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Form 990

Department of the Treasury
Internal Revenue Service

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)

OMB No. 1545-0047

2008

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

EMPLOYEE DATE: MAR 22 2010	B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDEPENDENT INSURANCE AGENTS OF MARYLAND, INC.		D Employer identification number 52-0578409	
	See Specific Instructions	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 2408 PEPPERMILL DRIVE		E Telephone number 410-766-0600	
		City or town, state or country, and ZIP + 4 GLEN BURNIE, MD 21061		G Gross receipts \$ 466,077.	
		F Name and address of principal officer. MICHELE ARNOLD SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
		J Website: IIAMD.ORG		H(c) Group exemption number ►	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 1967 M State of legal domicile: MD		
Part I Summary					
Activities & Governance Revenue Expenses Net Assets or Fund Balances	1 Briefly describe the organization's mission or most significant activities THE ASSOCIATION'S MISSION IS TO CREATE UNITY AMONG MEMBERS, ACHIEVE AND MAINTAIN RECOGNITION AS THE				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16		
	5 Total number of employees (Part V, line 2a)	5	4		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	15,375.		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
	8 Contributions and grants (Part VIII, column B)	Prior Year			Current Year
	9 Program services revenue (Part VIII, line 2g)	296,828.			344,589.
	10 Investment income (Part VIII, column A, lines 3, 4, and 7d)	5,647.			105,640.
	11 Other revenue (Part VIII, column A, lines 5, 6d, 8c, 9c, 10c, and 11e)	31,817.			15,848.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,292.			466,077.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
14 Benefits paid to or for members (Part IX, column (A), line 4)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	177,097.			214,814.	
16a Professional fundraising fees (Part IX, column (A), line 11e)					
b Total fundraising expenses (Part IX, column (D), line 25) ►	168,229.			114,661.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	345,326.			329,475.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-11,034.			136,602.	
19 Revenue less expenses Subtract line 18 from line 12	Beginning of Year			End of Year	
20 Total assets (Part X, line 16)	276,382.			409,882.	
21 Total liabilities (Part X, line 26)	26,253.			23,150.	
22 Net assets or fund balances Subtract line 21 from line 20	250,129.			386,732.	

Part II Signature Block

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 ► *Michele Arnold* Date **3-22-2010**
 Signature of officer
 ► **MICHELE ARNOLD, EXECUTIVE VP**
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Deanne H. Arnos, CPA</i>	Date 3/18/10	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 ► KAHN BERMAN SOLOMON TAIBEL & MOGOL, PA 9515 DEEREKO ROAD SUITE 801 TIMONIUM, MARYLAND 21093-2108	EIN ►		
			Phone no. ► 410-308-0300	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

3 NE

INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
THE ASSOCIATION'S MISSION IS TO CREATE UNITY AMONG MEMBERS, ACHIEVE AND MAINTAIN RECOGNITION AS THE INSURANCE TRADE ASSOCIATION OF EXCELLENCE, AND TO PROVIDE SERVICES TO FOSTER OPPORTUNITIES FOR MEMBER PROSPERITY. THE ASSOCIATION ACCOMPLISHES THIS MISSION BY PROVIDING A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
PROMOTE AND REPRESENT COMMON BUSINESS INTERESTS OF INDEPENDENT INSURANCE AGENTS IN AN EFFORT TO IMPROVE THE PROFESSIONAL STANDARDS FOR INSURANCE PRODUCERS IN THE STATE OF MARYLAND.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
THE ASSOCIATION PROVIDES BOTH LICENSING AND CONTINUING EDUCATION PROGRAMS WHICH ADVANCE THE STANDARDS OF EDUCATION AND TRAINING IN THE INSURANCE/RISK MANAGEMENT FIELD. THE ASSOCIATION PRESENTED 58 MARYLAND INSURANCE ADMINISTRATION APPROVED PROGRAMS, SERVING 1016 STUDENTS FOR A TOTAL OF 3,354 HOURS OF CONTINUING EDUCATION CREDITS. 117 STUDENTS ATTENDED A WEEK LONG LICENSING PROGRAM AT OUR FACILITY IN GLEN BURNIE. THE ASSOCIATION ALSO PROVIDES ONLINE TRAINING WITH 19 MARYLAND INSURANCE ADMINISTRATION APPROVED ONLINE STUDY PROGRAMS. THE ASSOCIATION OFFERS THREE DESIGNATION PROGRAMS, ACSR(ACCREDITED CUSTOMER SERVICE REPRESENTATIVE); CRIS(CONSTRUCTION RISK INSURANCE SPECIALIST); AND AAI(ACCREDITED ADVISER IN INSURANCE).

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
THE ASSOCIATION HOLDS AN ANNUAL INSTALLATION DINNER/MEETING IN JUNE OF EACH YEAR. THEY HOLD ONE GENERAL MEMBERSHIP MEETING, FOUR BOARD MEETINGS AND 12 EXECUTIVE COMMITTEE MEETINGS ALONG WITH VARIOUS COMMITTEE MEETINGS THROUGHOUT THE YEAR.

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ► \$ *(Must equal Part IX, Line 25, column (B).)*

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 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*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?
If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the U S ?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K.*
If "No", go to question 25
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- 25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*

	Yes	No
1	<input checked="" type="checkbox"/>	X
2	<input checked="" type="checkbox"/>	X
3	<input checked="" type="checkbox"/>	X
4	<input type="checkbox"/>	X
5	<input checked="" type="checkbox"/>	X
6	<input checked="" type="checkbox"/>	X
7	<input checked="" type="checkbox"/>	X
8	<input checked="" type="checkbox"/>	X
9	<input checked="" type="checkbox"/>	X
10	<input checked="" type="checkbox"/>	X
11	<input checked="" type="checkbox"/>	X
12	<input checked="" type="checkbox"/>	X
13	<input checked="" type="checkbox"/>	X
14a	<input checked="" type="checkbox"/>	X
14b	<input checked="" type="checkbox"/>	X
15	<input checked="" type="checkbox"/>	X
16	<input checked="" type="checkbox"/>	X
17	<input checked="" type="checkbox"/>	X
18	<input checked="" type="checkbox"/>	X
19	<input checked="" type="checkbox"/>	X
20	<input checked="" type="checkbox"/>	X
21	<input checked="" type="checkbox"/>	X
22	<input checked="" type="checkbox"/>	X
23	<input checked="" type="checkbox"/>	X
24a	<input checked="" type="checkbox"/>	X
24b	<input type="checkbox"/>	X
24c	<input type="checkbox"/>	X
24d	<input type="checkbox"/>	X
25a	<input type="checkbox"/>	X
25b	<input type="checkbox"/>	X
26	<input checked="" type="checkbox"/>	X
27	<input type="checkbox"/>	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No	
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	5	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	<input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<input checked="" type="checkbox"/>	
4a 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)?	4a	<input checked="" type="checkbox"/>	
b 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	5a	<input checked="" type="checkbox"/>	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	<input checked="" type="checkbox"/>	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	<input checked="" type="checkbox"/>	
6a Did the organization solicit any contributions that were not tax deductible?	6b		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a		
7 Organizations that may receive deductible contributions under section 170(c).	7b		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7c		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e		
d If "Yes," indicate the number of Forms 8282 filed during the year	7f		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	10a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b		
10 Section 501(c)(7) organizations. Enter: N/A			
a Initiation fees and capital contributions included on Part VIII, line 12	11a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b		
11 Section 501(c)(12) organizations. Enter: N/A			
a Gross income from members or shareholders	12a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b	

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Part VI | Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	16	
1b Enter the number of voting members that are independent	16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MD**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **MICHELE ARNOLD - 410-766-0600**

2408 PEPPERMILL DR., GLEN BURNIE, MD 21061

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter 0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
MICHELE ARNOLD EXEC. VP	40.00	X		X			92,991.	0.	7,619.
LARS OLSON PRESIDENT-ELECT	0.50	X		X			0.	0.	0.
BERRY F. BROWN IMMEDIATE PAST PRESIDENT	0.50	X		X			0.	0.	0.
MICHAEL MCCARTIN STATE NATIONAL DIRECTOR	0.50	X		X			0.	0.	0.
ANGELA FERGUSON PRESIDENT	0.50	X		X			0.	0.	0.
DENNIS LAWSON DIRECTOR AT LARGE	0.50	X		X			0.	0.	0.
WILLIAM KNOBLOCH, III VICE PRESIDENT	0.50	X		X			0.	0.	0.
G. BRADFORD REEVES, JR. DIRECTOR	0.30	X					0.	0.	0.
PAT NOLTE DIRECTOR	0.30	X					0.	0.	0.
GENE BROTHERS DIRECTOR	0.30	X					0.	0.	0.
PAUL GREEN DIRECTOR	0.30	X					0.	0.	0.
DENISE CARNES DIRECTOR	0.30	X					0.	0.	0.
JOHN J. DARLINGTON JR. DIRECTOR	0.30	X					0.	0.	0.
TERRY M. MEAD DIRECTOR	0.30	X					0.	0.	0.
NANCY NICKLOW DIRECTOR	0.30	X					0.	0.	0.
TOM LOWE DIRECTOR	0.30	X					0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

92,991.

0.

7,619.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

5		x
---	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

0

Form 990 (2008)

INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

Form 990 (2008)

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Part VIII Statement of Revenue

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f					
Program Service Revenue		Business Code			
2 a MEMBERSHIP DUES	900099	182,315.	182,315.		
b INSURANCE EDUCATION	611710	142,691.	142,691.		
c ANNUAL CONVENTION	900099	17,663.			17,663.
d MEMBER ACTIVITIES	900099	1,920.	1,920.		
e					
f All other program service revenue					
g Total. Add lines 2a-2f		344,589.			
3 Investment income (including dividends, interest, and other similar amounts)			105,640.		105,640.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties			473.		473.
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a ADVERTISING	541800	15,375.			15,375.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		15,375.			
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		466,077.	326,926.	15,375.	123,776.

**INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.**

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	108,641.			
7 Other salaries and wages	89,887.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,286.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	4,439.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	40,509.			
12 Advertising and promotion	300.			
13 Office expenses	40,737.			
14 Information technology	960.			
15 Royalties				
16 Occupancy	33,893.			
17 Travel	7,818.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,968.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,217.			
23 Insurance	5,600.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DUES & SUBSCRIPTIONS</u>	71,980.			
b <u>INSURANCE EDUCATION PRO</u>	26,256.			
c <u>LEGISLATIVE ADVOCACY</u>	25,566.			
d <u>PAYROLL SERVICE FEES</u>	2,939.			
e <u>ACTIVITY EXPENSES</u>	1,696.			
f All other expenses	-171,217.			
25 Total functional expenses. Add lines 1 through 24f	329,475.			
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27,661.	1	28,339.
	2 Savings and temporary cash investments	175,490.	2	240,073.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,097.	4	3,250.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	44,754.	5	128,947.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	499.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,813.	9	6,423.
	10a Land, buildings, and equipment cost basis	10a 26,716.		
	b Less: accumulated depreciation Complete Part VI of Schedule D	10b 24,465.	5,467.	10c 2,251.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11	100.	13	100.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	276,382.	16	409,882.
Liabilities	17 Accounts payable and accrued expenses	8,894.	17	16,866.
	18 Grants payable		18	
	19 Deferred revenue	17,359.	19	6,284.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	26,253.	26	23,150.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	250,129.	27	386,732.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	250,129.	33	386,732.
	34 Total liabilities and net assets/fund balances	276,382.	34	409,882.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

 b Were the organization's financial statements audited by an independent accountant?

 c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

 b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- To be completed by organizations described below.
- Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization **INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.**

Employer identification number
52-0578409

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2** Political expenditures
- 3** Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made?

b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

**INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.**

Schedule C (Form 990 or 990-EZ) 2008

52-0578409 Page 2

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768
(election under section 501(h)).** See the instructions for Schedule C for details.

A Check if the filing organization belongs to an affiliated group

B Check if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**

1a Total lobbying expenditures to influence public opinion (grassroots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. Enter -0- if line g is more than line a

i Subtract line 1f from line 1c. Enter -0- if line f is more than line c

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.**

Schedule C (Form 990 or 990-EZ) 2008

52-0578409 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	172,973.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	25,566.
b Carryover from last year	2b	
c Total	2c	25,566.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	36,324.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	-10,758.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.** Employer identification number **52-0578409**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

Schedule D (Form 990) 2008

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
b Scholarly research e Other _____
c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the year end balance held as.					
a Board designated or quasi-endowment ►	%				
b Permanent endowment ►	%				
c Term endowment ►	%				
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					
(i) unrelated organizations					
(ii) related organizations					
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?					
4 Describe in Part XIV the intended uses of the organization's endowment funds.					
	Yes	No			
3a(i)					
3a(ii)					
3b					

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment	26,716.		24,465.	2,251.
e	Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))					2,251.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

Schedule D (Form 990) 2008

52-0578409 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X **Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.**

Schedule D (Form 990) 2008

52-0578409 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net) Add lines 4-8
- 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIV)
 - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIV)
 - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25.
 - a Donated services and use of facilities
 - b Prior year adjustments
 - c Losses reported on Form 990, Part IX, line 25
 - d Other (Describe in Part XIV)
 - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIV)
 - c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

- Attach to Form 990 or Form 990-EZ.
- To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008
Open To Public
Inspection

Name of the organization INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

Employer identification number
52-0578409

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ _____
► \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
INSURANCE BROKERS		X	171,909.	27,909.	X	X				X
INSURANCE BROKERS		X	100,000.	100,000.	X	X			X	
M. ARNOLD - ADVAN		X	4,500.	1,038.	X	X			X	
Total				► \$ 128,947.						

Total ► \$ 128,947.

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV | Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
INSURANCE BROKERS SERVICE R. LANGFORD	WHOLLY OWNED SUBSID FAMILY MEMBER OF CU	171,909. 39,038.	REIMBURSEME EMPLOYEE	X	X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.** Employer identification number **52-0578409**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSURANCE TRADE ASSOCIATION OF EXCELLENCE, AND TO PROVIDE SERVICES TO
FOSTER OPPORTUNITIES FOR MEMBER PROSPERITY. THE ASSOCIATION
ACCOMPLISHES THIS MISSION BY PROVIDING A VOICE FOR ITS MEMBERSHIP;
ADVOCATES THE AMERICAN AGENCY SYSTEM AND TO PERPETUATE THAT SYSTEM OF
DISTRIBUTION; PROVIDES PREMIER EDUCATION SESSIONS AND SERVICES; AND
SPEAKS FOR ITS MEMBERSHIP ON LEGISLATIVE ISSUES THAT MAY AFFECT THEIR
BUSINESS, CLIENTS AND THE INSURANCE-BUYING PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOICE FOR ITS MEMBERSHIP; ADVOCATES THE AMERICAN AGENCY SYSTEM AND TO
PERPETUATE THAT SYSTEM OF DISTRIBUTION; PROVIDES PREMIER EDUCATION
SESSIONS AND SERVICES; AND SPEAKS FOR ITS MEMBERSHIP ON LEGISLATIVE
ISSUES THAT MAY AFFECT THEIR BUSINESS, CLIENTS AND THE INSURANCE-BUYING
PUBLIC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ASSOCIATION PUBLISHED A NEWSLETTER 6 TIMES DURING THE YEAR, WHICH
KEEPS AGENTS ABREAST OF CURRENT AND UPCOMING ISSUES OF INTEREST.

**FORM 990, PART VI, SECTION A, LINE 4: THE ASSOCIATION AMENDED ITS BY-LAWS
ON 6/12/09, AS FOLLOWS:**

1) DEFINED THE RECOGNIZED REGIONS OF THE STATE ASSOCIATION, AND THE
REQUIREMENTS FOR A REGIONAL TO GAIN AND MAINTAIN RECOGNITION BY THE STATE
ASSOCIATION.

2) A MEMBER IN AN AREA, WITH A NON-ACTIVE REGIONAL ASSOCIATION, IS NOW

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization	INDEPENDENT INSURANCE AGENTS OF MARYLAND, INC.	Employer identification number 52-0578409
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ALLOWED TO SUBMIT DIRECTLY TO THE STATE ASSOCIATION FOR MEMBERSHIP.

3) CHANGED THE MAKE-UP OF THE BOARD OF DIRECTORS; REDUCED THE NUMBER OF ELECTED OFFICERS FROM 7 TO 6, AND THE NUMBER OF REGIONAL REPRESENTATIVES FROM 2 TO 1 (PER REGION).

FORM 990, PART VI, SECTION A, LINE 6: ANY PERSON, FIRM OR CORPORATION WHO IS LICENSED AS A MARYLAND INSURANCE PRODUCER, AS DEFINED IN ARTICLE 1-101(Q) OF THE ANNOTATED CODE OF MARYLAND, AND OPERATING ON A COMMISSION AND/OR FEE BASIS ON HIS/HER OWN ACCOUNT, SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE ASSOCAITON.

FORM 990, PART VI, SECTION A, LINE 7A: THE ASSOCIATION MEMBERSHIP ELECTS 6 OF THE 8 MEMBER EXECUTIVE COMMITTEE, ANNUALLY. THE EXECUTIVE COMMITTEE SELECTS THE OTHER 7 MEMBERS OF THE BOARD OF DIRECTORS FROM THE VARIOUS REGIONAL OFFICES, WITH THE GOAL OF REGIONAL BALANCE WITHIN THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: CHANGES IN THE BY-LAWS MAY BE AMENDED OR REVISED BY A 2/3 VOTE OF THE MEMBERS PRESENT AT ANY REGULAR OR SPECIAL MEETING.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 WAS SENT TO EXECUTIVE COMMITTEE MEMBERS, WHO WERE ASKED TO REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION RECEIVES ANNUAL CERTIFICATIONS FROM ALL OFFICERS, BOARD MEMBERS AND STAFF REGARDING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Inspection

Name of the organization	INDEPENDENT INSURANCE AGENTS OF MARYLAND, INC.	Employer identification number 52-0578409
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CONFLICT OF INTEREST POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE OFFICER IS REVIEWED ANNUALLY BY AN INDEPENDENT COMMITTEE (APPOINTED BY THE EXECUTIVE COMMITTEE). COMPENSATION IS COMPARED WITH SEVERAL SIMILAR ORGANIZATIONS. MINUTES ARE MAINTAINED AT ALL MEETINGS OF THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES FORMS 1023, 990 AND 990-T AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

OVERSIGHT OF THE FINANCIAL REVIEW PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: INSURANCE BROKERS SERVICE CORPORATION

(A) PURPOSE OF LOAN: REIMBURSEMENT OF ONGOING OPERATING EXPENSES

(A) NAME OF PERSON: INSURANCE BROKERS SERVICE CORPORATION

(A) PURPOSE OF LOAN: DIVIDEND DECLARED 6/12/09

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.** Employer identification number **52-0578409**

(A) NAME OF PERSON: M. ARNOLD

(A) PURPOSE OF LOAN: ADVANCE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: INSURANCE BROKERS SERVICE CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WHOLLY OWNED SUBSIDIARY

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENT

FOR CERTAIN OPERATING EXPENSES INCURRED THROUGHOUT THE YEAR.

(A) NAME OF PERSON: R. LANGFORD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CURRENT OFFICER

Part I Identification of Disregarded Entities

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
INDEPENDENT INSURANCE AGENTS OF MD EDUCATION FOUNDATION, INC	PROVIDE SCHOLARSHIPS TO INDIVIDUALS PURSUING INSURANCE EDUCATION &	MARYLAND	501 (C) (3)	PRIVATE FNDN	NONE
52-199794, 2408 PEPPERMILL DR, GLEN BURNIE, MD 21061					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

INDEPENDENT INSURANCE AGENTS

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
Yes	No								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

52-0578409 Page 3

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) INSURANCE BROKERS SERVICE CORPORATION	J	18,000.
(2) INSURANCE BROKERS SERVICE CORPORATION	P	171,909.
(3) INSURANCE BROKERS SERVICE CORPORATION	R	100,000.
(4)		
(5)		
(6)		

INDEPENDENT INSURANCE AGENTS
OF MARYLAND, INC.

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization INDEPENDENT INSURANCE AGENTS OF MARYLAND, INC.	Employer identification number 52-0578409
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O. box, see instructions. 2408 PEPPERMILL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN BURNIE, MD 21061	

Check type of return to be filed(file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

THE ASSOCIATION

- The books are in the care of ► GLEN BURNIE, MD - 21061 Telephone No ► 410-766-0600 FAX No. ► 410-766-0993
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

► calendar year or► tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization INDEPENDENT INSURANCE AGENTS OF MARYLAND, INC.	Employer identification number 52-0578409
	Number, street, and room or suite no. If a P.O. box, see instructions. 2408 PEPPERMILL DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN BURNIE, MD 21061	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ASSOCIATION

- The books are in the care of ► **GLEN BURNIE, MD - 21061**

Telephone No. ► **410-766-0600** FAX No. ► **410-766-0993**

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2010**
 5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPILE INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature ► Deanne H. Coker Title ► scs

Date ► **2/9/10**

Form 8868 (Rev. 4-2009)