



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



**INDEPENDENT INSURANCE AGENTS
OF CENTRAL INDIANA, INC.**

Form 990-EZ (2010)

35-0413292 Page 2

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 28,119. | 24,824. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 0. | 2,240. |
| 25 Total assets | 28,119. | 27,064. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 1,734. | 1,882. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 26,385. | 25,182. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

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

28 SCHOLARSHIPS TO PROMOTE THE EDUCATION OF THOSE IN THE INSURANCE INDUSTRY

(Grants \$ 13,961.) If this amount includes foreign grants, check here

28a

29 _____

(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 (describe in Schedule O)

(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 the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (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 |
|---|--|--|---|--|
| FREIDA LIGMAN, 3435 W 96TH STREET, INDIANAPOLIS, IN 46268 | EXECUTIVE SECRETARY | 3,600. | 0. | 0. |
| KELLY SHEPHERD KAKONE 1200 W CARMEL DR, CARMEL, IN 46032 | PRESIDENT | 0. | 0. | 0. |
| KEN RHODEN 50 S MADISON, MOORESVILLE, IN 46168 | PRESIDENT-ELECT | 0. | 0. | 0. |
| STEVE WELLS PO BOX 44922, INDIANAPOLIS, IN 46224 | VICE PRESIDENT | 0. | 0. | 0. |
| SCOTT WENCLEWICZ, 7212 SHADELAND AVE #201, INDIANAPOLIS, IN 46250 | SECRETARY/TREAS | 0. | 0. | 0. |
| DEAN MAYFIELD 50 S MADISON, MOORESVILLE, IN 46168 | DIRECTOR | 0. | 0. | 0. |
| TOM JOHNSON, 7400 N SHADELAND AVE #100, INDIANAPOLIS, IN 46250 | DIRECTOR | 0. | 0. | 0. |
| BILL BOLANDER, 9181 E WASHINGTON ST, INDIANAPOLIS, IN 46229 | DIRECTOR | 0. | 0. | 0. |
| BRUCE KLINEMAN, 6510 SHADELAND AVE, INDIANAPOLIS, IN 46220 | DIRECTOR | 0. | 0. | 0. |
| ED MATTHEWS, 1637 SANWELA DR, INDIANAPOLIS, IN 46260 | DIRECTOR | 0. | 0. | 0. |
| PAUL SCHAFFER, 9333 N MERIDIAN STE 100, INDIANAPOLIS, IN 46260 | DIRECTOR | 0. | 0. | 0. |
| BILL LEPPERT, 5750 CASTLE CR PKWY N DR #150, INDIANAPOLIS, IN 46250 | EX-OFFICIO | 0. | 0. | 0. |

**INDEPENDENT INSURANCE AGENTS
OF CENTRAL INDIANA, INC.**

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

Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|--|------------|-----|----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 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 | N/A | |
| 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 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | | |
| 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 outstanding at the end of the tax year covered by this return? | 38a | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | N/A | |
| 39 Section 501(c)(7) organizations. Enter. | | | |
| a Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u> | | | |
| 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | N/A | |
| 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 ▶ <u>N/A</u> | | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u> | | | |
| 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 | | X |
| 41 List the states with which a copy of this return is filed ▶ <u>IN</u> | | | |
| 42a The organization's books are in care of ▶ <u>FREIDA LIGMAN</u> Telephone no ▶ <u>317-824-3780</u> Located at ▶ <u>3435 W 96TH STREET, INDIANAPOLIS, IN</u> ZIP + 4 ▶ <u>46268</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)? 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. | 42b | | X |
| 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 | | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |

**INDEPENDENT INSURANCE AGENTS
OF CENTRAL INDIANA, INC.**

Form 990-EZ (2010)

35-0413292

Page 4

| | Yes | No |
|--|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ | 45a | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

| | Yes | No |
|---|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

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 |
|--|--|------------------|---|--|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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." N/A

| (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 ▶ 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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
 Signature of officer: *Freida Ligman* Date: *1/12/12*
 Type or print name and title: **FREIDA LIGMAN, EXECUTIVE SECRETARY**

Paid Preparer Use Only

| | | | | |
|--|--|-------------------------|---|------|
| Print/Type preparer's name MAUREEN BECHER-SAGE, CPA | Preparer's signature <i>Maureen Becher-Sage</i> | Date 01/06/12 | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ SOMERSET CPAS, P.C. | Firm's EIN ▶ | | Phone no 317-472-2200 | |
| Firm's address ▶ 3925 RIVER CROSSING PKWY., STE. 300 INDIANAPOLIS, IN 46240 | | | | |

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

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 | INDEPENDENT INSURANCE AGENTS OF CENTRAL INDIANA, INC. | Employer identification number | 35-0413292 |
|--------------------------|--|--------------------------------|------------|

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

| DESCRIPTION OF PROPERTY: | AMOUNT: |
|--------------------------|---------|
| INTEREST | 52. |

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
|-------------------------------|---------|
| MISCELLANEOUS | 640. |

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: VARIOUS

AMOUNT GIVEN: 13,961.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------------|----------------|
| TAXES | 314. |
| MEETINGS AND OUTINGS | 24,862. |
| MISCELLANEOUS | 40. |
| TOTAL TO FORM 990-EZ, LINE 16 | 25,216. |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------|--------------|-------------|
| ACCOUNTS RECEIVABLE | 0. | 2,240. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

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 | INDEPENDENT INSURANCE AGENTS OF CENTRAL INDIANA, INC. | Employer identification number | 35-0413292 |
|--------------------------|--|--------------------------------|------------|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| PAYROLL TAXES PAYABLE | 1,034. | 1,882. |
| DEFERRED REVENUE | 700. | 0. |
| TOTAL TO FORM 990-EZ, LINE 26 | 1,734. | 1,882. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE CONTINUING
EDUCATION AND GRANTS AND SCHOLARSHIPS TO ADVANCE THE EDUCATION OF
PROFESSIONALS IN THE INSURANCE INDUSTRY IN CENTRAL INDIANA

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
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.