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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2015	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> First return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: Financial Executives International Doing business as: 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 province, country, and ZIP or foreign postal code: Chandler, AZ 85226 D Employer identification number: 80-6056247 E Telephone number: 480-496-4010 G Gross receipts \$: H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number: ▶
F Name and address of principal officer: Richard Skufza, 2025 N 135th Drive, Goodyear, AZ 85395 I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) 4947(a)(1) or 527 J Website: ▶ www.feiaz.org	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1954 M State of legal domicile: AZ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The primary purpose is to promote ethical conduct in the practice of financial management. Provides peer networking activities, emerging issue alerts, personal and professional development and advocacy services for CFO's, VP's of Finance, Controller, Treasurers and Tax Executives		
	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)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	35
Revenue	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	7b	
	8 Contributions and grants (Part VIII, line 1h)	234,548	234,159
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15	64
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,563	234,223
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,000	20,000
	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)		
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	202,762	252,569
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		
	20 Total assets (Part X, line 16)	Beginning of Current Year 153,031	End of Year 114,685
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	153,031	114,685

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.

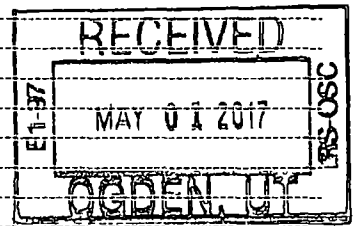
Sign Here	Signature of officer: <u>Richard Skufza</u>	Date: <u>2-15-17</u>				
	Type or print name and title: <u>Richard Skufza - Treasurer</u>					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Firm's name ▶	Firm's EIN ▶		Phone no.		
	Firm's address ▶					
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Part III Statement of Program Service Accomplishments

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

- 1** Briefly describe the organization's mission.
The primary purpose is to promote ethical conduct in the practice of financial management. The organization provides peer networking activities, emerging issue alerts, personal and professional development and advocacy services for CFO's, VP's of Finance, Controller, Treasurers and Tax Executives. Host monthly dinner meetings with continuing education sessions, dinner speakers and peer networking opportunities for members and guests.
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- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ _____ including grants of \$ _____) (Revenue \$ _____)



4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►