	Individ	Institu	Officer	Keyen	Highe emplo	Forme						
	Cubtatal								111,469.		0.			0.
С	Subtotal Total from continuation sheets to Part V	II, Section A						<b>•</b>	0.		0.			0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but r								111,469. eceived more than \$100	,000 of reportab	<b>0.</b> le			0.
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			•		•		_		•		3		Х
4	For any individual listed on line 1a, is the se	um of reportab	le co	omp	ensa	ation	and	d ot	her compensation from					
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services		4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or st	ıch p	pers	son .					5		X
1	Complete this table for your five highest co the organization. Report compensation for	= -	-								npens	ation f	rom	
	(A)  Name and business			ONE		VICIT	OI W		(B)  Description of s			(C	) nsatio	
	- Name and business	addiess	14(	JINI					Description of s	ici vices		отпро	- ISatioi	
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot li	mite	d to		se lis	stec	d above) who received m	nore than				

Ра	rt \	<b>/</b>	Statement of Rev	/enue					
			Check if Schedule O co	ontains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
aran oun			Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events						
Sift lar,			Related organizations						
ini)			Government grants (contril	<del></del>					
rior S			All other contributions, gifts, g						
ğğ.			similar amounts not included a	above 1f	768,928.				
d d		g	Noncash contributions included in I	lines 1a-1f <b>1g</b> \$					
<u>8 0</u>		h	Total. Add lines 1a-1f		<b></b>	768,928.			
					Business Code	0 510	0.710		
<u>ic</u>	2	а		3 m T 0310	512000	8,710.	8,710.		
er ne		b	EVENT REGISTRA		900099	1,755.	1,755.		
m S		C							
gra Re		d							
Program Service Revenue		e	All other program service re	01/00110					
		f	Total. Add lines 2a-2f			10,465.			
	3		Investment income (includi			20,1001			
			other similar amounts)	-		1,309.			1,309.
	4		Income from investment of		ī	·			,
	5		Royalties		· •	1,366.			1,366.
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
			T T	6b					
		С	Rental income or (loss)	6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			· +	7a	503,500.				
Φ		b	Less: cost or other basis		105 271				
ž			and sales expenses		485,271.				
Revenue			Gain or (loss)		· ' '	18,229.			18,229.
er F	۰		Net gain or (loss)		<b>P</b>	10,227.			10,227.
ğ	0	а	including \$	of					
•			contributions reported on I						
			Part IV, line 18						
		b	Less: direct expenses		+				
			Net income or (loss) from for	<del></del>					
	9	а	Gross income from gaming						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from g	_	<b></b>				
	10	а	Gross sales of inventory, le						
			and allowances		8,756.				
			Less: cost of goods sold			775	775		
		С	Net income or (loss) from s	sales of inventory		775.	775.		
Sn		_	OTHER		Business Code 90009	4,689.	4,689.		
neo	17		<u></u>		700033	4,009.	±,009.		
ella iven		b							
Miscellaneous Revenue		q	All other revenue						
Σ			Total. Add lines 11a-11d			4,689.			
	12		Total revenue. See instruction		<b>&gt;</b>	805,761.	15,929.	0.	20,904.
	_				-				

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in			X
	not 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,372.	10,372.		
2	Grants and other assistance to domestic	2 625	2 525		
	individuals. See Part IV, line 22	2,685.	2,685.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	111 160	100 650	10 010	
	trustees, and key employees	111,469.	100,659.	10,810.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 002	055 000	00.055	01 015
7	Other salaries and wages	308,883.	257,883.	29,955.	21,045
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 500	4 4 4 5 5		2.65
9	Other employee benefits	19,589.	14,476.	4,145.	968
10	Payroll taxes	31,191.	27,130.	2,455.	1,606
11	Fees for services (nonemployees):				
а	Management		11.00		
b	Legal	20,048.	14,626.	4,324.	1,098 324
С	Accounting	10,205.	8,259.	1,622.	324
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	93,449.	82,604.	7,332.	3,513
12	Advertising and promotion	9,232.	9,199.		33
13	Office expenses	42,530.	36,938.	3,945.	1,647 3,140
14	Information technology	30,225.	23,953.	3,132.	3,140
15	Royalties				
16	Occupancy	28,671.	25,122.	2,228.	1,321
17	Travel	86,828.	81,594.	3,365.	1,869
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,120.	1,120.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,023.	10,516.	3,756.	751
23	Insurance	25,698.	22,774.	1,873.	1,051
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRANSACTION FEES	13,490.	9,548.	735.	3,207
b	EQUIPMENT RENTAL AND MA	1,633.	1,529.	53.	51
С	MISCELLANEOUS	34.		34.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	862,375.	740,987.	79,764.	41,624
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			102,407.	1	137,938.
	2	Savings and temporary cash investments			512,762.	2	854,366.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4	31,376.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	contributor, or 35%				
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			15,006.	8	8,613.
⋖	9	Prepaid expenses and deferred charges			2,658.	9	5,674.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	167,020.			
	b	Less: accumulated depreciation			506,303.	10c	25,836.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		431,982.	14		
	15	Other assets. See Part IV, line 11		759,536.	15	1,062,620	
	16	Total assets. Add lines 1 through 15 (must e	2,330,654.	16	2,126,423		
	17	Accounts payable and accrued expenses			28,687.	17	33,052.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	ormer off	cer, director,			
≝		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese per	sons		22	
_	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D			00.60	25	
	26	Total liabilities. Add lines 17 through 25			28,687.	26	33,052.
ý		Organizations that follow FASB ASC 958, c	heck he	re ▶ X			
ည		and complete lines 27, 28, 32, and 33.			0 201 068		0 000 001
alai	27	Net assets without donor restrictions			2,301,967.	27	2,093,371.
Ö	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
Ä		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
ξ¥	31	Retained earnings, endowment, accumulated			0 201 25=	31	0.000.051
Se	32	Total net assets or fund balances		L	2,301,967.	32	2,093,371.
	33	Total liabilities and net assets/fund balances			2,330,654.	33	2,126,423.

Pa	rt XI Reconciliation of Net Assets				<del>,</del>
	Check if Schedule O contains a response or note to any line in this Part XI				
	· · · · · · · · · · · · · · · · · · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86	2,3	75.
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,30	1,9	67.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-15	1,9	82.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,09	3,3	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization EXODUS CRY, INC. 26-2317116 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

2019.04030 EXODUS CRY, INC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,052,447.	1,162,405.	1,034,638.	925,795.	768,928.	4,944,213.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,052,447.	1,162,405.	1,034,638.	925,795.	768,928.	4,944,213.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4,944,213.
Sec	tion B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,052,447.	1,162,405.	1,034,638.	925,795.	768,928.	4,944,213.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,178.	2,693.	2,963.	2,281.	2,675.	16,790.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	6,290.					6,290.
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						4,967,293.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<u></u> ▶□
	ction C. Computation of Publ						
14	Public support percentage for 2019 (					14	99.54 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.39 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	<b>stop here.</b> The organization qualifies						►X
b	33 1/3% support test - 2018. If the o						is box
	and <b>stop here.</b> The organization qual						▶□
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - <b>2018.</b> If the orga	anization did not ch	neck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	o, check this box a	and see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4							
7	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			-			
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					T 42 T	
17							%
18	1 3					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶ □ □ and □
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his hox and see ir	estructions	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV	Supporting Organizations (continued)			
		(Commisse)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		ŗ		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		pported organization(s).	1		
sec	tion L	D. All Type III Supporting Organizations		.,	
	D: 1 !!			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in (2), did the organization's supported organizations have a	_		
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .	•		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	Ĺ –	<u>.</u> .
2		ies Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	1 v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

David VIII	100000000000000000000000000000000000000
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EXODUS CRY

**Employer identification number** 26-2317116

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Accounts	S.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			- Complete il tric
-	organization answered Tes on Form 556, Fart IV, iii	(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at end of year		<del>  ``</del>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4				
5	Aggregate value at end of year		l vised funds	
3	-	_		Yes No
_	are the organization's property, subject to the organization's			L Tes L NO
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		-	
Pai		repiration analysis of "Vee" on Form 000		Yes No
			J, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <del>'</del>	af a latata da allo dasa	
	Preservation of land for public use (for example, recrea	· —	of a historically imp	
	Protection of natural habitat	Preservation	of a certified histori	c structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for		
	day of the tax year.			d at the End of the Tax Year
а	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired	·		
	listed in the National Register			
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by	the organization du	ring the tax
	year ▶			
4	Number of states where property subject to conservation ear	sement is located	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	of	
	violations, and enforcement of the conservation easements is	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easeme	ents during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements of	during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expen	se statement and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ements that describ	es the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o		Other Similar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statemen	nt and balance shee	et works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of pub	olic
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these it	ems.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement an	d balance sheet wo	orks of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	ırtherance of public	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$_	
b	Assets included in Form 990, Part X			

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

Schedule D (Form 990) 2019

Par	rt III Organizations Maintaining C	ollections of A	t, Historical T	reasures, o	r Other	Similar Ass	sets(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that	t make sign	ificant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change progra	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further	the organization	on's exemp	purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No_
Par	rt IV Escrow and Custodial Arrang		ete if the organizat	ion answered "	Yes" on Fo	rm 990, Part I'	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ons or other as	sets not inc	luded	_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		1			
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo		•		•	'L	Yes	├─ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete if					<del>-</del>		<del></del>
	<u></u>	(a) Current year	(b) Prior year	(c) Two years	s dack (d)	Three years bac	CK   <b>(e)</b> Four ye	ears back
	Contributions							
С.	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
	Administrative expenses							
g	End of year balance		- /line 1 lines	(a)\ b a l d a a a				
2	Provide the estimated percentage of the curr	•	, ,,	(a)) neid as:				
a	Board designated or quasi-endowment ► _ Permanent endowment ►	%	_%					
		% 6						
С	Term endowment ▶9  The percentages on lines 2a, 2b, and 2c should be a	•						
20	Are there endowment funds not in the posses	•	ation that are hold	and administa	rad for tha	racnization		
Sa	by:	ssion of the organiza	ation that are neid	and administer	red for the t	organization	V	es No
	(i) Unrelated organizations						3a(i)	65 140
	(ii) Related organizations						····   ···	
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the			'*			00	
	rt VI Land, Buildings, and Equipm		William Tarida.					
	Complete if the organization answered		). Part IV. line 11a.	See Form 990	. Part X. line	e 10.		
	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	st or other	(c) Accu		(d) Book v	/alue
		basis (investn	', '	s (other)	depred		(-,	
	Land	<del></del>						
	Buildings							
	Equipment		1	67,020.	14	1,184.	25	,836.
	Other							
	I. Add lines 1a through 1e. (Column (d) must ed		X, column (B). line	10c.)		<b>b</b>	25	,836.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 EXODUS CRY,	INC.	26-	-2317116 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) WORK IN PROGRESS - DOCUME	ENTARY FILM		1,060,768.
(2) DESPOSITS			1,852.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	1,062,620.
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)	<b>\</b>	
2. Liability for uncertain tax positions. In Part XIII, provid	e the text of the footnote t	o the organization's financial statements t	hat reports the

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2019
Open to Public

Open to Public Inspection

Name of the organization

EXODUS CRY, INC.

Employer identification number 26-2317116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMERCIAL SEX INDUSTRY WHILE ASSISTING AND EMPOWERING ITS VICTIMS.

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

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER

ELECTRONICALLY. THE BOARD IS GIVEN TIME TO REVIEW THE DOCUMENT AND PROVIDE

COMMENTS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ANNUAL CONFLICT OF INTEREST DISCLOSURES BY ALL EMPLOYEES AND DIRECTORS. ANY CONFLICTS ARE HANDLED ON AN AS NEEDED BASIS BY INDEPENDENT DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS BASED ON SIMILAR ORGANIZATIONS INCLUDING

REVIEW OF THE KC METRO NON-PROFIT EMPLOYMENT COMPENSATION SURVEY. THE

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS BASED ON SIMILAR

ORGANIZATIONS INCLUDING REVIEW OF THE KC METRO NON-PROFIT EMPLOYMENT

COMPENSATION SURVEY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES A FULL COPY OF ANY AVAILABLE DOCUMENT TO ANY
PERSON REQUESTING THE DOCUMENTS AND ALSO PROVIDES A COPY ON ITS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  EXODUS CRY, INC.	Employer identification number 26-2317116
PROGRAM SERVICE EXPENSES	82,604.
MANAGEMENT AND GENERAL EXPENSES	7,332.
FUNDRAISING EXPENSES	3,513.
TOTAL EXPENSES	93,449.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	93,449.

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization EXODUS CRY, INC.

Employer identification number 26-2317116

Part I Identification of Disregarded Entitles. Complete	e ii the organization answered Tes	on Form 990, Part IV, line 33	) <b>.</b>						
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		d) (e) ncome End-of-year asset				ontrolling	
MAGIC LANTERN PICTURES, LLC									
1017 L STREET 2223									
SACRAMENTO, CA 95814		MISSOURI				EXODUS CRY			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, l	because it had one	e or more	e related tax-exe	empt		
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling entity		(g) Section 512(b)(13) controlled entity?	
or related organization		foreign country)	Section	501(c)(3))		entity			
							Yes	No	

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

Schedule R (Form 990) 2019

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Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
rai i III	organizations treated as a partnership during the tax year.

(a)	(b)				(g)	(h)		(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box		or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion b)(13) rolled :ity?
		country)		0. 1.254				Yes	No
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Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one	or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a				
b	Gift, grant, or capital contribution to related organization(s)				1b				
	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
	Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
	Lease of facilities, equipment, or other assets from related organization(s)				1k				
	Performance of services or membership or fundraising solicitations for related organization(s)				11				
	<b>n</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n				
0	Sharing of paid employees with related organization(s)				10				
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
	Other transfer of cash or property to related organization(s)				1r				
S	Other transfer of cash or property from related organization(s)				1s				
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	complete t	his line, including covered	relationships and transaction thresholds.					
	(a) (b Name of related organization Transa type	action	<b>(c)</b> Amount involved	(d) Method of determining amount invo	olved				
1)									
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2)									
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4)	<del></del>								
5)									
<u>~,</u>									
6)									
	63 09-10-19	33		Schedule R	(Form 9	90) 2019			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)( orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	liliconie	assets	Yes	No	(FOIII 1065)	Yes N	0	
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