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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public
InspectionDepartment 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:	C Name of organization Financial Executives International	
<input type="checkbox"/> Address change	D Employer identification number 80-6056247	
<input type="checkbox"/> Name change	E Telephone number 460-496-4010	
<input type="checkbox"/> Initial return	F City or town, state or province, country, and ZIP or foreign postal code Chandler, AZ 85226	
<input type="checkbox"/> First return/amendment	G Gross receipts \$	
<input type="checkbox"/> Amended return	H Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending	I (b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(13) or <input type="checkbox"/> 527	J Website: ► www.fefaz.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			
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)		
4	Number of independent voting members of the governing body (Part VI, line 1b)		
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		
6	Total number of volunteers (estimate if necessary) 6 MAY 01 2017		
7a	Total unrelated business revenue from Part VIII, column (C), line 12		
b	Net unrelated business taxable income from Form 990-T, line 34		
RECEIVED IRS-OSC OGDEN			
	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	234,543 234,158	
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151 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)		
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)		
19	Revenue less expenses. Subtract line 18 from line 12		
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	153,031 114,685	
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 knowledge.	

Sign Here	Signature of officer <i>Richard Skufza</i>	Date 2-15-17
	Type or print name and title <i>Richard Skufza - Treasurer</i>	

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 ►	
	Firm's address ►			Phone no.	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

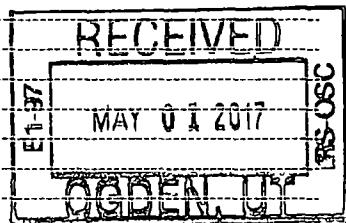
1 Briefly describe the organization's mission.
The primary purpose is to promote ethical conduct in the practice of financial management. The organization provides peer networking activities, emerging issue alerts, personal and professional development and advocacy services for CFO's, VP's of Finance, Controller, Treasurers and Tax Executives. Host monthly dinner meetings with continuing education sessions, dinner speakers and peer networking opportunities for members and guests.

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 ►