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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

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

C Name of organization
Financial Executives International Arizona Chapter
Number and street (or P O box, if mail is not delivered to street address) Room/suite
7225 W. Oakland St
City or town, state or country, and ZIP + 4
Chandler, AZ 85226

D Employer identification number
86-6056242

E Telephone number
480.496.4010

F Group Exemption Number ► **N/a**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ► _____

I Website: ► **www.FEIAZ.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	91,970
	3	Membership dues and assessments	3	135,197
	4	Investment income	4	131
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	227,298
	10	Grants and similar amounts paid (list in Schedule O)	10	14,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	39,130
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,028
	16	Other expenses (describe in Schedule O)	16	132,141
	17	Total expenses. Add lines 10 through 16	17	189,799
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,499
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	97,876
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	135,375

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

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Revenue

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	97,876	22 135,375
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	97,876	25 135,375
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,876	27 135,375

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose? See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)
28 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14,500
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	14,500

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Michelle Hoffman 15757 N. 90th Place, Scottsdale, AZ 85260	President, 10	0	0	0
Bret Lawson 4424 North 24th Way, Phoenix, AZ 85016	First Vice President, 6	0	0	0
Bob Vreeland 4815 E Cielo Grande Avenue, Phoenix, AZ 85054	Second Vice President, 4	0	0	0
Gil Christopher 6510 East Gelding Drive, Scottsdale, AZ 85254	Secretary-Treasurer, 4	0	0	0
Gayle Pincus 11643 E. Appaloosa Place, Scottsdale, AZ 85259	Past President, 4	0	0	0
Joan Brubacher 7030 E Fifth Avenue, Scottsdale, AZ 85251	Director, 2	0	0	0
Brad Denton 11811 N. Tatum Blvd. #2400, Phoenix, AZ 85028	Director, 2	0	0	0
Marcus Feder 400 N. Fifth Street, MS8587, Phoenix, AZ 85004	Director, 2	0	0	0
Claire Janssen 20 E Orangewood Avenue, Phoenix, AZ 85020	Director, 2	0	0	0
Dan Regan 5023 E Michelle Drive, Scottsdale, AZ 85254	Director, 2	0	0	0
Chris Niezgodzki 3300 W Camelback Road, Phoenix, AZ 85027	Director, 2	0	0	0
Jon Steging 1416 W San Pedro #101, Gilbert, AZ 85233	Director, 2	0	0	0
Karen Whitney 4025 S. Riverpoint, MS CF-KX04, Phoenix, AZ 85040	Director, 2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a _____		
b Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>Arizona</u>		
42a The organization's books are in care of ▶ <u>Robin Hirth</u> Telephone no. ▶ <u>480.496.4010</u> Located at ▶ <u>7225 W Oakland St., #1 Chandler, AZ</u> ZIP + 4 ▶ <u>85226</u>		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **▶** _____

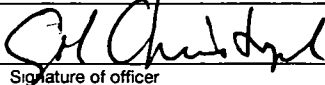
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☒ No

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		10-17-11 Date	
	Gil Christopher, Secretary-Treasurer Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no ▶		
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

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
Inspection**

Name of the organization

Financial Executives International Arizona Chapter

Employer identification number

86-6056242

Form 990-EZ - Line 10 - Grants and similar amounts paid

Goodwill of Central AZ \$250

NiteFlite \$250

Leukemia & Lymphoma Society \$250

Agua Fria Food Bank \$250

Mayo Clinic Dept. of Development \$250

Mark Schell Memorial Endowment \$250

West Coast Comm Outreach-Sempe \$250

American Cancer Society \$250

Dongyang Leng - College Scholarship \$2,000

Catherine Schukar - College Scholarship \$2,000

Judah-Michael Harry - College Scholarship \$2,000

Brian Rapaport - College Scholarship \$2,000

Lynn Semall - College Scholarship \$2,000

Financial Executives Research Foundation \$2,500

Total Form 990-EZ - Grants and similar amounts paid - Line 10 \$14,500

Form 990-EZ - Line 16 - Other Expenses

CFO of the Year Selection & Celebration \$81,312

Conferences, conventions, meetings \$41,878

Travel \$3,298

Cost of Board & Committee Meetings \$3,185

Web Page Maintenance \$882

Other \$1,586

TOTAL Form 990-EZ - Line 16 - Other Expenses \$132,141

Name of the organization

Financial Executives International Arizona Chapter

Employer identification number

86-6056242

Form 990-EZ - Part III - Primary Purpose

The Arizona Chapter of Financial Executive's International's (FEIAZ) primary purpose is to promote ethical conduct in the practice of financial management. FEIAZ is an unincorporated association of Financial Executive International (FEI), a not-for-profit corporation. As a member-driven chapter of FEI, FEIAZ provides peer networking opportunities, emerging issues alerts, personal and professional development, and advocacy services to CFOs, VPs of Finance, Controllers, Treasurers, and Tax Executives. Currently, the chapter supports approximately 100 members and represents top financial executives of most of the prominent companies in Arizona. FEIAZ's vision is to continue to be the association for the corporate finance profession. The organization strives to be the most contemporary, dynamic, and proactive organization of its kind. FEIAZ is and will continue to be a powerful network centered on a strong internet community and local meetings. Furthermore, FEIAZ strives to be the eyes and ears of the average finance officer facing the day-to-day challenge of enhancing their shareholders' investment. The chapter helps members anticipate and react to change, acquire new resources to enhance shareholder value, and build the personal skills to further their careers. This is accomplished by providing information through wide-ranging forms of communication, knowledge of evolving trends and issues, and high quality programs.

Form 990-EZ - Part III - Programs

The Arizona Chapter of Financial Executives International (FEIAZ) sponsors and attends forums throughout the year with speakers and events, such as monthly dinner meetings, monthly continuing professional education, CFO of the Year awards, Financial Executive International (FEI) Summit, and Current Financial Reporting Issues Conference. Peer networking is a prime benefit of FEI membership, which provides numerous opportunities to gain access to the top corporate finance executives at both the local and national levels. Emerging issues updates sent online via FEI express, private net, and careertrax provide relevant information on the world of corporate finance and emerging trends and more. FEIAZ also offers advocacy services to CFOs, VPs of Finance, Controllers, Treasurers, and Tax Executives.