DLN: 93493340004506

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

▶ Information about Form 990 and its instructions is at www IRS gov/form990

Internal Revenue Service A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 C Name of organization FINAL EXIT NETWORK INC D Employer identification number B Check if applicable ✓ Address change 80-0119137 Name change Doing business as Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated POST OFFICE BOX 10071 (608) 230-5450 Amended return City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32302 Application pending G Gross receipts \$ 534,508 Name and address of principal officer H(a) Is this a group return for JUDY SNYDERMAN subordinates? POST OFFICE BOX 10071 Νo TALLAHASSEE,FL 32302 H(b) Are all subordinates Yes \square No I Tax-exempt status ıncluded? 4947(a)(1) or 527 If "No." attach a list (see instructions) J Website: ► WWW FINALEXITNETWORK ORG **H(c)** Group exemption number ▶ L Year of formation 2004 | M State of legal domicile FL K Form of organization
✓ Corporation
Trust
Association
Other ► Part I Summary 1 Briefly describe the organization's mission or most significant activities TO SERVE THOSE WHO ARE SUFFERING INTOLERABLY FROM AN INCURABLE CONDITION WHICH HAS BECOME MORE THAN THEY CAN BEAR AND TO INCREASE THE AWARENESS OF ALL AMERICANS CONCERNING THEIR BASIC HUMAN RIGHT TO A DEATH WITH DIGNITY Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Activities & f 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . 5 **6** Total number of volunteers (estimate if necessary) 6 60 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 371,936 519,301 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . . 0 15,207 19,115 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 104 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 391,155 534,508 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines n 0 Professional fundraising fees (Part IX, column (A), line 11e) . **16**a Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 9,603b 470,028 476,669 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 470.028 476,669 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 -78,87 57,839 Revenue less expenses Subtract line 18 from line 12 . . . Assets or 1 Balances End of Year Beginning of Current Yea 906,728 977,685 20 Total assets (Part X, line 16) . . 21 Total liabilities (Part X, line 26) . . 0 22 Net assets or fund balances Subtract line 21 from line 20 906,728 977,685 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 2016-11-30 Signature of officer Date Sign Here JUDY SNYDERMAN TREASURER Type or print name and title nnt/Type preparer's name Preparer's signature Check | If RICHARD H LAW CPA RICHARD H LAW CPA 2016-12-05 P00025465 Paid Firm's EIN ▶ 59-2221664 Preparer Firm's address ► 2075 CENTRE POINTE BLVD SUITE 200 Phone no (850) 878-6189 **Use Only**

TALLAHASSEE, FL 323084893 May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2015)						Page 2
Par	t IIII Statem	ent of Program Serv	ice Accomplis	hments			
	Check if	Schedule O contains a res	ponse or note to a	iny line in this Part II	I		<u> </u>
1	Briefly describe	the organization's missio	n				
CAN					NDITION WHICH HAS BEC NG THEIR BASIC HUMAN R		
2	-	ition undertake any signifi 90 or 990-EZ?	· -	= :	which were not listed on		
	•	pe these new services on :				1 .00	14
3		ition cease conducting, or		hanges in how it con	ducts, any program		
	services? .	oe these changes on Sche				Yes	√No
4	expenses Secti		4) organizations a	re required to report	ee largest program services, at the amount of grants and allo		
4a) (Expenses \$ DRK SERVES THOSE WHO ARE S AWARENESS OF ALL AMERICAN	SUFFERING INTOLERAE) (Revenue \$ CONDITION WHICH HAS BECOME M) A DEATH WITH DIGNITY	ORE THAN TH) IEY CAN BEAR AND
4b	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue \$)
4d	Other program	services (Describe in Sch	nedule O)				
	(Expenses \$	·	cluding grants of \$) (Revenue \$)	
4e		service expenses ▶	419,610			<u> </u>	

Par	t IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		i

a r	Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
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, Pait I	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Pait II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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)		
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV		
		28a	No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
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	28 c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30	No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. [
1-	Enter the number reported in Box 2 of Form 1006 Enter, 0 of not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 14 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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 13b			
	Enter the amount of reserves on hand	14-		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14h		No

Part VI Governance, Management, and Disclosure

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

56	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No.
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record DJUDITH SNYDERMAN POST OFFICE BOX 10071 TALLAHASSEE, FL 32302 (608) 230-5450	s		

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

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, or 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 organization compensated any current officer, director, or trustee

	(B) (C)							(D)	(E)	(F)	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) JANICE LANDIS	15 00										
PRESIDENT		X		×				0	0	0	
(2) JUDY SNYDERMAN	15 00										
TREASURER		×		×				0	0	0	
(3) GARY WEDERSPAHN	5 00	×						0	0	0	
DIRECTOR								0	U	0	
(4) MARTIN SEIDENFELD DIRECTOR	5 00	×						0	0	0	
(5) TOM TUXILL	15 00										
DIRECTOR		×						0	0	0	
(6) LEE VIZER	15 00										
DIRECTOR		X						0	0	0	
										Form 990 (2015)	

Part VII	Section A. Officers	, Directors, Truste	es, Kev Emplovees	s, and Highest Comi	pensated Employees (c	continued)

	Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	Repor comper from organiza	table nsation i the tion (W-	Reportable compensation from related organizations (W-		Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099	-МІБС)	2/1099-MISC		relat organiza	ed
												_		
												\perp		
1b	Sub-Total						. ▶					$+\!$		
c	Total from continuation sheet					•								
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose		d abov	e) w	ho receive	d more th	nan	•		
													Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes .	t compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual													N.
5	Did any person listed on line 1 services rendered to the organ							•	_		or individual for	4		No
			compre	ic sc	.rrear	110)	101 340	n pe	.13011			5		No
<u> </u>	ection B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	(A)		atıon	for	the c	alend	ar y e	ear ending		(B)	ion's	(0	:)
	N.	lame and business	address							Des	cription of services	\Rightarrow	Compe	nsation
												\Rightarrow		
												\pm		
2	Total number of independent co \$100,000 of compensation from			not	lımıt	ed t	o thos	e list	ted above)	who rece	ived more than			

Form 990 (20	Form 990 (2015)									
Part VIII Statement of Revenue										

		Check if Schedule O contains a response or note to any li	ne in this Part VIII			
		eneck in Schedule & Contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a				312-314
Contributions, Gifts, Grants and Other Similar Amounts						
izat 100	b					
A. G	c	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
 E	e	Government grants (contributions) 1e				
Sis	l f	All other contributions, gifts, grants, and 1f 410,234				
is in	'	similar amounts not included above				
즐글	g	Noncash contributions included in lines 1a-1f \$				
no	h	Total. Add lines 1a-1f	519,301			
		Business Code				
Program Service Revenue	2a	Busiliess Code				
¥.	b					
ož 1.						
Š	C					
₹	d					
a	e					
ogr	f	All other program service revenue				
Δ	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,	15,207			15,207
	,	and other similar amounts)	13,207			13,207
	5					
	•	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
		than inventory				
	b	Less cost or other basis and				
	_	sales expenses Gain or (loss)				
	_					
		Gross income from fundraising				
n e		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
æ		See Part IV, line 18				
ē		а				
ŧ		Less direct expenses b				
•		Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	100	Gross sales of inventory, less				
	100	returns and allowances .				
		a				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	534,508			15,207

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)	(4) or	rganizations must com	plete all columns	All other org	anizations must con	iplete column (.	A)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	38,500	23,100	11,550	3,850
Ь	Legal	117,318	117,318		
С.	Accounting	6,567		6,567	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	129,193	122,920	6,273	
12	Advertising and promotion				
13	Office expenses	43,079	35,731	2,947	4,401
14	Information technology	1,140	1,140		
15	Royalties				
16	Occupancy				
17	Travel	50,594	50,594		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,030	11,658	20,119	1,253
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SPEAKING ENGAGEMENTS	39,218	39,218		
b	WEBSITE EXPENSES	3,858	3,858		
C	MISCELLANEOUS	3,526	3,526		
d	CREDIT CARD FEES	2,751	2,751		
е	All other expenses	7,895	7,796		99
25	Total functional expenses. Add lines 1 through 24e	476,669	419,610	47,456	9,603
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Sheet
Form 990	(2015)	

ı Gı	· /	Check if Schedule O contains a response or note to any line in this Part X			
		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	110,776	1	203,710
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		Schedule E		5	
Assets	6	Loans and other 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) Complete Part II of Schedule L			
\$\$1				6	
Ø	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b		10 c	
	11	Investments—publicly traded securities	795,952	11	773,975
	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		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	906,728	16	977,685
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>=</u>		persons Complete Part II of Schedule L		22	
<u>.e</u>	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
				25	
	26	Total liabilities.Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>a</u>	27	Unrestricted net assets	906,728	27	977,685
- B	28	Temporarily restricted net assets	,	28	,
Þ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
s or Fund Balance		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	000 700	32	077.605
Z	33	Total helphylana and not assets (four disclarate)	906,728	33	977,685
	34	Total liabilities and net assets/fund balances	906,728	34	977,685

Form	Form 990 (2015)		_	Page 12
Par	TIXI Reconcilliation of Net Assets			L
	contains a response of note to any me in this			-
-	Total revenue (must equal Part VIII, column (A), line 12)		.,	534,508
7	Total expenses (must equal Part IX, column (A), line 25)			476 669
m	Revenue less expenses Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			0,70
70	Net unrealized gains (losses) on investments		51	906,/28
)				13,118
ø	Donated services and use of facilities			
^	Investment expenses			
œ	Prior period adjustments			
0	Other changes in net assets or fund balances (explain in Schedule O) 9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		6	77,685
Pa	Part XIII Financial Statements and Reporting			L
	CHECK II SCHEdule O COIRGINS a response of note to any line in this Part All		Yes	- - -
Ħ	Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a		2a		οN
	If Yes,'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
Р		2b		°N N
	If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
U	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?	20		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
39	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?	3a		No
p	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	3b		
		=	Form 990	990 (2015)

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

As Filed Data -

DLN: 93493340004506

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Part I

1

2

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

Name of the organization FINAL EXIT NETWORK INC

Employer identification number 80-0119137

5		An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated b	y a governmental unit d	escribed in section
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in s	ection 170(b)	(1)(A)(v).	
7	.	An organization that nedescribed in section 1 .				rom a governn	nental unit or from the g	eneral public
8		A community trust des			• •	•		
9		receipts from activitie	es related to it t income and	ts exempt functions—s unrelated business tax	subject to certa xable income (l	in exceptions less section 5	tributions, membership , and (2) no more than 1 11 tax) from businesse	331/3% of its support
10	Г	An organization organi	ized and opera	ated exclusively to tes	t for public saf	ety See secti	on 509(a)(4).	
11	Г	one or more publicly s	upported orga	nizations described in	section 509(a)(1) or sectio	nctions of, or to carry o n 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check
а		Type I. A supporting o	rganization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by r elect a major	its supported	organization(s), typical ctors or trustees of the	ly by giving the
b	Г		pporting organ	nization vested in the s			orted organization(s), b manage the supported	
c		-	ntegrated. A	supporting organizatio			h, and functionally integ D, and E.	rated with, its
d e		not functionally integra (see instructions) You Check this box if the o	ated The orga u must comple organization re	anization generally mu ete Part IV, Sections A eceived a written deter	st satisfy a dis A and D, and Pa mination from t	tribution requ I rt V. the IRS that it	n with its supported org rement and an attentiv is a Type I, Type II, T	eness requirement
_	_	integrated, or Type III						
f	Ente	r the number of supporte	•				· · · · · · · · <u> </u>	
g		Provide the following ii	nformation abo	out the supported orga	inization(s)			
Nam	e of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Isted in your docum	inization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Total								
or Pa	aperw	ork Reduction Act Noti	ce, see the In	structions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015

instructions

Schedule A (Form 990 or 990-EZ) 2015 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ **1** Gifts, grants, contributions, and 314,118 919,130 289,900 371,936 519,301 2,414,385 membership fees received (Do not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 314,118 919,130 289,900 371,936 519,301 2,414,385 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 512,322 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 1,902,063 from line 4 Section B. Total Support Calendar year (d)2014 (a)2011 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) ▶ 314,118 919,130 289,900 371,936 519,301 2,414,385 Amounts from line 4 Gross income from interest, dividends, payments received on 2,922 3,504 20,069 19,115 15,207 60,817 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 157 104 261 capital assets (Explain in Part VI) Total support. Add lines 7 2,475,463 through 10 Gross receipts from related activities, etc (see instructions) 12 12 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, 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 76 840 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 76 320 % 16a 33 1/3% support test-2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete o	only if you checked the box on	ı line 9 of Part I or if the organization failed to qualify under Pai
II If the ord	nanization fails to qualify under	r the tests listed below inlease complete Part II)

	II. If the organization	<u>ı fails to qualif</u>	y under the tes	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support		I	<u> </u>	1		1
(or f	Calendar year iscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
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						i.
6	Total. Add lines 1 through 5						i
7a	Amounts included on lines 1, 2,						i
	and 3 received from disqualified						
	persons						i
b	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support		Г		T	1	
(or f	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	iscal year beginning in) ► A mounts from line 6						
9 10a	Gross income from interest,						
IVa	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						
С	June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is for	or the organization	on's first, second	, thırd, fourth, or t	fifth tax year as a	section 501(c)(3	3) organization,
	check this box and stop here						▶□
Se	ction C. Computation of Pub	<u> </u>					
15	Public support percentage for 2015	(line 8, column	(f) dıvıded by lıne	13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inve	estment Inco	me Percenta	ge		· ·	
17	Investment income percentage for :	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	.7		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	x on line 14, and	line 15 is more t		line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014. If the	_					
	18 is not more than 33 1/3% check	this how and ct.	n here The orga	nization dualifies	as a nublicly sur	norted organizati	on ▶ □

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

<u> </u>	1, complete Sections A and D, and complete Part V)			
<u>>е</u>	ction A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^{7}$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	2		
3а	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised.	4b		
c	by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35 -percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Sche	edule A (Form 990 or 990-EZ) 2015			Page !
Pai	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	l
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			

organization determined that these activities constituted substantially all of its activities

the organization's supported organization(s) would have been engaged in?

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

2a

2b

За

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		•
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly further excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	responsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
1 Distributable amount for 2015 from Section C, line		Pre-2015	A mount for 2015
6 2 Underdistributions, if any, for years prior to 2015			
(reasonable cause requiredsee instructions) 3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013		<u> </u>	
5			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
i Carryover from 2010 not applied (see			
instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
- 5 2015		1	İ

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information.

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

Facts And Circum stances Test

Explanation) ME 261
	OTHER INCOME
Return Reference	PART II, LINE 10

Schedule A (Form 990 or 990-EZ) 2015

nation to Form 990 or 990-EZ	Information	Supplemental	SCHEDULE 0
DLN: 93493340004506	As Filed Data -	rint - DO NOT PROCESS	efile GRAPHIC pr

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.

(Form 990 or

990-EZ)

Department of the

Internal Revenue

Service

Treasury

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at ► Attach to Form 990 or 990-EZ. www.irs.gov/form990.

Open to Public Inspection

Name of the organization FINAL EXIT NETWORK INC

| Employer identification number

80-0119137

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990, PAGE 6, PART VI, THE ORGANIZATION'S TREASURER REVIEWS THE FORM 990 BEFORE FILING LINE 11B
FORM 990, PAGE 6, PART VI, LINE 12C	FORM 990, PAGE 6, PART VI, DIRECTORS ARE REQUIRED TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND LINE 12C

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G	CONTRACT SVCS - OFFICE MGR 697 6,273 0 CONTRACT SVCS - CONSULTING 122,223 0 0