

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization** **EXODUS INTERNATIONAL NORTH AMERICA INC.**

Doing Business As \_\_\_\_\_

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P.O. BOX 540119**

City or town, state or country, and ZIP + 4  
**ORLANDO FL 32854**

**D Employer identification number**  
**52-1413470**

**E Telephone number**  
**407-599-6872**

**F Name and address of principal officer**  
**ALAN CHAMBERS**  
**PO BOX 540119**  
**ORLANDO FL 32854**

**G Gross receipts\$** **1,185,411**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J Website:** **WWW.EXODUSINTERNATIONAL.ORG**

**H(c) Group exemption number** ◆ \_\_\_\_\_

**K Form of organization**  Corporation  Trust  Association  Other ◆

**L Year of formation** **1985** **M State of legal domicile** **MD**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <b>MOBILIZING THE BODY OF CHRIST TO MINISTER GRACE AND TRUTH TO A WORLD AFFECTED BY HOMOSEXUALITY</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 768,860	Current Year 739,086
	9	Program service revenue (Part VIII, line 2g)	339,345	341,684
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,596	389
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,176	37,109
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,154,977	1,118,268
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	569,930	660,796
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ◆ <b>44,266</b>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	654,628	640,438	
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,224,558	1,301,234	
19	Revenue less expenses Subtract line 18 from line 12	-69,581	-182,966	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 569,995	End of Year 339,796
	21	Total liabilities (Part X, line 26)	136,934	89,701
	22	Net assets or fund balances Subtract line 21 from line 20	433,061	250,095

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer: *Alan Chambers* Date: **8/8/11**

Type or print name and title: \_\_\_\_\_

**Preparer Use Only**

Print/Type preparer's name: **ALLISON WILLIAMS, CPA** Preparer's signature: *Allison Williams* Date: **07/08/11** Check  if self-employed PTIN: **P00065218**

Firm's name: **BORCHECK & GASE, LLC** Firm's EIN: **59-3687181**

Firm's address: **280 WEST CANTON AVE., SUITE 110 WINTER PARK, FL 32789** Phone no: **407-622-6600**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

12617

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission.

**MOBILIZING THE BODY OF CHRIST TO MINISTER GRACE AND TRUTH TO A WORLD  
AFFECTED BY HOMOSEXUALITY**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  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  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ **207,662** including grants of \$ ) (Revenue \$ )  
**CHRISTIAN REFERRAL AND RESOURCE NETWORK CONSISTING OF AN  
 EXODUS MEMBER MINISTRY NETWORK, AN EXODUS PROFESSIONAL  
 COUNSELOR'S NETWORK, AND AN EXODUS CHURCH ASSOCIATION  
 NETWORK.**

4b (Code ) (Expenses \$ **592,441** including grants of \$ ) (Revenue \$ )  
**EXODUS FREEDOM CONFERENCE IN WHICH OVER 800 INDIVIDUALS  
 ATTENDED TO RECEIVE INFORMATION ABOUT HOMOSEXUALITY AND  
 MINISTRY CARE AND SUPPORT IN THEIR STRUGGLES.**

4c (Code ) (Expenses \$ **281,940** including grants of \$ ) (Revenue \$ )  
**EXODUS YOUTH PROGRAMS REACH OUT TO YOUTH THROUGH SPEAKING  
 ENGAGEMENTS AT SCHOOLS, CONFERENCES AND SPECIAL YOUTH  
 EVENTS.**

4d Other program services. (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **◆ 1,082,043**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

 Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **JANINE HOLMES**  
**PO BOX 540119**  
**ORLANDO FL 32854**

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN CHAMBERS PRESIDENT	40.00	X		X			41,165	0	48,835	
(2) DON SCHMIERER TREASURER	1.00	X		X			0	0	0	
(3) DIANA SCHMIERER DIRECTOR	1.00	X					0	0	0	
(4) BOB STITH DIRECTOR	1.00	X					0	0	0	
(5) DENNIS JERNIGAN VICE CHAIRMAN	1.00	X		X			0	0	0	
(6) MIKE GOEKE DIRECTOR	1.00	X					0	0	0	
(7) CLARK WHITTEN CHAIRMAN	1.00	X		X			0	0	0	
(8) MARTHA WHITTEN DIRECTOR	1.00	X					0	0	0	
(9) JEFF WINTER DIRECTOR	1.00	X					0	0	0	
(10) RANDY THOMAS EXECUTIVE VP	40.00			X			59,219	0	0	
(11) SCOTT DAVIS VP OPERATION (FORMER)	40.00					X	4,767	0	2,147	
(12) BOB RAGAN CHAIRMAN (FORMER)	1.00					X	0	0	0	
(13) JAYSON GRAVES SECRETARY (FORMER)	1.00					X	0	0	0	
(14) ROY BLANKENSHIP DIRECTOR	1.00					X	0	0	0	
(15)										
(16)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>							<b>105,151</b>		<b>50,982</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>105,151</b>		<b>50,982</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4		X
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b	14,901				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	724,185				
	g Noncash contributions included in lines 1a-1f	\$					
	<b>h Total. Add lines 1a-1f</b>	◆	<b>739,086</b>				
<b>Program Service Revenue</b>	2a CONFERENCE REGISTRATION FEES	Busn. Code	321,167			321,167	
	b MISC. REVENUE		20,517			20,517	
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>	◆	<b>341,684</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	◆	389	389			
	4 Income from investment of tax-exempt bond proceeds	◆					
	5 Royalties	◆					
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)	◆					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis & sales exps					
		c Gain or (loss)					
		d Net gain or (loss)	◆				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	◆				
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities		◆					
10a Gross sales of inventory, less returns and allowances	a	104,252					
	b Less cost of goods sold	b	67,143				
	c Net income or (loss) from sales of inventory	◆	37,109	37,109			
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	◆					
<b>12 Total revenue. See instructions</b>	◆	<b>1,118,268</b>	<b>37,498</b>	<b>0</b>	<b>341,684</b>		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,219	119,375	29,844	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,914	5,531	1,383	
7 Other salaries and wages	412,348	329,878	82,470	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	59,263	47,410	11,853	
10 Payroll taxes	33,052	26,442	6,610	
11 Fees for services (non-employees)				
a Management				
b Legal	7,569	6,055	1,514	
c Accounting	17,097	13,678	3,419	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	71,974	57,611	14,363	
14 Information technology	13,859	11,087	2,772	
15 Royalties				
16 Occupancy	71,858	57,486	14,372	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	264,601	264,601		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,795	4,634	1,161	
23 Insurance	12,503	10,002	2,501	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>MISSIONS AND MINISTRIES</b>	117,750	117,750		
b <b>FUNDRAISING</b>	44,266			44,266
c <b>MISC REIMBURSED EXPENSES</b>	6,060	4,848	1,212	
d <b>EDUCATION</b>	2,029	1,623	406	
e <b>GENERAL EXPENSES</b>	1,614	1,291	323	
f All other expenses	3,463	2,741	722	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,301,234	1,082,043	174,925	44,266
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	280,237	1	79,172
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	19,594	8	9,798
	9	Prepaid expenses and deferred charges	20,000	9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 98,060		
	b	Less accumulated depreciation	10b 87,234	10c 10,164	10,826
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	240,000	15	240,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	569,995	16	339,796	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	130,510	17	82,653
	18	Grants payable		18	
	19	Deferred revenue	6,424	19	7,048
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	136,934	26	89,701
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	308,164	27	158,748
	28	Temporarily restricted net assets	124,897	28	91,347
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	433,061	33	250,095	
34	<b>Total liabilities and net assets/fund balances</b>	569,995	34	339,796	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,118,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,301,234
3	Revenue less expenses Subtract line 2 from line 1	3	-182,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	433,061
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	250,095

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ◆ See separate instructions.

Name of the organization **EXODUS INTERNATIONAL NORTH AMERICA INC.**

Employer identification number  
**52-1413470**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	754,045	994,192	712,684	752,110	739,086	3,952,117
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	754,045	994,192	712,684	752,110	739,086	3,952,117
<b>5</b> 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)						117,989
<b>6 Public support.</b> Subtract line 5 from line 4						3,834,128

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	754,045	994,192	712,684	752,110	739,086	3,952,117
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,005	15,294	7,758	1,596	389	34,042
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				339,345	341,684	681,029
<b>11 Total support.</b> Add lines 7 through 10						4,667,188
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	104,641

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	82.15%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	88.41%

- 16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

**PART II, LINE 10 - OTHER INCOME DETAIL**

CONFERENCE REGISTRATION AND MISC INC \$ 681,029

**SUPPLEMENTAL INFORMATION**

\$341,684 IS CONFERENCE REGISTRATION INCOME AND MISC. INCOME FROM 2010 AND \$339,345 IS CONFERENCE REGISTRATION INCOME AND MISC. INCOME FROM 2009. THE TOTAL OF WHICH IS \$681,029.



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**◆ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**EXODUS INTERNATIONAL NORTH AMERICA  
INC.**

Employer identification number

**52-1413470****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆

4 Number of states where property subject to conservation easement is located ◆

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ◆

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ◆ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ◆ \$

(ii) Assets included in Form 990, Part X ◆ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ◆ \$

b Assets included in Form 990, Part X ◆ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Term endowment  %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     |    |
| <b>(ii)</b> related organizations  |     |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		52,393	46,998	5,395
<b>e</b> Other		45,667	40,236	5,431
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			◆	10,826

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	◆	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	◆	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>DUE FROM AFFILIATE</b>	<b>240,000</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>240,000</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	◆

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	

**Part XIV Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

**Part XIV** Supplemental Information (continued)

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**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees◆ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047

**2010****Open To Public  
Inspection**Name of the organization **EXODUS INTERNATIONAL NORTH AMERICA  
INC.**Employer identification number  
**52-1413470****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment from the organization or a related organization?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SCOTT DAVIS	(i) 4,767	(ii) 0	(iii) 0	0	2,147	6,914	0
	(ii)	0	0	0	0	0	0	0
2	BOB RAGAN	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3	JAYSON GRAVES	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	ROY BLANKENSHIP	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No 1545-0047

◆ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

**2010**

Open To Public  
Inspection

◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization **EXODUS INTERNATIONAL NORTH AMERICA  
INC.**

Employer identification number  
**52-1413470**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ◆ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ◆ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b>				◆ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1) THE WORTHEN LEGACY GROUP	SAME B.O.D.	78,418	RENT OF FACILITIES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **EXODUS INTERNATIONAL NORTH AMERICA  
INC.**Employer identification number  
**52-1413470****FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS****DON SCHMIERER****DIANA SCHMIERER****HUSBAND AND WIFE****CLARK WHITTEN****MARTHA WHITTEN****HUSBAND AND WIFE****FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

THE MEMBERSHIP WILL VOTE TO APPROVE OR DISAPPROVE THE CANDIDATES VIA THE US POSTAL SERVICE OR FAX. ALL VOTES MUST BE RECEIVED WITHIN ONE MONTH FROM THE MAILING OF THE BALLOTS. CANDIDATES RECEIVING DISAPPROVAL FROM MORE THAN TWO THIRDS (2/3) OF THE MEMBERSHIP WILL NOT BE ELIGIBLE TO BE APPOINTED TO THE BOARD. THE MEMBERSHIP SHALL CONSIST OF ALL PERSONS AND CORPORATIONS ("MEMBERS") THAT MEET THE QUALIFICATIONS AND HAVE BEEN APPROVED THROUGH AN APPLICATION PROCESS DETERMINED BY THE BOARD. DIRECTORS SHALL BE APPOINTED FOR A TERM OF FIVE (5) YEARS WITH THE POSSIBILITY OF EXTENSION. TERMS MAY BE ADJUSTED AS NEEDED TO ENSURE THAT NO MORE THAN FIFTY PERCENT (50%) OF THE DIRECTORS' TERMS EXPIRE IN THE SAME YEAR.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

YES, THE BOARD IS GIVEN A COPY OF THE 990 AND THE AUDITED FINANCIAL STATEMENTS TO REVIEW AND APPROVE AT THEIR SUMMER MEETING EACH YEAR.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

THE BOARD OF DIRECTORS DISCUSS ANY POSSIBLE CONFLICTS OF INTEREST AND

Name of the organization

EXODUS INTERNATIONAL NORTH AMERICA

Employer identification number

52-1413470

TOGETHER DECIDE IF THERE WOULD BE A CONFLICT OF INTEREST OR NOT. IF THERE IS A CONFLICT OF INTEREST THEN THE BOARD DECIDES IF THE ORGANIZATION SHOULD CARRY ON WITH THE TRANSACTION OR NOT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD PERFORMS AN ANNUAL REVIEW USING EVANGICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY GUIDELINES TO DETERMINE HOW MUCH THE CEO AND VICE PRESIDENT SHOULD BE PAID.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
UPPER MANAGEMENT MAKES RECOMMENDATIONS FOR RAISES TO THE BOARD AND THEY MUST APPROVE. ALL RAISES ARE BASED ON ANNUAL PERFORMANCE REVIEW.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
DOCUMENTS ARE MADE AVAIABLE UPON REQUEST AND ARE AVAILABLE ON A PUBLIC WEBSITE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

**EXODUS INTERNATIONAL NORTH AMERICA  
INC.**

Employer identification number  
**52-1413470**

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

(1)	(a) Name, address, and EIN 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
(1)						
(2)						
(3)						
(4)						
(5)						

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

(1)	(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>THE WORTHEN LEGACY GROUP PO BOX 540119 ORLANDO FL 32854 26-2514251</b>	<b>RENTAL</b>	<b>FL</b>	<b>501C2</b>		<b>N/A</b>		<b>X</b>
(2)								
(3)								
(4)								
(5)								

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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
(2)								
(3)								
(4)								

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	THE WORTHEN LEGACY GROUP, INC.	J	78,418			X
(2)	THE WORTHEN LEGACY GROUP, INC.	D	240,000			X
(3)						X
(4)						X
(5)						X
(6)						X

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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52-1413470

**Federal Asset Report**

FYE: 12/31/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Equipment	1/01/96	4,101				4,101	7 MO S/L	4,101	0
2	Equipment	1/01/97	12,993				12,993	7 MO S/L	12,993	0
3	Computer Equipment	1/01/98	9,894				9,894	5 MO S/L	9,894	0
4	Computer Equipment	1/01/99	4,988				4,988	5 MO S/L	4,988	0
5	Computer Equipment	1/01/00	1,779				1,779	5 MO S/L	1,779	0
6	Customized Software	1/01/00	11,954				11,954	5 MO S/L	11,954	0
7	TDD Machine	1/01/99	400				400	5 MO S/L	400	0
10	Computer Equipment -HP Desktop	7/19/02	1,190				1,190	5 MO S/L	1,190	0
11	Computer Equipment - Dell Desktop	1/24/03	1,381				1,381	5 MO S/L	1,381	0
12	Computer Equipment - Dell Desktop	1/23/04	1,708				1,708	5 MO S/L	1,708	0
13	Computer Equipment - Toshiba	8/10/04	900				900	5 MO S/L	900	0
14	Office Furniture	9/14/04	2,700				2,700	7 MO S/L	1,971	386
15	Shelby Software	10/01/04	7,330				7,330	5 MO S/L	7,330	0
16	Telrad Phone System	9/21/04	2,700				2,700	5 MO S/L	2,700	0
17	Office Furniture	1/31/05	1,300				1,300	7 MO S/L	956	186
18	Computer Equipment- Dell Laptop	2/04/05	1,232				1,232	5 MO S/L	1,212	20
19	Computer Equipment- Dell Laptop	2/22/05	1,359				1,359	5 MO S/L	1,314	45
20	Office Furniture	3/04/05	1,630				1,630	7 MO S/L	1,082	233
21	Telephone Equipment	3/09/06	1,917				1,917	5 MO S/L	1,438	383
22	Shelby Software	3/22/06	919				919	3 MO S/L	919	0
23	Office Refrigerator	9/01/06	398				398	5 MO S/L	265	80
24	Office Furniture	8/14/06	1,000				1,000	7 MO S/L	464	143
25	Computer Equipment- Tower	10/09/06	1,635				1,635	5 MO S/L	1,036	327
26	Computer Equipment - Laptop	2/13/07	1,336				1,336	5 MO S/L	779	268
27	IT Software	3/07/07	370				370	3 MO S/L	350	20
28	Shelby Software Support	3/19/07	951				951	3 MO S/L	898	53
29	Computer Software Security McAfee	4/11/07	157				157	3 MO S/L	144	13
30	Digital CD Recorder	7/16/07	1,085				1,085	5 MO S/L	543	217
31	Shelby Software Support	8/14/07	135				135	3 MO S/L	109	26
32	Computer Equipment - Laptop	9/28/07	200				200	5 MO S/L	93	40
33	Computer Equipment - Laptop	10/10/07	745				745	5 MO S/L	335	149
34	Computer Equipment - Laptop	10/16/07	689				689	5 MO S/L	310	137
35	Computer Equipment - Laptop	11/08/07	722				722	5 MO S/L	313	144
36	Web Development - Convenent Communic	2/26/07	1,183				1,183	3 MO S/L	1,150	33
37	Office Furniture - Bookcases	1/02/07	837				837	7 MO S/L	351	120
38	Telephone Equipment (cellphones)	2/13/07	300				300	3 MO S/L	292	8
39	Telephone Equipment (cellphones)	6/08/07	970				970	3 MO S/L	836	134
40	Office Furniture - Desk	10/16/07	1,130				1,130	7 MO S/L	361	161
41	Office Furniture - Media Cabinet	11/29/07	270				270	7 MO S/L	83	39
42	Telrad Phone System	1/01/05	817				817	5 MO S/L	817	0
43	Office Furniture-used-(3 Chairs)	11/23/05	200				200	7 MO S/L	113	29
44	Shelby Systems software	3/13/08	987				987	3 MO S/L	603	329
45	Computer equipment	4/10/08	690				690	5 MO S/L	242	138
46	Computer	4/10/08	1,394				1,394	5 MO S/L	488	279
47	Shelby Systems software	3/25/09	1,027				1,027	3 MO S/L	257	342
48	Donor Tools Software	2/03/10	3,000				3,000	3 MO S/L	0	917
49	Macbook Pro Laptop	5/05/10	1,199				1,199	5 MO S/L	0	160
50	2 Laptop Computers	4/07/10	1,027				1,027	5 MO S/L	0	154
51	Apple Laptop	9/09/10	1,230				1,230	5 MO S/L	0	82
<b>Total Other Depreciation</b>			<b>98,059</b>				<b>98,059</b>		<b>81,442</b>	<b>5,795</b>
<b>Total ACRS and Other Depreciation</b>			<b>98,059</b>				<b>98,059</b>		<b>81,442</b>	<b>5,795</b>
<b>Grand Totals</b>			<b>98,059</b>				<b>98,059</b>		<b>81,442</b>	<b>5,795</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>				<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>				<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>98,059</b>				<b>98,059</b>		<b>81,442</b>	<b>5,795</b>

52-1413470

**AMT Asset Report**

FYE: 12/31/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Equipment	1/01/96	4,101				4,101	7	MO S/L	4,101	0
2	Equipment	1/01/97	12,993				12,993	7	MO S/L	12,993	0
3	Computer Equipment	1/01/98	9,894				9,894	5	MO S/L	9,894	0
4	Computer Equipment	1/01/99	4,988				4,988	5	MO S/L	4,988	0
5	Computer Equipment	1/01/00	1,779				1,779	5	MO S/L	1,779	0
6	Customized Software	1/01/00	11,954				11,954	5	MO S/L	11,954	0
7	TDD Machine	1/01/99	400				400	5	MO S/L	400	0
10	Computer Equipment -HP Desktop	7/19/02	1,190				1,190	5	MO S/L	1,190	0
11	Computer Equipment - Dell Desktop	1/24/03	1,381				1,381	5	MO S/L	1,381	0
12	Computer Equipment - Dell Desktop	1/23/04	1,708				1,708	5	MO S/L	1,708	0
13	Computer Equipment - Toshiba	8/10/04	900				900	5	MO S/L	900	0
14	Office Furniture	9/14/04	2,700				2,700	7	MO S/L	1,971	386
15	Shelby Software	10/01/04	7,330				7,330	5	MO S/L	7,330	0
16	Telrad Phone System	9/21/04	2,700				2,700	5	MO S/L	2,700	0
17	Office Furniture	1/31/05	0				0	0	HY	0	0
18	Computer Equipment- Dell Laptop	2/04/05	1,232				1,232	5	MO S/L	1,212	20
19	Computer Equipment- Dell Laptop	2/22/05	0				0	0	HY	0	0
20	Office Furniture	3/04/05	1,630				1,630	7	MO S/L	1,082	233
21	Telephone Equipment	3/09/06	1,917				1,917	5	MO S/L	1,438	383
22	Shelby Software	3/22/06	919				919	3	MO S/L	919	0
23	Office Refrigerator	9/01/06	398				398	5	MO S/L	265	80
24	Office Furniture	8/14/06	1,000				1,000	7	MO S/L	464	143
25	Computer Equipment- Tower	10/09/06	1,635				1,635	5	MO S/L	1,036	327
26	Computer Equipment - Laptop	2/13/07	1,336				1,336	5	MO S/L	779	268
27	IT Software	3/07/07	370				370	3	MO S/L	350	20
28	Shelby Software Support	3/19/07	951				951	3	MO S/L	898	53
29	Computer Software Security McAfee	4/11/07	157				157	3	MO S/L	144	13
30	Digital CD Recorder	7/16/07	1,085				1,085	5	MO S/L	543	217
31	Shelby Software Support	8/14/07	135				135	3	MO S/L	109	26
32	Computer Equipment - Laptop	9/28/07	200				200	5	MO S/L	93	40
33	Computer Equipment - Laptop	10/10/07	745				745	5	MO S/L	335	149
34	Computer Equipment - Laptop	10/16/07	689				689	5	MO S/L	310	137
35	Computer Equipment - Laptop	11/08/07	722				722	5	MO S/L	313	144
36	Web Development - Convenent Communic	2/26/07	1,183				1,183	3	MO S/L	1,150	33
37	Office Furniture - Bookcases	1/02/07	837				837	7	MO S/L	351	120
38	Telephone Equipment (cellphones)	2/13/07	300				300	3	MO S/L	292	8
39	Telephone Equipment (cellphones)	6/08/07	970				970	3	MO S/L	836	134
40	Office Furniture - Desk	10/16/07	1,130				1,130	7	MO S/L	361	161
41	Office Furniture - Media Cabinet	11/29/07	270				270	7	MO S/L	83	39
42	Telrad Phone System	1/01/05	817				817	5	MO S/L	817	0
43	Office Furniture-used-(3 Chairs)	11/23/05	200				200	7	MO S/L	113	29
44	Shelby Systems software	3/13/08	0				0	0	HY	0	0
45	Computer equipment	4/10/08	0				0	0	HY	0	0
46	Computer	4/10/08	0				0	0	HY	0	0
47	Shelby Systems software	3/25/09	0				0	0	HY	0	0
48	Donor Tools Software	2/03/10	0				0	0	HY	0	0
49	Macbook Pro Laptop	5/05/10	0				0	0	HY	0	0
50	2 Laptop Computers	4/07/10	0				0	0	HY	0	0
51	Apple Laptop	9/09/10	0				0	0	HY	0	0
<b>Total Other Depreciation</b>			<u>84,846</u>				<u>84,846</u>			<u>77,582</u>	<u>3,163</u>
<b>Total ACRS and Other Depreciation</b>			<u>84,846</u>				<u>84,846</u>			<u>77,582</u>	<u>3,163</u>
<b>Grand Totals</b>			84,846				84,846			77,582	3,163
<b>Less: Dispositions and Transfers</b>			0				0			0	0
<b>Net Grand Totals</b>			<u>84,846</u>				<u>84,846</u>			<u>77,582</u>	<u>3,163</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
1	Equipment	1/01/96	4,101	0	0
2	Equipment	1/01/97	12,993	0	0
3	Computer Equipment	1/01/98	9,894	0	0
4	Computer Equipment	1/01/99	4,988	0	0
5	Computer Equipment	1/01/00	1,779	0	0
6	Customized Software	1/01/00	11,954	0	0
7	TDD Machine	1/01/99	400	0	0
10	Computer Equipment -HP Desktop	7/19/02	1,190	0	0
11	Computer Equipment - Dell Desktop	1/24/03	1,381	0	0
12	Computer Equipment - Dell Desktop	1/23/04	1,708	0	0
13	Computer Equipment - Toshiba	8/10/04	900	0	0
14	Office Furniture	9/14/04	2,700	343	343
15	Shelby Software	10/01/04	7,330	0	0
16	Telrad Phone System	9/21/04	2,700	0	0
17	Office Furniture	1/31/05	1,300	158	0
18	Computer Equipment- Dell Laptop	2/04/05	1,232	0	0
19	Computer Equipment- Dell Laptop	2/22/05	1,359	0	0
20	Office Furniture	3/04/05	1,630	232	232
21	Telephone Equipment	3/09/06	1,917	96	96
22	Shelby Software	3/22/06	919	0	0
23	Office Refrigerator	9/01/06	398	53	53
24	Office Furniture	8/14/06	1,000	142	142
25	Computer Equipment- Tower	10/09/06	1,635	272	272
26	Computer Equipment - Laptop	2/13/07	1,336	267	267
27	IT Software	3/07/07	370	0	0
28	Shelby Software Support	3/19/07	951	0	0
29	Computer Software Security McAfee	4/11/07	157	0	0
30	Digital CD Recorder	7/16/07	1,085	217	217
31	Shelby Software Support	8/14/07	135	0	0
32	Computer Equipment - Laptop	9/28/07	200	40	40
33	Computer Equipment - Laptop	10/10/07	745	149	149
34	Computer Equipment - Laptop	10/16/07	689	138	138
35	Computer Equipment - Laptop	11/08/07	722	145	145
36	Web Development - Convenent Communication	2/26/07	1,183	0	0
37	Office Furniture - Bookcases	1/02/07	837	119	119
38	Telephone Equipment (cellphones)	2/13/07	300	0	0
39	Telephone Equipment (cellphones)	6/08/07	970	0	0
40	Office Furniture - Desk	10/16/07	1,130	162	162
41	Office Furniture - Media Cabinet	11/29/07	270	38	38
42	Telrad Phone System	1/01/05	817	0	0
43	Office Furniture-used-(3 Chairs)	11/23/05	200	28	28
44	Shelby Systems software	3/13/08	987	55	0
45	Computer equipment	4/10/08	690	138	0
46	Computer	4/10/08	1,394	279	0
47	Shelby Systems software	3/25/09	1,027	342	0
48	Donor Tools Software	2/03/10	3,000	1,000	0
49	Macbook Pro Laptop	5/05/10	1,199	240	0
50	2 Laptop Computers	4/07/10	1,027	205	0
51	Apple Laptop	9/09/10	1,230	246	0
	<b>Total Other Depreciation</b>		<u>98,059</u>	<u>5,104</u>	<u>2,441</u>
	<b>Total ACRS and Other Depreciation</b>		<u>98,059</u>	<u>5,104</u>	<u>2,441</u>
	<b>Grand Totals</b>		<u>98,059</u>	<u>5,104</u>	<u>2,441</u>

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 389					
TOTAL	\$ <u>389</u>					

## Federal Statements

### Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DAY OF TRUTH	\$ 1,510	1,208	302	\$
PAYROLL SERVICE FEES	1,380	1,105	275	
BOARD MEMBER EXPENSES	482	386	96	
MANAGEMENT RETREAT	91	42	49	
<b>TOTAL</b>	<b>\$ 3,463</b>	<b>\$ 2,741</b>	<b>\$ 722</b>	<b>\$ 0</b>

Form **8868**  
(Rev. January 2011)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>  <small>File by the due date for filing your return See instructions</small>	Name of exempt organization <b>EXODUS INTERNATIONAL NORTH AMERICA, INC.</b>	Employer identification number <b>52-1413470</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 540119</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ORLANDO FL 32854</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JANINE HOLMES  
PO BOX 540119**

**FL 32854**

- The books are in the care of **ORLANDO** Telephone No ▶ FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2010** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions



Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2010**  
 Attachment  
 Sequence No **67**

◆ See separate instructions. ◆ Attach to your tax return.

Name(s) shown on return **EXODUS INTERNATIONAL NORTH AMERICA INC.** Identifying number **52-1413470**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,795

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	5,795
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)