# Form **990-E2**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Α	For the	e 2009 calend	ar year,	or tax year beginning	01/01	, 200	, and	ending	1	12/31		, 20 09
В	Check if	eck if applicable: Please		C Name of organization			D Emplo	oloyer identification num		cation number		
Address change			use IRS label or MARYLAND SELF INSURERS AND EMPLOYERS COMPENSATION ASSOC				52-2207083					
Ц	Name change Print or Number and street (or P.O. box, if mail is not d				, if mail is not delivered to s	ed to street address) Room/suite			E Telephone number			
H		tial return type. See PO Box 20105						410-494-2096				
H	Specific City or town state or country and ZIP + 4						E Grou	n Eva	mnti			
H	Amended return Instruc-									roup Exemption lumber ►		
ш				· ·		<del></del>		0.0				O
	• Sec	ction 501(c)(3)		zations and 4947(a)(1) none		s must atta	ch		-		V	Cash
_			a coi	mpleted Schedule A (Form S	190 Or 990-EZ).				(specify)			
								1			-	nization is <b>not</b>
I '	Websi	ite: ► <u>www</u>	.msieca	a.com				require	ed to atta	ach S	ched	ule B (Form 990,
J	Tax-ex	empt status (	check o	nly one) — 🔽 501(c) ( 6 )	(insert no.)	a)(1) or 🗌	527	990-E	Z, or 990	)-PF).		
Κ	Check	▶ ☐ if the	e organi	zation is not a section 509(a)(	3) supporting organizatio	n <b>and</b> its gro	ss rec	eipts are n	ormally r	not m	ore th	nan \$25,000. A
	Form 9	990-EZ or Forn	n 990 re	turn is not required, but if the	e organization chooses t	o file a retur	n, be s	sure to file	a comple	ete re	turn.	
L	Add line	es 5b, 6b, and 7	b, to line	e 9 to determine gross receipts	; if \$500,000 or more, file	Form 990 ins	tead o	f Form 990-	EZ ▶	9	 }	42,142
	art I			enses, and Changes i						tion	s for	r Part I.)
	1			ts, grants, and similar amo						1		0
	2			revenue including governn						2		0
				s and assessments						3		18,711
	3		•									
	4	Investment				1	- 1			4		0
	5a			m sale of assets other tha					0			
	b			er basis and sales expense					0			
ď	С	•		n sale of assets other than	• (			,	_	5c		0
Ď	6	Special event	s and act	tivities (complete applicable parts	of Schedule G). If any amo	ount is from <b>ga</b>	ming,	check here	▶ ⊔			
Revenue	a	Gross reve	enue (no	ot including \$	of contribu	itions						
Be		reported o	n line 1	)		. 6	1		23,431			
	b	Less: direc	t expe	nses other than fundraisin	g expenses	. 6k	<b>,</b>		18,012			
	С		•	ss) from special events an	• .		n line	6a)		6с		5,419
	7a			entory, less returns and a	· ·	I .	- 1	, -	0			· · · · · · · · · · · · · · · · · · ·
	b			•					0			
	C		•							7c		0
	8							8		0		
			•						<u></u>	9		24,130
_	9			dd lines 1, 2, 3, 4, 5c, 6c,								
	10			r amounts paid (attach sc	•					10		500
	11	Benefits paid to or for members							11		0	
es	12	Salaries, other compensation, and employee benefits						Г	12		0	
oenses	13	Professional fees and other payments to independent contractors							13		21,301	
			Occupancy, rent, utilities, and maintenance							14		0
Ж	15	Printing, p	nting, publications, postage, and shipping						15		327	
	16	Other expe	enses (	describe  See Statemer	nt 2				)	16		890
	17	Total expe	enses.	Add lines 10 through 16	<u></u>				. ▶	17		23,018
(C)	18	Excess or	(deficit)	for the year (Subtract line	17 from line 9)					18		1,112
Net Assets	19	9 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						with				
Ą									19		13,868	
et.	20								20		0	
ž	21		_	d balances at end of year.	•	•			_	21		14,980
	art II			ets. If Total assets on line							ad of	
				(See the instructions fo		,,			inning of			(B) End of year
2	<b>,</b>	ach covince	and in	vestments	•			. , 239		3,868	22	14,980
		, ,	•						13		23	14,960
	23 Land and buildings							24	0			
								-				
						13	3,868	-	14,980			
2	б Т 	otal liabilitie	<b>s</b> (desc	cribe >	(D)1 '''	. !! O4\	)				26	0
2	7 N	iet assets or	tund b	palances (line 27 of colum	n (B) <b>must</b> agree with	ı iine 21)		1	13	,868	27	14,980

Form 990-EZ (2009) Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** Improving self-insurance line of business (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional each program title. for others.) Members of the association are educated on self-insurance matters and regulation during lunch seminars. Members are asked to contribute ideas toward improving the association. \$0) If this amount includes foreign grants, check here \$0 (Grants \$ 28a Members of the association are educated on self-insurance matters and regulation during dinner seminars. Members are asked to contribute ideas toward improving the association. **\$0**) If this amount includes foreign grants, check here 29a \$0 (Grants \$ 30 30a (Grants \$ ) If this amount includes foreign grants, check here (Grants \$ ) If this amount includes foreign grants, check here 31a **Total program service expenses** (add lines 28a through 31a) . . . . . 32 0 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (b) Title and average hours per week (d) Contributions to (c) Compensation (e) Expense (a) Name and address (If not paid, employee benefit plans & devoted to position enter -0-.) deferred compensation other allowances See Statement 3

Part	V Other Information (Note the statement requirements in the instructions for Part V.)		<u>.</u>	uge e
Turt	Care mornation (Note the statement requirements in the instructions for 1 art v.)		Yes	Nο
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	103	<b>√</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		·
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	34		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
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		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>V</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Frank Linardi  Telephone no. ▶ 4	10-49	4-2096	 5
_	Located at ► 8722 Loch Raven Boulevard, Towson, MD 21286 ZIP + 4 ►	212	86	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI =
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	
	,	42b		~
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		~
J	If "Yes," enter the name of the foreign country:	∪		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	- •		_
	·			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		~
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		~

	501(c)(3) orgànizátions and section 494 and complete the tables for lines 50 an	47(a)(1) nonexem nd 51.	pt charitab	le trusts mi	ust answer questic	ons 40	6–49k	)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s					46	Yes	No
	Did the organization engage in lobbying activities					46		
	ls the organization engage in lobbying activities					48		
	Did the organization a school as described in section in the section by the organization make any transfers to an ex					49a		
	,	•		•		49a 49b		
	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi							d kov
	employees) who each received more than \$100,							и кеу
	employees) who each received more than \$100,	(b) Title and ave		Compensation			Expen	<u> </u>
	(a) Name and address of each employee paid more than \$100,000	hours per wed	ek	,	employee benefit plans 8 deferred compensation	ac	count a	nd
51	Total number of other employees paid over \$100 Complete this table for the organization's five I \$100,000 of compensation from the organization	highest compensa	ited indepen		ctors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,00	00	(b)	Type of service	(c) Co	mpensa	tion
None								
d	Total number of other independent contractors e	ach receiving eve	r \$100 000					
u	Total number of other independent contractors of	each receiving ove	τ φ του,υυυ	· · ·				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration							
Sign Here								
-	Signature of officer  Frank Linardi, Treasurer				Date			
	Type or print name and title  Preparer's signature		Date	Check if self-employed ▶	Preparer's identifying nu	mber (Se	 e instruc	tions)
Paid Preparer	Tilli Stialie (Oi				EIN ►			
Use On	y yours if self-employed), address, and ZIP + 4				Phone no. ▶			
May th	IRS discuss this return with the preparer shown	ahove? See instr	uctions	-		Vac		

Statement 1 : General Explanations Statement 2 : Other Expenses Schedule

Statement 3 : Officers, Directors, Trustees and Key Employees Compensation

#### Statement 1

## MARYLAND SELF INSURERS AND EMPLOYERS COMPENSATION ASSOC INC

52-2207083

Form: 990-EZ Page: 1 Line Number:

## **General Explanations**

Reference	Explanation
Form 990-EZ, Part I, Line 6	7 Lunch/Dinner Meetings/Seminars per year with gross receipts less than \$5,000 per event
Form 990-EZ, Part I, Line 6a	7 Lunch/Dinner Meetings/Seminars per year with gross receipts less than \$5,000 per event
Form 990-EZ, Part I, Line 6b	7 Lunch/Dinner Meetings/Seminars per year with gross receipts less than \$5,000 per event
Form 990-EZ, Part I, Line 6c	7 Lunch/Dinner Meetings/Seminars per year with gross receipts less than \$5,000 per event
Form 990-EZ, Part I, Line 10	Sponsorships
Form 990-EZ, Part I, Line 16	Insurance, membership fees and bank fees

#### Statement 2

#### MARYLAND SELF INSURERS AND EMPLOYERS COMPENSATION

**ASSOC INC** 

Form: 990-EZ **52-2207083** 

Page: 1

Line Number: Part I Line 16

## Other Expenses Schedule

Description	Amount
Bank service charges	\$228
Insurance	\$350
Membership fees	\$312
Total:	\$890

ASSOC INC 52-2207083

Form: 990-EZ Page: 2

Line Number: Part IV

## Officers, Directors, Trustees and Key Employees Compensation

Name and address	Title and Hours	Compensation	Benefits	Expense
Lissa H Bales 101 Monroe Street 15th Floor Rockville, MD 20850	Board Member 2.00	\$0	\$0	\$0
Steve Perroots Marriott Drive Dept 92437 Washington, DC 20058	Past President 3.00	\$0	\$0	\$0
Ronald Travers 2660 Riva Road Annapolis, MD 21401	Board Member 2.00	\$0	\$0	\$0
Morrisann Martin 1777 Reisterstown Road Suite 375 Baltimore, MD 21208	Board Member 2.00	\$0	\$0	\$0
Beth Porter 2 Center Plaza 110 W Fayette Stree Suite 200 Baltimore, MD 21201	Secretary 3.00	\$0	\$0	\$0
Thomas J Phelan 8722 Loch Raven Boulevard Towson, MD 21286	Board Member 2.00	\$0	\$0	\$0
Paul Osborn 4551 Forbes Boulevard Lanham, MD 20706	President 5.00	\$0	\$0	\$0
Gloria Bamforth 490-L Prospect Boulevard Frederick, MD 21701	Board Member 2.00	\$0	\$0	\$0
Robert C Erlandson 3300 North Ridge Road Suite 275 Ellicott City, MD 21043	Board Member 5.00	\$0	\$0	\$0
Robert Mellendick 555 Fairmount Avenue Towson, MD 21286	Board Member 3.00	\$0	\$0	\$0
Larry Giambelluca 250 W Pratt Street Baltimore, MD 21201	Board Member 3.00	\$0	\$0	\$0
J Charles Szczesny Air Rights Center 7315 Wisconsin Avenue Suite 500 W Bethesda, MD 20814	Board Member 2.00	\$0	\$0	\$0
Anthony Crofton 8775 Centre Park Drive 454 Columbia, MD 21045	Board Member 3.00	\$0	\$0	\$0
Joseph F Zauner III 100 N Charles Street Suite 1700 Baltimore, MD 21201	Board Member 2.00	\$0	\$0	\$0

#### Statement 3

#### MARYLAND SELF INSURERS AND EMPLOYERS COMPENSATION

			AS	SSOC INC
Yvonne Garside	Board Member	\$0	\$0	\$0
1505 Marriottsville Rd	2.00			
Marriottsville, MD 21104				
Rick Schnabele	Board Member	\$0	\$0	\$0
14741 Governor Oden Bowie Drive	2.00			
Room 3200 CAB				
Upper Marlboro, MD 20772				
Doug Kerr	Vice President	\$0	\$0	\$0
401 E Fayete St Suite 700	3.00			
Baltimore, MD 21202				
Frank Linardi	Treasurer	\$0	\$0	\$0
8722 Loch Raven Boulevard	5.00			
Towson, MD 21286				
Total:		\$0	\$0	\$0