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DLN: 93492133025630

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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.

Open to Public Inspection

			r year, or	tax year beginning 01-01-2009	, and ending	12-31 -	2009			
_	DIGGE INTERNATIONAL ACCOCIATION OF CECURITY					D Emple	Employer identification number			
_		Iress change use IRS AND INVESTIGATIVE REGULATORS			57-09	57-0978817				
_	I DEIDT OF L DO DOY OD					E Teleph	one n	umber		
_	Initial return type. Terminated See								(319	9) 232-1480
_	mended		Specific Instruc-	City or town, state or country, and ZIP + 4				F Group		ption
\sqcap_{A}	pplicatio	on pending	tions.	WATERLOO, IA 50704				Numbe	er	•
S e	ection :			ons and 4947(a)(1) nonexempt charital mpleted Schedule A (Form 990 or 990-E			ccounting me Other (specify		▼ _{Ca}	sh Accrual
		- \\	UD 000			н	Check ► 🔽	ıf the	ordar	nization
		: WWW IAS					ıs not require	ed to att	ach	
		-	•	ne)— √ 501(c)(6) ◄ (insert no) √ 4947(a)						90-EZ, or 990-PF)
				is not a section 509(a)(3) supporting org m 990 return is not required, but if the org						
				letermine gross receipts, if \$500,000 or more, file				<u>▶</u> \$	to inc	27,302
	art I			nses, and Changes in Net Assets				nstructio	ns fo	or Part I)
	1	Contributions	s, gıfts, g	rants, and similar amounts received .					1	
	2	Program serv	vice reve	nue including government fees and contra	acts			. [2	
	3	Membership	dues and	lassessments				. [3	18,640
	4	Investmentı	ncome					.	4	9
	5a	Gross amoun	nt from sa	ale of assets other than inventory .		58	.	T		
a ·	ь	Less cost or	r other ba	asıs and sales expenses		51				
쿹	c			lle of assets other than inventory (Subtra	ct line 5b fron	تتا			5c	
Kevenue	6	•	•	ctivities (complete applicable parts of Sci			•	mina.		
		check here	_	activities (complete applicable parts of sec	icadic cy ira	an, amo	unic 15 11 0 111 gu	9,		
	a	Gross revenu	ue (not in	icluding \$ _of contributions						
		reported on l	ıne 1)			68	1			
	ь	Less direct	expenses	s other than fundraising expenses .		61	,			
	c	Net income o	or (loss) f	from special events and activities (Subtra	act line 6b fro	m line 6	a)		6c	
	7a	7a Gross sales of inventory, less returns and allowances								
	ь	Less cost of	f goods s	old		71	,			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c				
	8	Other revenu	ıa (dascr	uha 🏲 🐯				\	8	8,653
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	27,302
	10			nounts paid (attach schedule)					10	
								-	11	
		11 Benefits paid to or for members						·		
un.		12 Salaries, other compensation, and employee benefits							12	
e Se	13			other payments to independent contract.	ors			• -	13	
Expenses	14							•	14	
ũ	15	• , .	·	, postage, and shipping		•		·	15	659
	16	O ther expens)	16	31,394
	17	Total expens	es. Add I	ines 10 through 16					17	32,053
<u>د</u>	18	•	•	,				•	18	-4,751
Netasseis	19	Net assets o	r fund ba	lances at beginning of year (from line 27,	column (A))	(must a	gree with			
عر م		end-of-year f	figure rep	ported on prior year's return)				. [19	22,030
ž	20	Other change	es ın net	assets or fund balances (attach explanat	ion)	-		·	20	
	21	Net assets o	r fund ba	lances at end of year Combine lines 18 t	hrough 20			-	21	17,279
Pa	rt II	Balance S	Sheets	—If Total assets on line 25, column (B) a	re \$1,250,00	00 or mo	re, file Form 9	90 ınst	ead o	of Form 990-EZ
			/C + 1	ha instructions for Dort II \	Г	/= > =				N F
			•	he instructions for Part II)	-	(A) Be	ginning of yea		<u> (в</u>	End of year
		, savings, and	investme		• •		22,	030 22	-	17,279
		and buildings			• •			23	\vdash	
		rassets (desc	ribe 🟲		———)		= =	24	\vdash	
	25 Total assets						\vdash	17,279		
		•	•	(Inc. 27 - 6 - 1) (D))			0 26	\vdash	0
27	Net as	ssets or fund l	balances	(line 27 of column (B) must agree with lin	ie 21) .		22,	030 27	1	17,279

Part III Statement of Program S	Service Accomplishm	nents (See the instruction	s for Part III)			Expenses		
What is the organization's primary exempt purpose? ENHANCE MEMBERS ABILITY TO REGULATE, AND ASSIST IN PROMOTING PROFESSIONALISM OF THE SECURITY, INVESTIGATIVE, ALARM AND RELATED INDUSTRIES						(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)		
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.								
28 GOALS INCLUDE APPLICANT PROCE TECHNOLOGY, ENFORCEMENT AND REG STATES, INDUSTRY TRAINING AND EDU	GULATION, INSURANCE/							
•	s amount includes foreign (grants, check here .	•	Г	28a	0		
(Grants \$) If this	s amount includes foreign ç	grants, check here	•	Г	29a			
30				•				
(Grants \$) If this	s amount includes foreign ç	grants, check here .	•	Г	30a			
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign o	rants, check here	.	Г	31a			
32 Total program service expenses (add line				•	32			
Part IV List of Officers, Directors, Trus	(b) Title and average	(c) Compensation		tributions		(e) Expense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee deferred	benefit pl	ans &	account and other allowances		

Pa	rt 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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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			
а	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?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		
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?	38a		Νo
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
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			
е	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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 LAUREL RUDD	(31	9) 232	1480
	PO BOX 93 Located at WATERLOO, IA ZIP + 4	▶ _50	704	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	1 55	No
	account)?	42D		14 0
	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 ?	42c		Νo
	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 and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
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		Νο

Form 99	0-EZ (2009)							Page 4
Part V	Section 501(c)(3) orga All section 501(c)(3) orga 46-49b and complete the	nızatıons and sectior	4947(a)(1) nonexe	-			-	stions
46 Did	d the organization engage in direct	or indirect political can	npaign activities on bel	nalf of or in opp	osition to		Yes	No
cai	ndıdates for publıc office? If "Yes,"	complete Schedule C,	Part I			46		
47 Did	d the organization engage in lobbyi	ng activities? If "Yes,"	complete Schedule C,	Part II		47		
48 Is	the organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," complet	te Schedule E		48		
49a Did	d the organization make any transf	ers to an exempt non-cl	narıtable related organı	ızatıon?		49a		
b If'	'Yes," was the related organizatior	ı a section 527 organiza	ation?			49b		
	mplete this table for the organizati							
(a) Nar	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		(d) Con employee	ntributions to benefit plans & compensation	(e	Expe count a rallowa	and
of	mplete this table for the organization compensation from the organization. Name and address of each indepe	n If there is none, ente	r "None "		each received n		an \$10 ompen	
51(d) T	otal number of other independent o	contractors each receiv	ing over \$100,000 .					
Please Sign Here	Under penalties of perjury, I declare and belief, it is true, correct, and com ***** Signature of officer LAUREL RUDD ADMIN SRV DIRECT Type or print name and title	plete Declaration of prepare	urn, including accompanying r (other than officer) is base	ed on all informati	tatements, and to tl ion of which prepare	he best o	of my kno ny knowk	owledge edge
Paid	Preparer's signature CHRIS GEHLING		Date Check if self-empolyed		Preparer's identifying number (See instructions)		nber	
Preparer Use Only	ıf self-employed),				EIN Þ			
	address, and ZIP + 4 PO BOX 21	ሰበ						
	WATERLOO	0, IA 507042100			Phone no 🕨 (3:	19) 234-	6885	

Software ID: Software Version:

EIN: 57-0978817

Name: INTERNATIONAL ASSOCIATION OF SECURITY

AND INVESTIGATIVE REGULATORS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees (A) Name and address (B) Tible and everyone (C) Compared in (D) Contributions to

(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
WAYNE ROFILLIO PO BOX 93 WATERLOO,IA 50704	PRESIDENT 0 50	0	0	0
RUDY BUCK PO BOX 93 WATERLOO,IA 50704	FIRST VICE- PRESIDENT 0 50	0	0	0
KAREN FORSYTH PO BOX 93 WATERLOO,IA 50704	SECOND VICE- PRESIDENT 0 50	0	0	0
PEGGY ANDERSON PO BOX 93 WATERLOO,IA 50704	SECRETARY 0 50	0	0	0
ARTHUR VARNADORE PO BOX 93 WATERLOO,IA 50704	TREASURER 0 50	0	0	0
MARIE OHMAN PO BOX 93 WATERLOO,IA 50704	PAST PRESIDENT 0 50	0	0	0
ROBERT EDWARDS PO BOX 93 WATERLOO,IA 50704	DIRECTOR 0 50	0	0	0
JON HERBERMAN PO BOX 93 WATERLOO,IA 50704	DIRECTOR 0 50	0	0	0
CHARLENE MULOIN PO BOX 93 WATERLOO,IA 50704	DIRECTOR 0 50	0	0	0
BRAD SMITH PO BOX 93 WATERLOO,IA 50704	DIRECTOR 0 50	0	0	0

TY 2009 Other Expenses Schedule

Name: INTERNATIONAL ASSOCIATION OF SECURITY

AND INVESTIGATIVE REGULATORS

EIN: 57-0978817

Description	Amount
ACCOUNTING	17,410
LEGAL	369
CONFERENCE EXPENSES	7,909
INSURANCE	2,134
OFFICE SUPPLIES	280
TELEPHONE	1,285
TRAVEL	1,146
WEBSITE DEVELOPMENT	861
BANK CHARGES	



TY 2009 Other Revenues Schedule

Name: INTERNATIONAL ASSOCIATION OF SECURITY

AND INVESTIGATIVE REGULATORS

EIN: 57-0978817

Description	Amount
CONFERENCE FEES	8,653

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: INTERNATIONAL ASSOCIATION OF SECURITY

AND INVESTIGATIVE REGULATORS

EIN: 57-0978817

Declaration: The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.