

Center for Talent Reporting

2020 Form 990 and CA Form 199

12/31 Year-End

Public Disclosure Copy

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns – keep indefinitely.
- Supporting documentation – keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

Short Form Return of Organization Exempt From Income Tax

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTER FOR TALENT REPORTING, INC.		D Employer identification number 32-0387797
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
	2043 ARROYO CT.		(970) 217-4692
	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ▶
	WINDSOR, CO 80550		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.CENTERFORTALENTREPORTING.ORG			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 41,078.			

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	29,687.
	3 Membership dues and assessments	3	10,742.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ 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	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	649.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,078.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,565.
	13 Professional fees and other payments to independent contractors	13	2,903.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	4,957.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	19,739.
	17 Total expenses. Add lines 10 through 16	17	44,164.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	<3,086.>
	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	14,234.
	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	11,148.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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	14,234.	22	11,148.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	14,234.	25	11,148.
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)	14,234.	27	11,148.

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? **SEE SCHEDULE O**

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; optional for others.)

28 SEE SCHEDULE O		28a	14,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29 SEE SCHEDULE O		29a	6,500.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30 SEE SCHEDULE O		30a	4,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O) SEE SCHEDULE O		31a	11,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	35,500.

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
PATTI PHILLIPS CHAIR	0.25	0.	0.	0.
JEFF HIGGINS TREASURER	0.25	0.	0.	0.
CUSHING ANDERSON BOARD MEMBER	0.25	0.	0.	0.
KIMO KIPPEN BOARD MEMBER	0.25	0.	0.	0.
JEFF CARPENTER BOARD MEMBER	0.25	0.	0.	0.
JUSTIN TAYLOR BOARD MEMBER	0.25	0.	0.	0.
GARY WHITNEY BOARD MEMBER	0.25	0.	0.	0.
JUNE SONSALLA BOARD MEMBER	0.25	0.	0.	0.
ADRI MAISONET BOARD MEMBER	0.25	0.	0.	0.
DAVID L. VANCE EXECUTIVE DIRECTOR	20.00	0.	0.	0.

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 Sch. O to respond to any question in this Part V [X]

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. Otherwise, explain the change on Schedule O. See instructions
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
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; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
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), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
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 (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
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? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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? If "No," provide an explanation in Schedule O
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (empty)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (empty)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (empty)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

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."

Table with 5 columns: (a) Name and title of each employee, (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. Row 1: N/A

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." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

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 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: DAVID L. VANCE, EXECUTIVE DIRECTOR Date

Paid Preparer Use Only table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN. Row 1: KYLE FRITCH, CPA, KYLE FRITCH, CPA, 03/01/21, P01313374

May the IRS discuss this return with the preparer shown above? See instructions X 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CENTER FOR TALENT REPORTING, INC.

Employer identification number

32-0387797

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

OTHER MISCELLANEOUS INCOME

649.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

OFFICE EXPENSES

3,570.

INFORMATION TECHNOLOGY

11,446.

TRAVEL

1,805.

INSURANCE

1,447.

SUPPLIES

150.

CONFERENCES

1,321.

TOTAL TO FORM 990-EZ, LINE 16

19,739.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - IMPROVE AND STANDARDIZE
THE MEASUREMENTS, REPORTING AND MANAGEMENT OF HUMAN CAPITAL TO DELIVER
SIGNIFICANT BUSINESS VALUE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

HOSTED VIRTUAL CTR CONFERENCE ON OCTOBER 27-29 WITH 580
REGISTRATIONS AND 350 ATTENDEES, FEATURING A KEYNOTE ON
HUMAN CAPITAL REPORTING, MULTIPLE PANELS AND 15 BREAKOUT
SESSIONS. BROUGHT TOGETHER INDUSTRY THOUGHT LEADERS, LEADING
PRACTITIONERS AND THOSE WHO WANTED TO LEARN AND IMPROVE THEIR
EFFECTIVENESS. EXCELLENT FEEDBACK FROM PARTICIPANTS.

Name of the organization CENTER FOR TALENT REPORTING, INC.	Employer identification number 32-0387797
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FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION CONDUCTED 19 WEBINARS FOR 619 REGISTERED PARTICIPANTS. STAFF ALSO MADE 7 PRESENTATIONS REACHING 107 PEOPLE SOCIALIZING THE CTR CONCEPTS FOR STANDARDIZING MEASURES, REPORTING AND MANAGEMENT OF HUMAN CAPITAL. WEBINARS AND PRESENTATIONS INTRODUCED PARTICIPANTS TO THE PRINCIPLES OF TALENT DEVELOPMENT REPORTING, ITS IMPLEMENTATION, AND CHANGE MANAGEMENT CONSIDERATIONS. IN ADDITION, THREE PODCASTS REACHED HUNDREDS OF OTHERS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION CONDUCTED TWO ONE-DAY WORKSHOPS FOR 25 PARTICIPANTS. THESE EVENTS OFFERED PARTICIPANTS A DEEP UNDERSTANDING OF TDRP AND PREDICTIVE ANALYTICS AND HOW TO IMPLEMENT EACH SUCCESSFULLY.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

UPDATED CONTENT FOR TALENT DEVELOPMENT REPORTING PRINCIPLES (TDRP) INCLUDING WEBSITE AND WORKSHOP CONTENT. ANSWERED QUESTIONS FROM MEMBERS AND NONMEMBERS ON TOPICS RELATED TO MEASUREMENT AND REPORTING. WROTE SEVERAL ARTICLES AND MONTHLY BLOGS. COMPLETED THE FOUNDATIONAL BOOK ON TALENT DEVELOPMENT REPORTING PRINCIPLES, CALLED MEASUREMENT DEMYSTIFIED: CREATING YOUR L&D MEASUREMENT, ANALYTICS AND REPORTING STRATEGY PUBLISHED BY ATD IN NOVEMBER.

GRANTS \$ 0. EXPENSES \$ 11,000.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

CENTER FOR TALENT REPORTING, INC.

Employer identification number

32-0387797

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **CENTER FOR TALENT REPORTING, INC.** California corporation number: **3524234**

Additional information. See instructions. FEIN: **32-0387797**

Street address (suite or room): **2043 ARROYO CT.** PMB no. _____

City: **WINDSOR** State: **CO** ZIP code: **80550**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	30,336	00
	2	Gross dues and assessments from members and affiliates	2	10,742	00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	41,078	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	41,078	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	44,164	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<3,086>	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title EXECUTIVE DIRE	Date	<input checked="" type="checkbox"/> Telephone (970) 460-0837 <input type="checkbox"/> PTIN P01313374	
Paid Preparer's Use Only	Preparer's signature	KYLE FRITCH, CPA	Date 03/01/21	<input type="checkbox"/> Check if self-employed <input checked="" type="checkbox"/> Firm's FEIN 45-0250958	
	Firm's name (or yours, if self-employed) and address	EIDE BAILLY LLP 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429		<input checked="" type="checkbox"/> Telephone 970-223-8825	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2		00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7	30,336	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	30,336	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	0	00
	12	Other salaries and wages	•	12	16,565	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements	•	17	27,599	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	44,164	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		14,234	•	11,148
2 Net accounts receivable			•	
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets				
b Less accumulated depreciation	()	()		
11 Land			•	
12 Other assets			•	
13 Total assets		14,234		11,148
Liabilities and net worth				
14 Accounts payable			•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities				
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		14,234	•	11,148
22 Total liabilities and net worth		14,234		11,148

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return	•		
6 Total. Add line 1 through line 5			

CA 199

OTHER INCOME

STATEMENT 1

DESCRIPTIONAMOUNT

OTHER MISCELLANEOUS INCOME

649.

PROGRAM SERVICE REVENUE

29,687.

TOTAL TO FORM 199, PART II, LINE 7

30,336.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PATTI PHILLIPS	CHAIR 0.25	0.
JEFF HIGGINS	TREASURER 0.25	0.
CUSHING ANDERSON	BOARD MEMBER 0.25	0.
KIMO KIPPEN	BOARD MEMBER 0.25	0.
JEFF CARPENTER	BOARD MEMBER 0.25	0.
JUSTIN TAYLOR	BOARD MEMBER 0.25	0.
GARY WHITNEY	BOARD MEMBER 0.25	0.
JUNE SONSALLA	BOARD MEMBER 0.25	0.
ADRI MAISONET	BOARD MEMBER 0.25	0.
DAVID L. VANCE	EXECUTIVE DIRECTOR 20.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199

OTHER EXPENSES

STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OFFICE EXPENSES	3,570.
INFORMATION TECHNOLOGY	11,446.
TRAVEL	1,805.
INSURANCE	1,447.
SUPPLIES	150.
CONFERENCES	1,321.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	2,903.
PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING	4,957.
TOTAL TO FORM 199, PART II, LINE 17	27,599.

TAXABLE YEAR

2020

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: CENTER FOR TALENT REPORTING, INC., 32-0387797

Part I Electronic Return Information (whole dollars only)

Table with 3 columns: Line number, Description, Amount. Row 1: 1 Total gross receipts (Form 199, line 4) 41,078. Row 2: 2 Total gross income (Form 199, line 8) 41,078. Row 3: 3 Total expenses and disbursements (Form 199, line 9) 44,164

Part II Settle Your Account Electronically for Taxable Year 2020

Table with 3 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 3 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of officer Date Title EXECUTIVE DIRECTOR

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: ERO signature, Date, Check if also paid preparer (checked), Check if self-employed, ERO's PTIN. Firm's name: EIDE BAILLY LLP, Firm's FEIN: 45-0250958, Address: 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO, ZIP code: 80528-3429

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN. Firm's name and address, Firm's FEIN, ZIP code