#### EXTENDED TO NOVEMBER 15, 2022

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## **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

Inspection

Department of the Treasury

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

and ending

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

Open to Public

A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change EXODUS CRY, INC. Name change 26-2317116 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ H130-6 (816)398-7490638 CAMINO DE LOS MARES termin-ated 2,602,979. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN CLEMENTE, CA 95814 H(a) Is this a group return Applica-F Name and address of principal officer: BENJAMMIN NOLOT Yes X No for subordinates? pending 1017 L STREET, SACRAMENTO, CA 95814 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► EXODUSCRY.COM **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2008 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: EXODUS CRY IS AN INTERNATIONAL Activities & Governance NON-PROFIT ORGANIZATION COMMITTED TO ABOLISHING SEX TRAFFICKING AND Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6,801. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,801. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year** Current Year 1,553,200. 2,578,650. Contributions and grants (Part VIII, line 1h) Revenue 6,107. 3,557. Program service revenue (Part VIII, line 2g) 1,580. 575. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,886. 31,854.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,591,736. 2,592,673. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 19,758. 18,926. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 622,477.  $66\overline{5,769}$ Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 648,048. 1,320,912. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,290,283. 2,005,607. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 301,453. 587,066. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,742,457. 3,173,899. 20 Total assets (Part X, line 16) 192,009. 347,633. 21 Total liabilities (Part X, line 26) 394,824. 2,981,890. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BENJAMIN NOLOT, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed JONATHAN MCKINZIE JONATHAN MCKINZIE 10/12/22 P01326474 Paid Firm's name EMERICK & COMPANY, PC Firm's EIN ▶ 43-1855764 Preparer Firm's address 4520 MADISON AVE, STE G Use Only KANSAS CITY, MO 64111 Phone no. 816 - 531 - 2822 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	ID
	EXODUS CRY IS AN INTERNATIONAL NON-PROFIT ORGANIZATION COMMITTE	
	ABOLISHING SEX TRAFFICKING AND THE COMMERCIAL SEX INDUSTRY WHII	<u> </u>
	ASSISTING AND EMPOWERING ITS VICTIMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.	Tes L21 NO
3	'	Yes X No
3	If "Yes," describe these changes on Schedule O.	165 [22]110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	exnenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	<b>,</b>
4a	(Code: ) (Expenses \$ 820,979 • including grants of \$ 18,866 • ) (Revenue \$	1,732.)
	RAISING AWARENESS REGARDING THE ISSUE OF HUMAN TRAFFICKING AND	
	COMMERCIAL SEXUAL EXPLOITATION IN THE UNITED STATES AND OVERSEA	
	OF VICTIMS OF HUMAN TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITAT	
	INLCUDING SUPPORT FOR PHYSICAL AND BASIC NEEDS, AND SUPPORT OF	
	NON-PROFIT ORGANIZATIONS FOR THE PURPOSE OF RAISING AWARENESS V	
	REGARD TO HUMAN TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION.	·
4b	(Code: ) (Expenses \$ 729,111 • including grants of \$ 60 • ) (Revenue \$	9,593.)
40	(Code: ) (Expenses \$ /29,111 • including grants of \$ 00 • ) (Revenue \$ PRODUCTION OF FILMS AIMED AT RAISING AWARENESS TO THE ISSUE OF	
	TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION.	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$}	)
<u>4e</u>	Total program service expenses ► 1,550,090.	- 000
		Form <b>990</b> (2021)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	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	446		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		21
13	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			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	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,"			<del></del> -
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	

# Form 990 (2021) EXODUS CRY, INC. 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		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		Х			
b	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					
d	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		Х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//						
	"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		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١			
	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			١			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Pai							
	Check if Schedule O contains a response or note to any line in this Part V						
_	E		Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 25  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable  1b 0						
	Enter the number of Forms w 2d included of line 1a. Enter of infort applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v				
	(gambling) winnings to prize winners?	1c	X				

# EXODUS CRY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.1								
	filed for the calendar year ending with or within the year covered by this return	2a 11	1	77						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х						
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			Х						
			3a	X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Λ						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4a		x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	iccount)?	44		1					
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х					
	c 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 th		5c							
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi									
	were not tax deductible?		6b							
7										
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ served $	vices provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · · · · · · · · · · · · · · · · · ·								
	to file Form 8282?		7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е										
f	3 , 3 , 11 , 1									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h							
_										
8	,									
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		8							
	Did the agree when a varieties and a great such a distribution and a varieties 40000									
b										
10	Section 501(c)(7) organizations. Enter:		9b							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a							
	,	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
b		13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
If "Yes," complete Form 4720, Schedule O.										
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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	Į.							
	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	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		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		X					
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	X						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
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	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
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	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
<u>Sec</u>	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)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, a	nd 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								
	KARA DAVIS - (816)398-7490								
	1017 L STREET, SACRAMENTO, CA 95814								

#### Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organizati (A)	(B)	(C)					Joan	(D)	(E)	(F)
Name and title	Average	l Pos		Position				Reportable	Reportable	Estimated
Traine and the	hours per	(do box	(do not check more than obox, unless person is both officer and a director/trust		eck more than one			compensation	compensation	amount of
	week	offic			tee)	from	from related	other		
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pe		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		loyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	ip ip	Inst	Officer	Key	Hig	For			
(1) BENJAMIN NOLOT	40.00							101 (10		40 560
PRESIDENT AND DIRECTOR		Х		Х				101,619.	0.	12,760.
(2) MATT BEER	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(3) LANCE JACOBS	2.00									
DIRECTOR		Х						0.	0.	0.
(4) TODD BURNS	2.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								

Form 990 (2021)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	t Compensated Employees (continued)					
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensatio from related			nount other	ot
	(list any	tor						the	organizations			pensa	tion
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS			om th	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organizati		ion
	organizations below	al trus	Institutional trustee		key employee	Highest compensated employee		1099-NEC)				d relat	
	line)	divid	stituti	Officer	yemp	ghest	Former				orga	anizati	ons
	,	드	드	6	જ	王吉	굔						
		-											
1b Subtotal							▶	101,619.		0.	1	2,7	60.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								101,619.		0.	1	2,7	60.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,		-	•		•	-	_		•				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	=		-					· · · · · · · · · · · · · · · · · · ·	the organization				v
and related organizations greater than \$15			•						dual for somiose		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			-			5		Х
Section B. Independent Contractors	piete Geriedan	<del></del>	0, 00	2011	porc								
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir I		year.		10	<b>~</b> 1	
(A) Name and business	address	N	ONE	3				( <b>B</b> ) Description of s	ervices	С	ompe	nsatio	n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi						0						000	
											Form	990 (2	2021)

Pa	r L V	Ш	_			a a la Hala Dark VIII			
			Check if Schedule O contai	ns a response	or note to any III	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributio All other contributions, gifts, grants similar amounts not included above  Noncash contributions included in lines 1a  Total. Add lines 1a-1f  LICENSE FEES  EVENT REGISTRATI	1b 1c 1d ns) 1e , and 1f 2, a-1f 1g \$	117,300. 461,350.  Business Code 512000 900099		2,792.		sections 512 - 514
P		f	All other program service reven	ue					
		g	Total. Add lines 2a-2f		<b>&gt;</b>	3,557.			
	3 4 5		Investment income (including d other similar amounts)	exempt bond p	proceeds	1,580.			1,580.
	6	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(i) Real	(ii) Personal 6,801. 0. 6,801.				
	7	d	Net rental income or (loss) Gross amount from sales of assets other than inventory 7a	(i) Securities		6,801.		6,801.	
Revenue		С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c						
Other F	8		Net gain or (loss)	nts (not of	······································				
			contributions reported on line 1 Part IV, line 18 Less: direct expenses Net income or (loss) from fundra	8a 8b					
	9	b	Gross income from gaming acti Part IV, line 19 Less: direct expenses Net income or (loss) from gamin	9a 9b					
	10	а	Gross sales of inventory, less re and allowances Less: cost of goods sold	eturns 10a	4 4 4 4 4				
		С	Net income or (loss) from sales	of inventory		967.	967.		
sn					Business Code				
Miscellaneous Revenue	11								
ellar		b							
isce Re		q	All other revenue			1			
Σ			All other revenue  Total. Add lines 11a-11d		<b>&gt;</b>				
	12	-	Total revenue. See instructions			2,592,673.	4,524.	6,801.	2,698.
						, , ,	,	,	_ ,

#### 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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) ,	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,383.	8,383.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	10,543.	10,543.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114,379.	102,941.	11,438.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	468,806.	386,609.	15,782.	66,415
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,399.	30,449.	2,359.	4,591
10	Payroll taxes	45,185.	37,753.	2,422.	5,010
1	Fees for services (nonemployees):				
а	Management				
b	Legal	30,275.	14,699.	13,084.	2,492
С	Accounting	14,848.	5,973.	8,875.	
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 O.)	244,127.	192,588.	16,880.	34,659
12	Advertising and promotion	29,561.	28,523.		1,038
13	Office expenses	31,252.	13,229.	4,460.	13,563
14	Information technology	87,081.	56,072.	17,650.	13,359
15	Royalties				
16	Occupancy	40,911.	27,178.	5,849.	7,884
17	Travel	30,119.	19,199.	2,751.	8,169
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	645,271.	557,837.	87,434.	
23	Insurance	51,439.	27,109.	18,398.	5,932
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 O.)				
а	TRANSACTION FEES	79,909.	3,899.	1,817.	74,193
b	NON-CAPITALIZED EQUIPME	22,817.	20,415.	0.	2,402
С	EQUIPMENT RENTAL AND MA	8,070.	6,691.	591.	788
d	MISCELLANEOUS	5,232.	-	5,232.	
e	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24e	2,005,607.	1,550,090.	215,022.	240,495
26	<b>Joint costs.</b> 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)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			180,651.	1	179,688
	2	Savings and temporary cash investments			535,890.	2	578,574
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	25,334
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			16,109.	8	13,025
⋖	9	Prepaid expenses and deferred charges			11,650.	9	14,339
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	$\overline{}$	636,530.			
	b	Less: accumulated depreciation		251,266.	294,540.	10c	385,264
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		1 502 615	14	1 000 000	
	15	Other assets. See Part IV, line 11		1,703,617.	15	1,977,675	
	16	Total assets. Add lines 1 through 15 (must eq			2,742,457.	16	3,173,899
	17	Accounts payable and accrued expenses			89,546.	17	88,073
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
les	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
La		controlled entity or family member of any of the	•			22	103,936
	23	Secured mortgages and notes payable to unre			258,087.	23	103,930
	24	Unsecured notes and loans payable to unrelate			230,007.	24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	•			25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25		<b>—</b>	347,633.	26	192,009
	20	Organizations that follow FASB ASC 958, ch			347,033.	20	132,003
es es		and complete lines 27, 28, 32, and 33.	eck nei				
and	27	Net assets without donor restrictions			2,394,824.	27	2,981,890
Rai	28	Net assets with donor restrictions				28	
D D		Organizations that do not follow FASB ASC					
Net Assets or Fund Balances		and complete lines 29 through 33.	,				
ğ	29	Capital stock or trust principal, or current funds	3			29	
Sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Ĕ	32	Total net assets or fund balances			2,394,824.	32	2,981,890
_	33	Total liabilities and net assets/fund balances			2,742,457.	33	3,173,899
					, ,		Form <b>990</b> (2021

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,59	2,6	73.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,00	<u>5,6</u>	<u>07.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	58 2,39	7,0	66.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,98	1,8	90.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis 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 th	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 Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

## **SCHEDULE A**

(Form 990)

Total

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).) 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` '	` ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,034,638.	925,795.	768,928.	1,553,200.	2,578,650.	6,861,211.
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	1,034,638.	925,795.	768,928.	1,553,200.	2,578,650.	6,861,211.
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)						
	Public support. Subtract line 5 from line 4.						6,861,211.
	ction B. Total Support		1			-	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018 925, 795.	(c) 2019 768, 928.	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,034,638.	945,795.	700,940.	1,553,200.	2,578,650.	6,861,211.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,963.	2,281.	2,675.	2,794.	9,499.	20,212.
_	and income from similar sources	2,903.	4,201.	2,075.	4,134.	9,433.	20,212.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						6,881,423.
12	Gross receipts from related activities,	eta (eca inetrueti	one)			12	0,001,423.
	First 5 years. If the Form 990 is for the			fourth or fifth tax v			
	organization, check this box and stor			•			
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (			column (f))		14	99.71 %
	Public support percentage from 2020					15	99.75 %
	33 1/3% support test - 2021. If the					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	ces test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b> o	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	he organization qu	alifies as a publicly	supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

Schedule A (Form 990) 2021

#### 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.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	<b>,</b> ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504( )(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
<b>15</b> Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and <b>s</b>	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

# 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	OI-		
	9b		
	9c		
	10a		
	10b		
ulo		~ 000	

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i</u> _	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 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 3j			
	and 4c.			
_8_	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

Inspection

Name of the organization

EXODUS CRY, INC.

**Employer identification number** 26-2317116

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(a) i and and only accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public 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	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

	t III   Organizations Maintaining C		rt, His	torical Tr	easures, c	or Other	Simila	r Asse	<b>ts</b> (continu	ued)	<u>-</u>		
3	Using the organization's acquisition, accessi		-		-						_		
_	collection items (check all that apply):	<b>,</b>	,	,									
а	Public exhibition	c		Loan or exc	hange progra	am							
b	Scholarly research	e		Other									
c													
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exemr	ot purpos	se in Par	t XIII.				
5	During the year, did the organization solicit of												
•	to be sold to raise funds rather than to be many								Yes	$\square_{N}$	lo		
Par	t IV   Escrow and Custodial Arran										_		
	reported an amount on Form 990, Pa			J			,	,	,				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded				_		
	on Form 990, Part X?								Yes	$\square$ N	lo		
b	If "Yes," explain the arrangement in Part XIII												
									Amount				
С	Beginning balance						1c				_		
	Additions during the year						1d						
	Distributions during the year						1e				_		
	Ending balance						1f				_		
	Did the organization include an amount on F						$\overline{}$		Yes		10		
	If "Yes," explain the arrangement in Part XIII.					-				<b>—</b>			
	t V Endowment Funds. Complete i										_		
	·	(a) Current year		rior year	(c) Two year			ars back	(e) Four	years bac	ck		
1a	Beginning of year balance												
	Contributions										_		
	Net investment earnings, gains, and losses										—		
	Grants or scholarships										—		
	Other expenditures for facilities										—		
·	and programs												
f	Administrative expenses												
	End of year balance												
2	Provide the estimated percentage of the cur	rent vear end haland	re (line 1	a column (	a)) held as:	I					—		
	Board designated or quasi-endowment	rent year end balanc	%	9, 001411111 (	a)) Hold do.								
	Permanent endowment	%											
·	The percentages on lines 2a, 2b, and 2c sho												
32	Are there endowment funds not in the posse	•	ation the	at are held s	and administe	red for the	organiza	ation					
ou	by:	obolori or the organiz	ation the	at are more		100 101 1110	organiza	2011	Г	Yes N	0		
	(i) Unrelated organizations								3a(i)		—		
	(ii) Related organizations								· <del>- · · · -</del>		—		
h	If "Yes" on line 3a(ii), are the related organization									-	—		
4	Describe in Part XIII the intended uses of the								00		—		
Par	t VI Land, Buildings, and Equipm		SWITIOTIC	idiido.							_		
	Complete if the organization answere		0. Part I\	/. line 11a. \$	See Form 990	). Part X. lir	ne 10.						
	Description of property	(a) Cost or o			t or other		umulated	1 T	(d) Book	value	—		
	Besonption of property	basis (investr			(other)		eciation	·	(u) Book	value			
	Land	,	,		, ,						_		
	Buildings										_		
	Leasehold improvements							+			_		
	Equipment			63	6,530.	25	51,26	6.	385	,264	Ι.		
	Other				,		, = 0				_		
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line	10c.)			ightharpoonup	385	,264	Γ.		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 EXODUS CRY,	INC.	26-	-2317116 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or 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	e 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)			<u> </u>
(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	a 11d Soc Form 990 Part V line 15	
	Description	Tru. See Form 930, Fart X, line 13.	(b) Book value
TIODII THE BROCKERS BOSTON	NTARY FILM		1,974,262.
	MIAKI LIDH		3,413.
(-)			3,413.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 077 675
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	1,977,675.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	to the organization's financial statements t	hat reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	nere if the text of the footnote has been pro	ovided in Part XIII

Schedule D (Form 990) 2021

INC.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization							Employer identification number
	EXODUS CR	Y, INC.						26-2317116
Part I	General Information on Grants a	ınd Assistance						
	oes the organization maintain records							
cr	iteria used to award the grants or assi	stance?						X Yes  No
2 D	escribe in Part IV the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II	Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a	n) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			ne line 1 table				<u></u>

Schedule I (Form 990) 2021 EXODUS CRY, INC. 26-2317116

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
H FOR HOUSEHOLD GOODS AND OTHER ASSISTANCE	7	10,543.	0.		
rt IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

Page 2

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
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:

COMMERCIAL SEXUAL EXPLOITATION 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 ORANGE COUNTY NON-PROFIT EMPLOYMENT COMPENSATION SURVEY. THE

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS BASED ON SIMILAR

ORGANIZATIONS INCLUDING REVIEW OF THE ORANGE COUNTY CALIFORNIA 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:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Employer identification number Name of the organization EXODUS CRY, INC. 26-2317116 PROFESSIONAL FEES & CONTRACT LABOR: 192,588. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 16,880. FUNDRAISING EXPENSES 34,659. TOTAL EXPENSES 244,127. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 244,127.

#### SCHEDULE R (Form 990)

**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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EXODUS CRY, INC.								umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year a	assets	Direct c	(f) controlling ntity	9
MAGIC LANTERN PICTURES, LLC - 45-1655899 638 CAMINO DE LOS MARES SAN CLEMENTE, CA 95814	PRODUCTION OF FILMS AIMED AT RAISING AWARENESS TO THE ISSUE OF HUMAN TRAFFIC	CALIFORNIA	7	,292. 1,994	,210.E	XODUS CRY		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization ar	nswered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one o	or more	related tax-exe	empt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		Section 512(b)(13 controlled entity?	
				501(c)(3))			Yes	No

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Made on Fours 000, Doubly line 04, because it had one or means related
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
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	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	managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										

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)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		country)		or trust)		assets			No
								$\vdash$	<b>├</b> ─

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

Yes No

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 related organizations listed in Parts II-IV?

	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a				
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)				1c				
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
h	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				
_									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11				
	Performance of services or membership or fundraising solicitations by related organ								
<ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>									
р	Reimbursement paid to related organization(s) for expenses				1p				
	Reimbursement paid by related organization(s) for expenses				1q				
·	, , , , , , , , , , , , , , , , , , , ,								
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				-				
2	If the answer to any of the above is "Yes," see the instructions for information on wh								
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved				
		type (a-s)							
1)									
2)									
3)									
4)									
5)									
6)									
3216	3 11-17-21	36		Schedule	R (Form 9	990) 2021			

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or Peging ov	(k) ercentage wnership
	_	,	3334313 612 611)	Yes	No			Yes	No	(( 6)111 1000)	Yes	NO	
	-												
	-												
	- - -												
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	]									Cabadula			