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Short Form
Return of Organization Exempt From Income Tax

2012

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.

A For the 2012 calendar year, or tax year beginning April 1, 2012, and ending March 31, 2013

B Check if applicable	C Name of organization New England Social Security Management Association (NESSMA)		D Employer identification number 21-7161663
<input checked="" type="checkbox"/> Address change	Number and street (or P O. box, if mail is not delivered to street address)		E Telephone number 877-684-0333
<input type="checkbox"/> Name change	Initial return		F Group Exemption Number ►
<input type="checkbox"/> Terminated	Amended return		
<input type="checkbox"/> Application pending			
c/o 960 Main St. Hartford, CT 06103-9691			

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► NCSSMA.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ► (insert no) 4947(a)(1) or 527

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 ► \$

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

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

Revenue	Description	Line	Amount	
			Amount	Amount
1	Contributions, gifts, grants, and similar amounts received	1	1	1
2	Program service revenue including government fees and contracts	2	1250	1250
3	Membership dues and assessments	3		
4	Investment income	4	0	0
5a	Gross amount from sale of assets other than inventory	5a	0	0
5b	Less: cost or other basis and sales expenses	5b	0	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	0
6	Gaming and fundraising events	6		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	0
6b	Gross income from fundraising events (not including \$ 0 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	0
6c	Less: direct expenses from gaming and fundraising events	6c	0	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	0
7a	Gross sales of inventory, less returns and allowances	7a	0	0
7b	Less: cost of goods sold	7b	0	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	0
8	Other revenue (describe in Schedule O) ► 20444	8	24745	24745
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	25995	25995
10	Grants and similar amounts paid (list in Schedule O) ► 8320	10	8320	8320
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12		
13	Professional fees and other payments to independent contractors	13		
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O)	16	12124	12124
17	Total expenses. Add lines 10 through 16	17	20444	20444
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3364	3364
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	36285	36285
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	39649	39649

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	36285	22 39649
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	36285	25 39646
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)	36285	27 39646

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 Expenses (Required for section

What is the organization's primary exempt purpose? Further the best interests of our staff

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	This is an organization of the management of the Social Security Administration of New England who work with other regions on a National level to support our purpose. To encourage the established policies that best serve the public interest in accomplishing the SSA mission (Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0
29	To coooperatively with all responsible officials of the SSA in furtherance of the Social Security programs. We wholeheartedly endorse the "Social Security Administration Statement and Objectives". To give real meaning and effectiveness the provision of the Executive Order 11491 providing for consulting with the (Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0
30	association of supervisors. To foster the highest standards of professionalism. _____ (Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32	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)

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

(a) Name and title	(b) 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
Lisa Chrabolowski - President C/O SSA 1 Wall St. Manchester, NH 03101-1418	2 hours	0	0	1265
Carla Martin - Vice President C/O SSA 960 Main St. Hartford, CT 06103	2 hours	0	0	0
Marilyn Monderer - Recording Secretary C/O SSA 1 Edgewater Dr. Suite 102, Norwood, Ma 02062-4669	1 hour	0	0	1491
Nancy Martel-Tully - Treasurer C/O SSA 960 Main St. Hartford, CT 06103	2 hours	0	0	1081

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

	Yes	No
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	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	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 or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	n/a
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► n/a , section 4912 ► n/a ; section 4955 ► n/a	40a	n/a
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► none		
42a The organization's books are in care of ► Nancy Martel-Tully	Telephone no. ► 877-684-0333	
Located at ► 960 Main St., Hartford, CT 06103 - electronic records at BOA c/o N. M. Tully	ZIP + 4 ► 06103	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country: ► n/a	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ► n/a		
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 ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

		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	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 title of each employee paid more than \$100,000	(b) 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
no employees				

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

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	►	<input type="checkbox"/> Yes <input type="checkbox"/> 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			Date 4/10/2013
	Signature of officer	Nancy Martel-Tully	
	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

2012

Open to Public
Inspection

Name of the organization

New England Social Security Management Association (NESSMA)

Employer identification number

21-7161663

Part 1 Expenses Grants and similiar amounts paid: We are a Regional Association which is part of a larger organization of SSA managers (NCSSMA National Council Social Security Management Association). There are ten regional associations that make up the National Council and the amounts listed are our dues paid to be part of the greater Council.

Part 1 line 16: th amount listed reflects the money spent on a regional Meeting for all our members, travel reimbursement for the executive Council including the officers to attend quarterly meetings and the national council conference.

Part 5 line 44d: Our organization does not now nor ever participated in or received any funds for indoor tanning.

Name of the organization

Employer identification number