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**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 . . . . . ☒

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2012)

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                                              | 80,218                | 22              | 110,415 |
| 23 Land and buildings                                                          |                       | 23              |         |
| 24 Other assets (describe in Schedule O)                                       | 10,198                | 24              | 3,540   |
| 25 Total assets                                                                | 90,416                | 25              | 113,955 |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26              |         |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 90,416                | 27              | 113,955 |

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?  
The purpose of the organization is to improve the terms and conditions of employment for the members of the Association. The Association will act independently to support issues, programs, and projects of interest to management, and to negotiate a collective bargaining agreement with the City of Glendale on behalf of managers eligible for membership in this Association. In furtherance of the organization's goal to improve the terms and conditions of employment within the City of Glendale, this organization will provide support for charitable and social benefit activities. Any organizations receiving assistance from the Association shall provide direct benefit to residents and/or businesses in the City of Glendale.

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.

28

Social events conducted for and promotional material provided to members of the Association.  
(Grants \$ ) If this amount includes foreign grants, check here

28a

29

Support for charitable and social benefit activities within the community.  
(Grants \$ ) If this amount includes foreign grants, check here

29a

30

Meetings with City of Glendale leaders to discuss improving the terms and conditions of employment for members of the Association. Support of issues, programs and projects of interest to management employees of the City of Glendale. Support of city officials who advocate programs and projects which are of interest to the management employees of the City of Glendale.  
(Grants \$ ) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

Expenses

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

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 |
|---------------------------|------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| See Additional Data Table |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |
|                           |                                                |                                                                           |                                                                                         |                                            |

Form 990-EZ (2012)

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  | No  |
| 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  | Yes |
| 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 | No  |
| b   | If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                                             | 35b | No  |
| 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 | No  |
| 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  | No  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <input type="text"/>                                                                                                                                                                                                                                                                                                                   |     |     |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                 | 37b | No  |
| 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 tax year covered by this return? . . . . .                                                                                                                                                                                                                           | 38a | No  |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 39  | Section 501(c)(7) organizations Enter <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                  | 39a | 0   |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                                         | 39b | 0   |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____                                                                                                                                                                                                                             |     |     |
| 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 . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                     |     |     |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                   |     |     |
| 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 | No  |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                |     |     |
| 42a | The organization's books are in care of <input type="checkbox"/> Kevin Carter Telephone no <input type="checkbox"/> (818) 937-8256<br>Located at <input type="checkbox"/> 633 East Broadway Glendale, CA ZIP + 4 <input type="checkbox"/> 91206                                                                                                                                                                                                                         |     |     |
| 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)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No  |
| c   | At any time during the calendar year, did the organization maintain an office outside the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                       | 42c | No  |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . <input type="checkbox"/> <b>43</b> <input type="text"/>                                                                                                                                                                    |     |     |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No  |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                                            | 44a | No  |
| b   | Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .                                                                                                                                                                                                                                                                                                              | 44b | No  |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                                        | 44c | No  |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .                                                                                                                                                                                                                                                                                                                   | 44d | No  |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                                                       | 45a | No  |
| 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 | No  |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | 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 . . . . . |     | No |

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 . . . . . |     |    |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                  |     |    |
| 49b | 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 "

| (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 |
|--------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| 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                                                                                                                                                     | <input type="text"/>                                                                                   | 2013-05-15                                     |      |
|                                                                                                                                                               | Signature of officer                                                                                   | Date                                           |      |
| Paid Preparer Use Only                                                                                                                                        | Kevin Carter Treasurer                                                                                 |                                                |      |
|                                                                                                                                                               | Type or print name and title                                                                           |                                                |      |
|                                                                                                                                                               | Print/Type preparer's name                                                                             | Preparer's signature<br>Maral Parseghian CPA   | Date |
|                                                                                                                                                               | Firm's name <input checked="" type="checkbox"/> John T Minnick Accountancy Corp                        | Firm's EIN <input checked="" type="checkbox"/> |      |
|                                                                                                                                                               | Firm's address <input checked="" type="checkbox"/> 512 E Wilson Avenue Suite 302<br>Glendale, CA 91206 | Phone no (818) 246-7239                        |      |
| May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                        |                                                |      |

## Additional Data

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 71-0934158

**Name:** Glendale Management Association

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

| <b>(a)</b> Name and title        | <b>(b)</b> Average hours per week devoted to position | <b>(c)</b> Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b> | <b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation | <b>(e)</b> Estimated amount of other compensation |
|----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Greg Fish<br>Director            | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Todd Stokes<br>Director          | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Laura Stotler<br>Director        | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Roubik Golanian<br>Director      | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Dave Cole<br>Director            | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Kevin Carter<br>Treasurer        | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Kevin Todd<br>Secretary          | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Sona Mooradian<br>Vice President | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |
| Koko Panossian<br>President      | 2 00                                                  | 0                                                                                        |                                                                                                |                                                   |

**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.**

**2012**

**Open to Public  
Inspection**

Name of the organization  
Glendale Management Association

**Employer identification number**

71-0934158

| Identifier                         | Return Reference    | Explanation                                                                        |
|------------------------------------|---------------------|------------------------------------------------------------------------------------|
| Form 990-EZ, Part II, Line 24 1005 | Other Assets 1005   | Accounts Receivable - Beginning \$8489 Accounts Receivable - Ending \$2319         |
| Form 990-EZ, Part II, Line 24 1003 | Other Assets 1003   | Machinery and Equipment - Beginning \$1709 Machinery and Equipment - Ending \$1221 |
| Form 990-EZ, Part I, Line 16 9     | Other Expenses 9    | Rounding \$-1                                                                      |
| Form 990-EZ, Part I, Line 16 8     | Other Expenses 8    | Dues/taxes \$10                                                                    |
| Form 990-EZ, Part I, Line 16 7     | Other Expenses 7    | Survey / election expenses \$24                                                    |
| Form 990-EZ, Part I, Line 16 6     | Other Expenses 6    | Retirement gifts \$467                                                             |
| Form 990-EZ, Part I, Line 16 5     | Other Expenses 5    | Negotiation / Board meetings \$675                                                 |
| Form 990-EZ, Part I, Line 16 4     | Other Expenses 4    | Committee training/w orkshops \$715                                                |
| Form 990-EZ, Part I, Line 16 3     | Other Expenses 3    | Member materials \$778                                                             |
| Form 990-EZ, Part I, Line 16 2     | Other Expenses 2    | Labor relations \$1875                                                             |
| Form 990-EZ, Part I, Line 16 1     | Other Expenses 1    | Member functions \$9862                                                            |
| Form 990-EZ, Part I, Line 16 1012  | Other Expenses 1012 | Insurance \$2795                                                                   |
| Form 990-EZ, Part I, Line 16 1009  | Other Expenses 1009 | Depreciation \$488                                                                 |
| Form 990-EZ, Part I, Line 16 1002  | Other Expenses 1002 | Office Expenses \$248                                                              |