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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

**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 black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning **2009**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Insurance Internal Audit Group		D Employer identification number 22-2478126
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 305 N Third St	E Telephone number 717-896-8035	
		City or town, state or country, and ZIP + 4 Halifax, PA 17032		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ▶

I Website: ▶ www.iiag.net

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 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 \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$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.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	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)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																		6a								
	6b	Less: direct expenses other than fundraising expenses																		6b								
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
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)																											
8	Other revenue (describe ▶)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ See attached Schedule)																										
	17	Total expenses. Add lines 10 through 16																										
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
	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)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																										

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

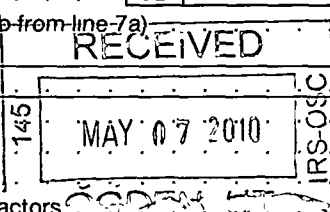
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	72,760	93,908
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	72,760	93,908
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,760	93,908

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED JUN 03 2010



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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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 period covered by this return?		✓
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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.	40e	✓
41	List the states with which a copy of this return is filed. ▶ None required		
42a	The organization's books are in care of ▶ <u>Melissa H Hoover</u> Telephone no. ▶ <u>717-896-8035</u> Located at ▶ <u>305 N Third St, Halifax, PA</u> ZIP + 4 ▶ <u>17032</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)?	42b	✓
	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.? If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

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 46-49b and complete the tables for lines 50 and 51.

- | | | | | |
|------------|--|------------|--------------------------|-------------------------------------|
| 46 | 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 | 46 | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input type="checkbox"/> |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input checked="" 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

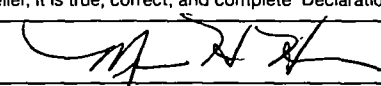
f Total number of other employees paid over \$100,000 ▶ _____

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

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

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		4/27/10	
	Signature of officer	Date	
	Melissa H Hoover, Treasurer		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Insurance Internal Audit Group

22-2478126

Attachment to Form 990-EZ December 31, 2009

Part I, Line 16 - Other Expenses

Conferences & Meetings	76,620
Web site development and maintenance	992
Insurance	548
NASBA Registration	351
Other	678
	<hr/>
	79,188
	<hr/> <hr/>

Part IV- List of Officers, Directors and Trustees

(A) Name & Address - See attached list

(B) Title and Average Hours per week devoted to position

It is estimated that each officer and director devotes
one to three hours per week.

(C), (D) & (E) - None for all officers and directors

IIAG Board of Directors
As of January 1, 2010

President	Michael P. Loftus <u>United America Indemnity Group, Inc.</u> Three Bala Plaza, East Suite 300 Bala Cynwyd, PA. 19004	TEL#: 610-660-6882 FAX#: 610-660-6800 EMAIL: loftus@uaiagroupinc.com
VP/Treasurer	Melissa H Hoover 305 N Third Street Halifax, PA 17032	TEL#: 717-896-8035 CELL#: 717-215-7542 EMAIL: mhoover01@comcast.net
President Elect & Membership Coordinator	Robert Stingle <u>MassMutual Financial Group</u> 1295 State Street Springfield, MA 01111	TEL#: 413.744.1562 FAX#: 413.744.7392 EMAIL: rstingle@massmutual.com
VP/Secretary, Site & IT Chair	Craig Trujillo <u>City of Hartford Internal Audit Department</u> 525 Main Street 3rd fl. Hartford, Ct. 06103	TEL#: 860-757-9952 FAX#: 860-722-6026 EMAIL: TRUJC001@hartford.gov
Website Coordinator	Michael J. Hession <u>The Hartford</u> Hartford Plaza, Mail Drop T-15 Hartford, CT 06115	TEL#: 860-547-8504 FAX#: 860-547-3051 EMAIL: mike.hession@thehartford.com
Board Members	Joseph Vavra <u>Legion Insurance Company</u> One Logan Square, Suite 1400 Philadelphia, PA 19103	TEL#: 215-963-1940 FAX#: 215-827-5141 EMAIL: jvavra@legioninsurance.com
	Sal Levatino 38 Slayback Drive Princeton Jct. N.J. 08550	TEL#: 609-462-0149 EMAIL: slevatino@prodigy.net
	Seth Davis <u>RLi Insurance Co.</u> 9025 N. Lindbergh Peoria, IL 61615	TEL#: 309-689-8652 FAX#: 309-689-2247 EMAIL: Seth_Davis@rlicorp.com
	Shibu Joykutty <u>The Westfield Group</u> 1 Park Circle, PO Box 5001 Westfield Center, OH 44251	TEL#: 330-887-8319 FAX#: 330-887-7674 EMAIL: shibujoykutty@westfieldgrp.com
	Douglas B. Wise <u>Penn National Insurance</u> PO Box 2361 Harrisburg, PA 17105-2361	TEL#: 717-255-6817 FAX#: 717-255-6317 EMAIL: dwise@pnat.com
	Brian Makowski	TEL#: 630-397-9652 EMAIL: Bmakowski65@yahoo.com