

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.*

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01/01, **2011, and ending** 12/31, 20 11

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

MARYLAND SELF INSURERS AND EMPLOYERS COMPENSATION ASSOC INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

PO Box 20105

City or town, state or country, and ZIP + 4

Towson, MD 21284-0105

D Employer identification number

52-2207083

E Telephone number

410-494-2096

F Group Exemption

Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.msieca.com

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **31,457**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	17,445
	3 Membership dues and assessments	3	14,012
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	31,457	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,147
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	20,747
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	562
	16 Other expenses (describe in Schedule O)	16	12,577
17 Total expenses. Add lines 10 through 16 ▶	17	35,033	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,576
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	10,102
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	6,526

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,102	22 6,526
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	10,102	25 6,526
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,102	27 6,526

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

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

What is the organization's primary exempt purpose? Improving self-insurance line of business.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 <u>Members of the association are educated on self-insurance matters and regulation during lunch seminars.</u> <u>Members are asked to contribute ideas toward improving the association.</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,095
29 <u>Members of the association are educated on self-insurance matters and regulation during dinner seminars.</u> <u>Members are asked to contribute ideas toward improving the association.</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,544
30 _____ _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	11,639

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Lissa H Bales</u> <u>101 Monroe Street 15th Floor, Rockville, MD 20850</u>	<u>Board Member, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Steve Perroots</u> <u>9737 Washington Blvd Suite 20878, Gaithersburg, MD 20878</u>	<u>Past President, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Ronald Travers</u> <u>2660 Riva Road, Annapolis, MD 21401</u>	<u>Past President, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Morrisann Martin</u> <u>1777 Reisterstown Road Suite 375, Baltimore, MD 21208</u>	<u>Board Member, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Tracy Logue</u> <u>7 St Paul Street Suite 450, Baltimore, MD 21202</u>	<u>Secretary, 3</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Thomas J Phelan</u> <u>8722 Loch Raven Blvd, Towson, MD 21286</u>	<u>Board Member, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Paul Osborn</u> <u>4551 Forbes Blvd, Lanham, MD 20706</u>	<u>Past President, 3</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Gloria Bamforth</u> <u>490L Prospect Blvd, Frederick, MD 21701</u>	<u>Board Member, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Robert C Erlandson</u> <u>3300 North Ridge Rd Suite 275, Ellicott City, MD 21043</u>	<u>Board Member, 5</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Robert Mellendick</u> <u>555 Fairmount Ave, Towson, MD 21286</u>	<u>Board Member, 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Larry Giambelluca</u> <u>25 South Charles St 14th Floor, Baltimore, MD 21201</u>	<u>Board Member, 3</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>(Continued on Schedule O, Statement 1)</u>				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee...
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction...
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons...
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of Frank Linardi Telephone no. 410-494-2096
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date
	▶ Frank Linardi, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

MARYLAND SELF INSURERS AND EMPLOYERS COMPENSATION ASSOC INC

Employer identification number

52-2207083

Form 990-EZ, Part I, Line 10 - Sponsorship

Form 990-EZ, Part I, Line 16 - Insurance, bank fees and program service expenses.

Form 990-EZ, Part IV - See Statement 1.

Form: 990-EZ

Page: 2

Line Number: Part IV

Officers, Directors, Trustees and Key Employees Compensation

		Title and Hours	Compensation	Benefits	Expense
Name	J Charles Szczesny	Board Member 2	0	0	0
Address	Air Rights Center 7315 Wisconsin Ave Suite 500w Bethesda, MD 20814				
Name	Anthony Crofton	Board Member 3	0	0	0
Address	8775 Centre Park Dr 454 Columbia, MD 21045				
Name	Alan Dark	Board Member 2	0	0	0
Address	8775 Centre Park Dr 454 Columbia, MD 21045				
Name	Joseph F Zauner III	Board Member 2	0	0	0
Address	100 N Charles St Suite 1700 Baltimore, MD 21201				
Name	Yvonne Garside	Vice President 3	0	0	0
Address	8990 Old Annapolis Rd Suite M Columbia, MD 21045				
Name	Rick Schnabele	Board Member 2	0	0	0
Address	14741 Governor Oden Bowie Dr Room 3200 CAB Upper Marlboro, MD 20772				
Name	Douglas Kerr	President 5	0	0	0
Address	401 E Fayette St Suite 700 Baltimore, MD 21202				
Name	Frank Linardi	Treasurer 5	0	0	0
Address	8722 Loch Raven Blvd Towson, MD 21286				
Total:			0	0	0