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, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $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*

OMB No 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: PROFESSIONAL INSURANCE AGENTS OF ACADIANA, INC.

Number and street (or P O box, if mail is not delivered to street address) / Room/suite: 513 S AUDUBON BLVD

City or town, state or country, and ZIP + 4: LAFAYETTE, LA 70503

D Employer identification number: 72-1254739

E Telephone number: (337) 237-2000

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) ▶

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

I **Website:** ▶

J **Organization type** (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 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 $100,000 or more, file Form 990 instead of Form 990-EZ ... ▶ $ 31,495.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,800.00
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	2,500.00
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	
	6	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a 27,195.00		
	b	Less: direct expenses other than fundraising expenses	6b 20,745.00		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	6,450.00
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	10,750.00
Expenses	10	Grants and similar amounts paid (attach schedule)		10	674.00
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	270.00
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	234.00
	16	Other expenses (describe ▶ SEE SCHEDULE ATTACHED)		16	7,482.00
	17	**Total expenses** (add lines 10 through 16) ▶		17	8,660.00
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)		18	2,090.00
	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)		19	21,191.00
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	23,281.00

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

(See page 51 of the instructions)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	21,191.00	22	23,281.00
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	21,191.00	25	23,281.00
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	21,191.00	27	23,281.00

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

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Part III **Statement of Program Service Accomplishments** (See page 51 of the instructions)

What is the organization's primary exempt purpose? TO PROMOTE INSURANCE PROFESSION

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, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	CRAWFISH BOIL RAISED FUNDS FOR THE OPERATION OF THE ORGANIZATION AND TO ISSUE SCHOLARSHIPS TO DESERVING INSURANCE STUDENTS (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	BOARD MEMBERS AND MEMBERS MEET REGULARLY TO DISCUSS THE OPERATIONS OF THE ORGANIZATION AND FUNDRAISING TO CONTINUE WITH THE ABILITY TO AWARD SCHOLARSHIPS. (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated See page 52 of the instructions)

(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
SEE ATTACHED SCHEDULE				

Part V **Other Information** (Note the statement requirement in General Instruction 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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* ***not*** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		X
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?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*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			

Part V **Other Information** (Note the statement requirement in General Instruction V) *(Continued)*

		Yes	No
40a	*501(c)(3) organizations* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
40b	*501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e *All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		

41 List the states with which a copy of this return is filed. ▶ LOUISIANA

42a The books are in care of ▶ LINDA HEBERT Telephone no ▶ (337) 237-2000

Located at ▶ 513 S AUDUBON BLVD, LAFAYETTE, LA [redacted]

b At any time during the calendar year, did the organization have a [redacted] over a financial account in a foreign country (such as a bank a [redacted] account)?

If "Yes," enter the name of the foreign country. ▶ [redacted]

See the instructions for exceptions and filing requirements for F [redacted]

c At any time during the calendar year, did the organization main [redacted]

If "Yes," enter the name of the foreign country ▶ [redacted]

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-* [redacted] and enter the amount of tax-exempt interest received or accrue [redacted]

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, i [redacted] and belief, it is true, correct, and complete. Declaration of preparer (o [redacted]

▶ Signature of officer Linda B. Hebert

▶ Type or print name and title Linda B. Hebert

Paid Preparer's Use Only

Preparer's signature ▶ Bridget Tully	Date 5/2/07	self-employed ▶ ☐	Preparer's SSN or PTIN (see Gen. Inst. X) P00440412
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Wright Moore DeHart Dupuis & Hutchinson PO Box 80569 Lafayette LA 70598		EIN ▶ 72-1108576	Phone no ▶ 337 232 3637

STATEMENTS AND ATTACHMENTS
PROFESSIONAL INSURANCE AGENTS OF ACADIANA, INC.
FORM 990-EZ

PART I

LINE 6 – SPECIAL EVENTS AND ACTIVITIES

CRAWFISH BOIL REVENUE	$27,195
CRAWFISH BOIL EXPENSES	20,745
NET CRAWFISH BOIL INCOME	$6,450

LINE 10 –GRANTS AND SIMILAR AMOUNTS PAID

DONATION TO YOUNG INSURANCE PROFESSIONALS	$ 200
DONATION TO IRA YOUNG SCHOLARSHIP	135
DONATION TO CIC SCHOLARSHIP	339
TOTAL GRANTS AND SIMILAR AMOUNTS PAID	$ 674

LINE 16 – OTHER EXPENSES

CONVENTION EXPENSES	$3,948
LICENSES & FEES	5
MEETINGS EXPENSES	2,736
BANK CHARGES	77
AWARDS	716
TOTAL OTHER EXPENSES	$7,482

PART IV – LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME	TITLE	HRS/WK	COMP & DEFERRED	ALLOWANCES
HUNTER CASSIDY 2402 W CONGRESS LAFAYETTE, LA 70506	PRESIDENT	5	NONE	NONE
LINDA HEBERT 513 S AUDUBON BLVD LAFAYETTE, LA 70503	TREASURER	5	NONE	NONE
LISA DONLON P O DRAWER 51187 LAFAYETTE, LA 70505	DIRECTOR	5	NONE	NONE
LONNIE GUIDRY 1027 JOHNSTON STREET LAFAYETTE, LA 70501	DIRECTOR	5	NONE	NONE
JOHN ERNY 801 W CONGRESS ST LAFAYETTE, LA 70501	DIRECTOR	5	NONE	NONE
IRA YOUNG 143 RIDGEWAY DRIVE, SUITE 318 LAFAYETTE, LA 70503	DIRECTOR	5	NONE	NONE
JOHN LIGGIO 3809 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70503	DIRECTOR	5	NONE	NONE