See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

25 1 4 0 7 3 2

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	Employer identification number
Atlanta Chapter of the Institute of Internal Audit	23-7404522

Part V - Line 13a - The organization is not licensed to issue qualified health plans in any state.

Part VI - Line 1a - The organization is made up of a Board of Governors (BOG) that meets quarterly. There is also an Executive Committee (EC) which is a a subset of 8 of the BOG. It meets monthly The BOG has delegated some decision making authority to the EC as detailed in the organization By-Laws. The EC does report to the BOG on all decisions made and certain items per the By-Laws require full BOG approval

Part VI - Section C - line 19 - All organization documents are made available for public review upon request

Part VII - b - Not applicable as organization is all - volunteer

23-1705442

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ATLANTA CHAPTER OF THE INSTITUE OF
INTERNAL AUDIT
2300 HOLCOMB BRIDGE RD STE 103-315
ROSWELL GA 30076

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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

[signature]
Signature of officer or trustee

1-10-12
Date

Chief Financial Officer
Title