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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service				_	Go to ww	w.irs.
Α	For the 20	022 calend	ar ye	ar, or tax	year begi	nning
В	Check if applicable:	C Name of	orga	nization		
	Address	EVOD	TTO	ODV	TNO	

B	Check if pplicabl	C Name of organization		D Employer identific	ation number
	Addre chang				
	Name Chang	e Doing business as		26-231711	.6
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		130-6	(816)398-	7490
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,970,696.
	Amen			H(a) Is this a group ret	urn
	Applic tion	F Name and address of principal officer: DEMORPHILIN NOTOI		for subordinates?	Yes X No
	pendi	¹⁹ 638 CAMINO DE LOS MARES, SUITE H130-650,	, SAN	H(b) Are all subordinates inc	luded? Yes No
1	Fax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or	r 🚺 527	If "No," attach a l	ist. See instructions
J١	Nebsi	te: EXODUSCRY.COM		H(c) Group exemption	number
K	^c orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year of	of formation: 2008 M	State of legal domicile: MO
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: EXODU	S CRY	IS AN INTER	NATIONAL
Activities & Governance		NON-PROFIT ORGANIZATION COMMITTED TO ABOLI	SHING	SEX TRAFFIC	CKING AND
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			4
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			13
viti	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			15,100.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	14,100.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,578,650.	2,946,500.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,557.	1,322.
ěč	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,580.	1,354.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,886.	19,431.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,592,673.	2,968,607.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,926.	154,195.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		665,769.	1,035,840.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	····· —	0.	0.
ďx				1 222 242	1 2 2 2 4 4 2
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,320,912.	1,383,912.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,005,607.	2,573,947.
		Revenue less expenses. Subtract line 18 from line 12		587,066.	394,660.
S OF				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		3,173,899.	3,544,805.
at As	-	Total liabilities (Part X, line 26)		192,009.	168,255.
No.		Net assets or fund balances. Subtract line 21 from line 20		2,981,890.	3,376,550.
1 Pa	art 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.

Sign	Signature of officer			Date				
Here	BENJAMIN NOLOT, PRESIDENT	AND CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	JONATHAN MCKINZIE		10/02	/23 self-employed	P01326474			
Preparer	Firm's name EMERICK AND COMPA	NY PC		Firm's EIN 43-	1855764			
Use Only	Firm's address 4520 MADISON AVE,	STE G						
	KANSAS CITY, MO 6	4111		Phone no. (816) 531-2822			
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2022)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) EXODUS CRY, INC. 2	6-2317116	Page 2
Pa	rt III Statement of Program Service Accomplishments		U
	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:		
	EXODUS CRY IS AN INTERNATIONAL NON-PROFIT ORGANIZATION COM ABOLISHING SEX TRAFFICKING AND THE COMMERCIAL SEX INDUSTRY		
	ABOUISHING SEX INAFFICKING AND THE COMMENCIAL SEX INDUSINI ASSISTING AND EMPOWERING ITS VICTIMS.	WIITTE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others.		
	revenue, if any, for each program service reported.	le total experises, a	
4a		2,	650.)
	RAISING AWARENESS REGARDING THE ISSUE OF HUMAN TRAFFICKING	AND	·
	COMMERCIAL SEXUAL EXPLOITATION IN THE UNITED STATES AND OV		RE
	OF VICTIMS OF HUMAN TRAFFICKING AND COMMERCIAL SEXUAL EXPL		
	INLCUDING SUPPORT FOR PHYSICAL AND BASIC NEEDS, AND SUPPOR		2
	NON-PROFIT ORGANIZATIONS FOR THE PURPOSE OF RAISING AWAREN		
	REGARD TO HUMAN TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITA	LION.	
4b	(Code:) (Expenses \$944,379. including grants of \$2,250.) (Revenue \$	1,	322.)
	PRODUCTION OF FILMS AIMED AT RAISING AWARENESS TO THE ISSU	E OF HUMAN	I .
	TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses2,236,030.		000
		Form	990 (2022)
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Form 990 (2022) EXODUS CRY, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	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	_		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	L
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Form	EXODUS CRY, INC. 26-232	7116	P	age 4
	rt IV Checklist of Required Schedules (continued)			age -
			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
2 4a	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			X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. <u>24b</u>		<u> </u>
C	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		
	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			
	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		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
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 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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	23	
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	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 X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	. 38	Х	L
. u	Check if Schedule O contains a reasonance or note to any line in this Dort V			
	Check it Schedule O contains a response of note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) EXODUS CRY, INC.		26-2317	116	Р	age 5
Par						
					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	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	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 A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		0	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the pavor?	7a		X
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			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:		I			
а	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	10411) 	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				37
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		<u> </u>			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		X
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			4-		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
00000	If "Yes," complete Form 6069.			Form	900	(2022)
232005	12-13-22 F			LOUU	1000	(2022)

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Sec	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>	<u></u>		-
						Yes	Τ
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a		4		103	1
Ĩ	If there are material differences in voting rights among members of the governing body, or if the governing	14					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h	Enter the number of voting members included on line 1a, above, who are independent	16		3			
0	•	1b	l	— 귀			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				-		1
	officer, director, trustee, or key employee?			·····	2		-
3	Did the organization delegate control over management duties customarily performed by or under th		•				
	of officers, directors, trustees, or key employees to a management company or other person?				3		_
4	Did the organization make any significant changes to its governing documents since the prior Form S			···· -	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		_
6	Did the organization have members or stockholders?				6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or				
	more members of the governing body?				7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e 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 rea			····· [
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				-		
	This Section D requests information about policies not required by the internal re	venue	C00e.)			Yes	-
102	Did the organization have local chapters, branches, or affiliates?			ſ	10a	103	-
				·····	IUa		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the for	m?	11a		-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	<u>X</u>	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe				
	on Schedule O how this was done				12c	Х	_
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х]
	Other officers or key employees of the organization			Г	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						Ī
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont w	ith a				
104					16a		Î
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				10a		ľ
D		-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	lization	ſS				1
6 00	exempt status with respect to such arrangements?			<u></u>	16b		_
Sec	tion C. Disclosure						_
17	List the states with which a copy of this Form 990 is required to be filedNONE						_
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 50	1(c)(3)s	only)	availa	ı
18							
	for public inspection. Indicate how you made these available. Check all that apply.		·				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)		hedule O)				
	for public inspection. Indicate how you made these available. Check all that apply.		hedule O)	cy, and	financ	cial	
18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)		hedule O)	cy, and	finano	cial	
18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section of the	onflict c	<i>hedule O)</i> f interest poli	cy, and	financ	cial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State in the second stat	onflict c	<i>hedule O)</i> f interest poli	cy, and	finano	cial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address, and telephone number of the person who possesses the organization's book Image: State the name, address is the number of the person who possesses the organization is book Image: State the name is the number of the person who possesses the organization is book Image: State the name is the number of the person who possesses the organization is book Image: State the name is the number of the person who possesses the organization is book Image: State the name is the number of the person who possesses the organization is book Image: State the name is the number of the person who po	onflict c	<i>hedule O)</i> f interest polic d records	cy, and	finano	cial	
18 19 20	for public inspection. Indicate how you made these available. Check all that apply. Image: State the name, address, and telephone number of the person who possesses the organization's boots	onflict c	<i>hedule O)</i> f interest polic d records			5 ial	

 Form 990 (2022)
 EXODUS CRY, INC.
 ZO-ZOIIIIO
 Page

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

EXODUS CRY, INC.

Form 990 (2022)

SC1

26-2317116 Page 6

Form 990 (2022) 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 end List all of the organization's current officers, directors, trustees (whether individuals or organizations) 	č	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) BENJAMIN NOLOT	40.00										
PRESIDENT AND CEO		Х		X				131,552.	0.	13,200.	
(2) MATT BEER	2.00									<u> </u>	
BOARD MEMBER		Х						0.	0.	0.	
(3) DANIEL WALTER BOARD MEMBER	2.00	x						0.	0.	0.	
(4) CHRISTINA RANGEL	2.00	^						0.	0.	0.	
BOARD MEMBER	2.00	х						0.	0.	0.	
								-			
		-									
		-									
232007 12-13-22	1				I			1		Form 990 (2022)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation VIII Name and title Name and ti	(F) Estimated amount of other compensation from the organization and related organizations						
Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation Ist any Image:	Estimated amount of other compensation from the organization and related						
	from the organization and related						
(list any hours for related ist any organizations ist any hours for related ist any related ist any ist any related ist any ist any related ist any relat							
1b Subtotal 131,552. 0.	13,200.						
1b Subtotal 131,552. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) 131,552. 0.	. 0.						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	<u>1</u>						
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	3 X						
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	4 X						
rendered to the organization? If "Yes," complete Schedule J for such person	5 X						
 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compens the organization. Report compensation for the calendar year ending with or within the organization's tax year. 	ation from						
(A) (B) Name and business address NONE Description of services Co							
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0							

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Pa	rτv	/111	Statement of Revenue						
			Check if Schedule O contains a	a response	e or note to any lin	((0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
iran oun			Membership dues						
S, G		с	Fundraising events	1c					
Gift Jar		d	Related organizations	1d					
,sc ini			Government grants (contributions)	1e					
er S			All other contributions, gifts, grants, and		046 500				
i B B B B			similar amounts not included above		<u>,946,500.</u>				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f	1g \$		2,946,500.			
0 0		h	Total. Add lines 1a-1f	<u></u>	Business Code	2, 540, 500.			
	2	2	LICENSE FEES		512000	1,322.	1,322.		
Program Service Revenue	2	a b				1,5220	1,5221		
Ser									
		d							
Bogg		е							
Ą		f	All other program service revenue						
			Total. Add lines 2a-2f			1,322.			
	3		Investment income (including divide	ends, inter	est, and				
						1,354.			1,354.
	4		Income from investment of tax-exer		•	1 (01			1 601
	5		Royalties	(i) Real		1,681.			1,681.
	_	_		(i) Real	(ii) Personal 15,100.				
	6		Gross rents <u>6a</u> Less: rental expenses 6b		0.				
			Rental income or (loss) 6c		15,100.				
			Net rental income or (loss)		10,1000	15,100.		15,100.	
				Securities	(ii) Other				
	-		assets other than inventory 7a						
		b	Less: cost or other basis			1			
ne			and sales expenses						
Revenue		с	Gain or (loss) 7c						
Be			Net gain or (loss)						
Other	8	а	Gross income from fundraising events	(not					
δ			including \$						
			contributions reported on line 1c). S						
			Part IV, line 18 Less: direct expenses						
			Net income or (loss) from fundraisir						
			Gross income from gaming activitie	-					
	Ŭ		Part IV, line 19		a				
			Less: direct expenses						
			Net income or (loss) from gaming a						
			Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold		ь 2,089.	0.100	0.100		
$ \rightarrow $		С	Net income or (loss) from sales of in	nventory		2,102.	2,102.		
s			ОПЦЕР		Business Code	E A O	E 4 O		
leot	11		OTHER		900099	548.	548.		
scellaneo <u>Revenue</u>		b							
Miscellaneous Revenue		с С	All other revenue						
Ξ			All other revenue			548.			
	12		Total revenue. See instructions			2,968,607.	3,972.	15,100.	3,035.
-		-13-2							Form 990 (2022

13091002 152674 EXODUSCRY

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	990 (2022) EXODUS CRY , rt IX Statement of Functional Expense			26-23	17116 Page 10
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t			
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,324.	29,324.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24,553.	24,553.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	,			
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	100,318.	100,318.		
4	Compensation of current officers, directors,				
5	trustees, and key employees	144,752.	130,277.	14,475.	
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	753,765.	699,243.	27,947.	26,575.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	66,602.	59,369.	4,808.	2,425.
10	Payroll taxes	70,721.	64,663.	3,878.	<u>2,425.</u> 2,180.
11 а	Fees for services (nonemployees):				
b	Legal	21,415.	16,673.	4,415.	327.
	Accounting	23,183.	13,894.	7,121.	2,168.
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.)	212,853.	211,353.		1,500.
12	Advertising and promotion	34,575.	29,213.		5,362.
13	Office expenses	46,829.	30,108.	7,527.	9,194.
14 15	Information technology Royalties	87,721.	51,664.	23,633.	12,424.
16	Occupancy	110,424.	75,063.	9,098.	26,263.
17	Travel	74,382.	61,828.	1,290.	11,264.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates	8,201.	8,201.		
22	Depreciation, depletion, and amortization	556,404.	556,404.		
23	Insurance	83,994.	39,959.	35,819.	8,216.
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	77,541.	979.	481.	76,081.
b	NON-CAPITALIZED EQUIPME	33,244.	25,273.	2,979.	4,992.
с	EQUIPMENT RENTAL AND MA	9,307.	6,422.	90.	2,795.
d	MISCELLANEOUS	3,839.	1,249.	2,590.	
	All other expenses		2 226 220	146 151	101 766
25	Total functional expenses. Add lines 1 through 24e	2,573,947.	2,236,030.	146,151.	191,766.

25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)

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EXODUS	CRY,	INC.	
-			

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
							,
	1	Cash - non-interest-bearing	179,688.	1	301,793.		
	2	Savings and temporary cash investments	578,574.	2	670,636.		
	3	Pledges and grants receivable, net			25 224	3	
	4	Accounts receivable, net			25,334.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net			12 005	7	14.000
Assets	8	Inventories for sale or use		····· -	13,025.	8	14,826.
4	9			······	14,339.	9	7,478.
	10a	Land, buildings, and equipment: cost or other		0.05 0.02			
		basis. Complete Part VI of Schedule D	10a	805,983.			425 506
		Less: accumulated depreciation			385,264.	10c	435,586.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		······		12	
	13	Investments - program-related. See Part IV, line		·····		13	
	14	Intangible assets			1 077 675	14	2 114 496
	15	Other assets. See Part IV, line 11	<u>1,977,675.</u> 3,173,899.	15	2,114,486. 3,544,805.		
	16	Total assets. Add lines 1 through 15 (must equa	88,073.	16	85,555.		
	17	Accounts payable and accrued expenses			00,075.	17 18	05,555.
	18 19	Grants payable				19	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	21	Loans and other payables to any current or form				21	
Liabilities	~~~	trustee, key employee, creator or founder, subst					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		Γ	103,936.	23	82,700.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	20079000	24	
	25	Other liabilities (including federal income tax, pa	•			21	
		parties, and other liabilities not included on lines					
		of Schedule D	,	'		25	
	26	Total liabilities. Add lines 17 through 25			192,009.	26	168,255.
		Organizations that follow FASB ASC 958, che	ck here	X	·		
ses		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			2,981,890.	27	3,376,550.
Bal	28	Net assets with donor restrictions		28			
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
° or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			2,981,890.	32	3,376,550.
	33	Total liabilities and net assets/fund balances			3,173,899.	33	3,544,805.

Form	1990 (2022) EXODUS CRY, INC.	26-23	17116	Pa	_{ge} 12
	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	2,968	3,6	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,573	3,9	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	394	1,6	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,981	L,8	90.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,376	5,5	50.
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	0.			
2a			. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Nam	ne of t	the organizati		Ū					Employer	r identification numbe		
			EXOD	US CRY, IN	C.				2	6-2317116		
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must o	complete tl	nis part.) S	See instructior	is.			
The	organ	ization is not a	a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)					
1		A church, co	nvention of ch	urches, or associati	on of churches described	d in sectio	on 170(b)(⁻	1)(A)(i).				
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990).)						
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and stat										
5		•			ollege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in		
				Complete Part II.)								
6			· -	-	mental unit described in							
7	X	-		•	antial part of its support f	rom a gove	ernmental	unit or from t	ne general j	public described in		
_				omplete Part II.)								
8		•			(1)(A)(vi). (Complete Par							
9					l in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or		
40		university:	an that narma	Illy receives (1) more	then 22 1/20/ of its surr	out from o	ontribution	a mambarak	in face on	d areas ressints from		
10		-		• • • •	than 33 1/3% of its supp				-			
					ct to certain exceptions;							
				mplete Part III.)	e (less section 511 tax) fro	on pusities	sses acqui	red by the org	Janization a	aiter Julie 30, 1975.		
11					sively to test for public sa	foty Soo	section 5	00(2)(4)				
12	H	-	-	-	sively for the benefit of, to	•			urry out the	nurnoses of one or		
12		-	-	-	ed in section 509(a)(1)				-			
					of supporting organization							
а		-	•	• •	supervised, or controlled				-	aivina		
				-	egularly appoint or elect a	• •	-					
				complete Part IV, S								
b		-			d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	/ing		
				-	anization vested in the s			-		-		
			-		Sections A and C.	·			•			
с		Type III fui	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.				
d] Type III no	n-functionally	/ integrated. A sup	porting organization oper	rated in co	nnection v	vith its suppo	rted organiz	zation(s)		
		that is not	functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness		
		requiremer	nt (see instructi	ions). You must co	mplete Part IV, Sections	s A and D,	and Part	v .				
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	/ integrated, or	r Type III non-functio	onally integrated supporti	ng organiz	ation.					
f	Ente	er the number	of supported c	organizations								
g				n about the support		(iv) to the erg	anization listed					
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
		organizatior	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions		
Tota	l I											

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EXODUS CRY, INC.

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

(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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	925,795.	768,928.	1553200.	2578650.	2947048.	8773621.				
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	925,795.	768,928.	1553200.	2578650.	2947048.	8773621.				
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.						8773621.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	925,795.	768,928.	1553200.	2578650.	2947048.	8773621.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	2,281.	2,675.	2,794.	9,499.	3,035.	20,284.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						8793905.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12					
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)					
	organization, check this box and stop										
Sec	ction C. Computation of Publi	ic Support Per	centage								
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	<u>99.77 %</u>				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>99.71 %</u>				
16 a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly supp	orted organization				X				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation							
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or				
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the					
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation					
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions					
						Schedule A	(Form 990) 2022				

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EXODUS CRY, INC.

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

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

Sec	ction A. Public Support		-		-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
С	Add lines 7a and 7b	L					
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
_							<u></u>
Sec	tion C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>
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1

Yes No

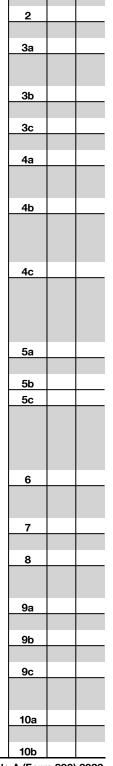
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 202	2 EXODUS	S CRY,	INC
Part IV	Supporting	Organizations (co	ntinued)	

No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section 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 1

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported 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	

Section C. Type II Supporting Organizations

			Yes	-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in</i> Part VI <i>the role the organization's</i>			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

a 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 governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

 Schedule A (Form 990) 2022

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1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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		d Type III supporting orga	nization (see

 Schedule A (Form 990) 2022
 EXODUS CRY, INC.

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

instructions).

Schedule A (Form 990) 2022

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 Schedule A (Form 990) 2022
 EXODUS CRY, INC.

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

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022

b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

	(Form 990) 2022
Dort VI	0

EXODUS CRY, INC.

line 1; Part IV, Section D, lines 2 and 3; P. Section D, lines 5, 6, and 8; and Part V, S (See instructions.)	Section E, lines 2, 5, and 6. Also complete this part for any additional information.
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~~		Supplement	al Financial Statements		OMB No. 1545-0047
			nization answered "Yes" on Form 990,		2022
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ
	ment of the Treasury Revenue Service		Attach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizati	ion			er identification number
Dec		EXODUS CRY, INC.			26-2317116
Par		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	counts.	Complete if the
	organizatio	iranswered res on ronn 350, Fartiv, in		b) Eunde a	nd other accounts
1	Total number at o	nd of year			
2		f contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value a				
5			writing that the assets held in donor advised fund	ds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
_	impermissible priv				Yes No
Par			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recrea			
	=	of natural habitat	Preservation of a certi	fied historio	c structure
•		n of open space			
2	day of the tax yea		fied conservation contribution in the form of a co		d at the End of the Tax Year
2				2a	
a b				2a 2b	
c c	-	-	ucture included in (a)	20 20	
d		vation easements included in (c) acquired a			
				2d	
3			eased, extinguished, or terminated by the organi	zation duri	ng the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
		forcement of the conservation easements it			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easemer	ts during the year
_		<u> </u>			
7	Amount of expens	ses incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation eas	sements al	Iring the year
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
Ū	and section 170(h				Yes No
9			on easements in its revenue and expense statem		
		•	note to the organization's financial statements that		s the
	organization's acc	counting for conservation easements.			
Par		•	f Art, Historical Treasures, or Other S	imilar As	ssets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	-	· · ·	8, not to report in its revenue statement and bala		
			olic exhibition, education, or research in furtherar	nce of publi	с
-			ncial statements that describes these items.	- b - 1	lin of
b	-	-	8, to report in its revenue statement and balance		
			e exhibition, education, or research in furtherance	e ot public e	service,
	-	ing amounts relating to these items:		¢	
2			asures, or other similar assets for financial gain, r		
-		unts required to be reported under FASB A			
а				\$	
b					

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
23205	1 09-01-22

Schedule D (Form 990) 2022

25 2022.04030 EXODUS CRY, INC.

		CRY, INC.						26-23	1711	5 Ра	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		•	-			se in Part	XIII.		
5	During the year, did the organization solicit o				-				-		1
De	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi								7.4	_	1
	on Form 990, Part X?							∟	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					Amoun	+	
									Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •	L			
	rt V Endowment Funds. Complete i							<u></u>			_
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance			,			.,	,	. ,	<u> </u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1c	, column (a)) held as:						
а	Board designated or quasi-endowment		%	,, ()	,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pa	t VI Land, Buildings, and Equipm		_		_	_					
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)		ccumulate preciation		(d) Boo	k value	e
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment			80	5,983.		370,3	97.	43	5,58	36.
е	Other									_	
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X. colur</u>	nn (B), line 1	0c.)				43	5,58	36.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 EXODUS CRY,	INC.	26	-2317116 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	l-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		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
<u>(8)</u>			
(9) Tatal (Col. (b) must equal Form 000 Dart V. col. (D) line 12.)			
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 - DOCUMEN			2,109,329.
(2) DEPOSITS	-		5,157.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		2,114,486.
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)			
<u>(6)</u> (7)			
(7)(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			
 Liability for uncertain tax positions. In Part XIII. provide 	,		hat reports the

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

232053 09-01-22

Sche	dule D (Form 990) 2022 EXODUS CRY, INC.		26-2	2317116 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,968,607.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,968,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,968,607.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	2,573,947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2 a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,573,947.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			2,573,947.
Pa	rt XIII Supplemental Information.			

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSE

232054 09-01-22

SC	HEDI	ULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites –	OMB No. 1545-0047
(Fo	rm 990))	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2022
	tment of the al Revenue		Go to w	ww.irs.aov/Form	Attach to Form 990. 1990 for instructions and the latest in	nformation.		Open to Public Inspection
		organization		www.io.govironi				lentification number
FY(סזזחר	CRY, IN	IC				26-231	7116
Pa		General In	formation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answe	red "Yes" on
		Form 990, Pa						
1					ds to substantiate the amount of its gra he selection criteria used to award the			Yes X No
2		antmakers. Do States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3			(The following Part	t I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a)	Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type (s) in the regio	expenditures for and investments
		tal		0				0.
α		rom continuati to Part I		0				0.
с	Totals	(add lines 3a)		0				0.

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

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Schedule F (Form 990) 2022

EXODUS CRY, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			AID WOMEN AND					
		EUROPE (INCLUDING	CHILDREN AT UKRANIAN					
		ICELAND &	BORDER TO PREVENT					
		GREENLAND)	TRAFFICKING	45,159.		٥.		
			AID WOMEN AND					
		EUROPE (INCLUDING	CHILDREN AT UKRANIAN					
		ICELAND &	BORDER TO PREVENT					
		GREENLAND)	TRAFFICKING	45,159.		٥.		
			AID WOMEN AND					
		EUROPE (INCLUDING	CHILDREN AT UKRANIAN					
		ICELAND &	BORDER TO PREVENT					
		GREENLAND)	TRAFFICKING	10,000.		٥.		
			recognized as charities by the or counsel has provided a sec			▶ _		

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 EXODUS CRY, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

26-2317116

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Part V	Supplemental	Informatio	n	
	(Form 990) 2022	EXODUS		INC.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

32075 10-17-22	Schedule F (Form 990) 2 33 2022.04030 EXODUS CRY, INC. EXO

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Uni on Form 990, Pa	ted States		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection			
Name of the organization	S CRY, INC.						Employer identification number 26-2317116			
Part I General Information on G										
 Does the organization maintain recriteria used to award the grants Describe in Part IV the organization Part II Grants and Other Assistant 	or assistance? on's procedures for monit	oring the use of grant	funds in the United	l States.		· · · · · · · · · · · · · · · · · · ·	X Yes No			
recipient that received more	•					,,,	···, ···· = ·, · = · ·, ·			
1 (a) Name and address of organization or government	ation (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			
PROSTITUTION RESEARCH AND EDUCATION, INC PO BOX 16254 SAN FRANCISCO, CA 94116	4 - 36-4558685	501(C)(3)	5,500.	0.			2022 Open to Public Inspection Employer identification number 26-2317116 and the selection Image: Ima			
UNITED JUSTICE (JUSTICIA UNIDA 865 KINKHEAD WAY APT 103 ALBANY , CA 94706	83-3301602	501(C)(3)	7,500.	0.						
2 Enter total number of section 501	(c)(3) and government org	ganizations listed in the	e line 1 table				2.			

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

EXODUS CRY, INC.

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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
CASH FOR HOUSEHOLD GOODS AND OTHER ASSISTANCE	35	14,253.	0.		
ANTI TRAFFICKING WORK	2	10,300.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Deen to Public Inspection Employer identification number

26-2317116

OMB No. 1545-0047

EXODUS CRY, INC.

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.

36

SCH	IEDULE 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 26 - 2317116

Department of the Treasury Internal Revenue Service

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

Name of the organization

EXODUS CRY, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MAGIC LANTERN PICTURES, LLC - 45-1655899	PRODUCTION OF FILMS AIMED				
638 CAMINO DE LOS MARES	AT RAISING AWARENESS TO THE				
SAN CLEMENTE, CA 95814	ISSUE OF HUMAN TRAFFIC	CALIFORNIA	14,904.	3,836,264.	EXODUS CRY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

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 organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	((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		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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) 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	512(b contr	i) b)(13) rolled iity?
		country)		01 11 03 0		233013		Yes	No

Schedule R (Form 990) 2022 EXODUS CRY, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	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		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	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 complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(</u> 2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2022 EXODUS CRY, INC.

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)	(b)	(c)	(d)	6	~)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-LIBI	Genera	l or Percentag
of entity	T Timary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				res	NO			res	INO	(1011111000)	res	10
											$ \square$	
											$\left \right $	
				1								

Schedule R (Form 990) 2022

EXODUS CRY, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22

Schedule R (Form 990) 2022