

Center for Talent Reporting

2019 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

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2019

▶ 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 2019 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		D Employer identification number
	CENTER FOR TALENT REPORTING INC		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 ▶ \$ 87,490.			

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	76,349.
	3	Membership dues and assessments	3	11,068.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	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	73.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,490.	
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	19,818.
	13	Professional fees and other payments to independent contractors	13	2,374.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,900.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	68,779.
17	Total expenses. Add lines 10 through 16	17	94,871.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-7,381.
	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	21,615.
	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	14,234.

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

Form **990-EZ** (2019)

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	21,615.	22	14,234.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	21,615.	25	14,234.
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)	21,615.	27	14,234.

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 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

28 SEE SCHEDULE O		28a	46,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29 SEE SCHEDULE O		29a	16,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30 SEE SCHEDULE O		30a	15,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O) SEE SCHEDULE O		31a	14,000.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	91,000.

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	1.00	0.	0.	0.
JEFF HIGGINS TREASURER	1.00	0.	0.	0.
CUSHING ANDERSON BOARD MEMBER	1.00	0.	0.	0.
KIMO KIPPEN BOARD MEMBER	1.00	0.	0.	0.
JEFF CARPENTER BOARD MEMBER	1.00	0.	0.	0.
JUSTIN TAYLOR BOARD MEMBER	1.00	0.	0.	0.
BRENDA SUGRUE BOARD MEMBER	1.00	0.	0.	0.
DEAN KOTHIA BOARD MEMBER	1.00	0.	0.	0.
GARY WHITNEY BOARD MEMBER	1.00	0.	0.	0.
JUNE SONSALLA BOARD MEMBER	1.00	0.	0.	0.
ADRI MAISONET BOARD MEMBER	1.00	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 37a 0.
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 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
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
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 40b N/A
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 40c N/A
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d N/A
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 40e X
41 List the states with which a copy of this return is filed 41 CA
42a The organization's books are in care of 42a DAVID L. VANCE Telephone no. (970) 217-4692 Located at 2043 ARROYO CT, WINDSOR, CO ZIP + 4 80550
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)? 42b X
42c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X
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 N/A
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 X
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 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
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 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
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

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

Table for Preparer Information: Print/Type preparer's name (KYLE FRITCH, CPA), Preparer's signature (KYLE FRITCH, CPA), Date (07/16/20), Check self-employed (empty), PTIN (P01313374), Firm's name (EIDE BAILLY LLP), Firm's EIN (45-0250958), Firm's address (2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429), Phone no. (970-223-8825)

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

2019

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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

73.

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

OFFICE EXPENSES

4,899.

INFORMATION TECHNOLOGY

14,125.

TRAVEL

12,513.

LODGING & HOTEL EXPENSES

28,122.

INSURANCE

1,447.

MEALS & ENTERTAINMENT

1,715.

MISCELLANEOUS

83.

SUPPLIES

5,875.

TOTAL TO FORM 990-EZ, LINE 16

68,779.

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 CTR CONFERENCE IN DALLAS FEBRUARY 20-21 WITH 134

PARTICIPANTS FEATURING TWO KEYNOTES, TWO 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 27 WEBINARS FOR 864 REGISTERED PARTICIPANTS. STAFF ALSO MADE 13 PRESENTATIONS ALL OVER THE UNITED STATES FOR 997 PARTICIPANTS AND SOCIALIZED 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.

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

THE ORGANIZATION CONDUCTED TWO TWO-DAY WORKSHOPS AND TWO THREE-DAY WORKSHOPS FOR 56 PARTICIPANTS. THESE EVENTS OFFERED PARTICIPANTS A DEEP UNDERSTANDING OF TDRP AND HOW TO IMPLEMENT IT SUCCESSFULLY. THE WORKSHOP IS REQUIRED FOR TDRP CERTIFICATION.

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

UPDATED CONTENT FOR TALENT DEVELOPMENT REPORTING PRINCIPLES (TDRP) INCLUDING WEBSITE CONTENT, WORKSHOP CONTENT, MATURITY MODEL, AND TDRP EXCELLENCE AWARDS. ANSWERED QUESTIONS FROM MEMBERS AND NONMEMBERS ON TOPICS RELATED TO MEASUREMENT AND REPORTING. WROTE MONTHLY BLOGS. UPDATED ALL SAMPLE REPORTS ON THE WEBSITE. BEGAN TO WRITE A BOOK MEASUREMENT, ANALYTICS AND REPORTING TO BE PUBLISHED BY ATD IN OCTOBER 2020.

GRANTS \$ 0. EXPENSES \$ 14,000.

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CENTER FOR TALENT REPORTING INC	Taxpayer identification number (TIN) 32-0387797
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2043 ARROYO CT.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINDSOR, CO 80550	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID L. VANCE

- The books are in the care of ▶ **2043 ARROYO CT - WINDSOR, CO 80550**
Telephone No. ▶ **(970) 217-4692** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.