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Form 990-EZ

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, 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Talent Managers Association FKA Conference of Personal Managers Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 3940 Laurel Canyon Blvd Suite 785. City or town, state or country, and ZIP + 4: Studio City, CA 91604

D Employer identification number: 95-1921465. E Telephone number: (323) 877-8300. F Group Exemption Number

G Accounting method: Cash. I Website: talentmanagers.org. J Tax-Exempt status: 501(c)(3)

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 and its gross receipts are normally not more than \$50,000

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)

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

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 15,239). Rows 10-17: Expenses (Total expenses: 14,181). Rows 18-21: Net Assets (Total: 14,782).

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	13,724	<b>22</b> 14,782
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25 Total assets</b> . . . . .	13,724	<b>25</b> 14,782
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	13,724	<b>27</b> 14,782

**Part III Statement of Program Service Accomplishments**

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

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

What is the organization's primary exempt purpose?

The organizations primary exempt purpose is to promote and encourage the highest standards and behavior in the practice of talent management

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** This organization fosters increased professional standards and practices in the talent management profession through it's membership program, panel discussions, and awards programs (Grants \$ 0) . . . . .  **28a** 0

If this amount includes foreign grants, check here . . . . .

**29** (Grants \$ ) . . . . .  **29a**

If this amount includes foreign grants, check here . . . . .

**30** (Grants \$ ) . . . . .  **30a**

If this amount includes foreign grants, check here . . . . .

**31** Other program services (describe in Schedule O) . . . . .  **31a**

If this amount includes foreign grants, check here . . . . .

**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

**Yes** **No**

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

**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.

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

**Yes** **No**

<b>47</b>	Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b>	<b>b</b> If "Yes," was the related organization a section 527 organization?		

**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"

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**50(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"

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(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: 2012-09-14  
 William Michael Carpenter Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: Jeanette Rodriguez Date: 2012-09-14 Check if self-employed:   
 Preparer's taxpayer identification number (See instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: JR Bookkeeping & Accounting Services, 102 N Glendale Avenue, Suite 601, Glendale, CA 91206  
 EIN: \_\_\_\_\_ Phone no: (213) 210-4412

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Talent Managers Association FKA Conference of Personal Managers Inc

Employer identification number 95-1921465

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations b Internet and e-mail solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Dotted lines for listing states.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Heller Awards (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	24,973			24,973
	<b>2</b> Less Charitable contributions . . . . .	0			0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	24,973			24,973
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Non-cash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	0			0
	<b>7</b> Food and beverages . . . . .	0		0	0
	<b>8</b> Entertainment . . . . .	0		0	0
	<b>9</b> Other direct expenses . . . . .	26,353			26,353
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				26,353
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				-1,380	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>	
<b>b</b> An outside facility . . . . .	<b>13b</b>	

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**

Talent Managers Association  
FKA Conference of Personal Managers Inc

**Employer identification number**

95-1921465

Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description, Amount^ Insurance, 2916   Bank Fees, 1994   Website, 3445   Awards Dinner, 738   Meetings, 1600^ Total, 10693^
F99Z_P01_S00_L20	Form 990-EZ, Part I, Line 20	None

# Additional Data

**Software ID:** 10000077

**Software Version:** v1.00

**EIN:** 95-1921465

**Name:** Talent Managers Association  
FKA Conference of Personal Managers Inc

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Phil Brock 1328 12th Street Santa Monica, CA 90401	President 0	0	0	0
Annet McCroskey 800 S Pacific Hwy Ste8-250 Redondo Beach, CA 90277	Vice President 0	0	0	0
Betty McCormick Aggas 6632 Clybourn Ave Ste 137 North Hollywood, CA 91606	Second Vice President 0	0	0	0
Daryn Simons 10743 Richland Ave Los Angeles, CA 90064	Corresponding Secretary 0	0	0	0
Jake Azhar 8275 Fountain Ave Apt 1 West Hollywood, CA 90046	Recording Secretary 0	0	0	0
Paul Trusik 1155 N La Cienega Suite 801 West Hollywood, CA 90069	Former President 0	0	0	0
Karla Huff PO Box 11763 Marina Del Rey, CA 90295	Director at Large 0	0	0	0
William-Michael Carpenter 3940 Laurel Canyon Blvd Suite 785 Studio City, CA 91604	Treasurer 0	0	0	0