

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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 the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Talent Managers Association
FKA Conference of Personal Managers Inc
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
4821 Lankershim Blvd
City or town, state or province, country, and ZIP or foreign postal code
North Hollywood, CA 91601

D Employer identification number
95-1921465
E Telephone number
(213) 291-8094
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ talentmanagers.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 22,003

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	761				
2	Program service revenue including government fees and contracts	2					
3	Membership dues and assessments	3	19,280				
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	0				
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	1,962				
c	Less: direct expenses from gaming and fundraising events	6c	3,852				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,890				
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	18,151				
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					
13	Professional fees and other payments to independent contractors	13					
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					
16	Other expenses (describe in Schedule O)	16	10,683				
17	Total expenses. Add lines 10 through 16 ▶	17	10,683				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,468				
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	28,232				
20	Other changes in net assets or fund balances (explain in Schedule O)	20					
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,700				

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	20,508	22	35,477
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,425	24	1,425
25 Total assets	29,933	25	36,902
26 Total liabilities (describe in Schedule O).	1,701	26	1,202
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,232	27	35,700

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?
The organization fosters increased professional standards and practices in the talent management profession through its membership program, panel discussions, and award programs.

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 Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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
Nikki Mincks President & CEO	0	0		
Tammy Wallace Treasurer	0	0		
Meghan McCabe Secretary	0	0		
Mark Robert Director	0	0		
Reggie Gooden Director	0	0		
Betty McCormick Secretary	0	0		
Victoria Mojica Monroe Vice President	0	0		
Lori Kay Vice President	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 Schedule O to respond to any question in this Part V

Table with 3 columns: Question, Yes, No. Rows include 33-39e, 40a-e, 41, 42a. Questions cover significant activities, organizational changes, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of Tammy Wallace Telephone no. (213) 291-8094
Located at 3544 White Sands Way Suwanee, GA ZIP + 4 30024

Table with 3 columns: Question, Yes, No. Rows include 42b, 42c. Questions cover foreign financial accounts and offices outside the U.S.

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

Table with 3 columns: Question, Yes, No. Rows include 44a-d, 45a-b. Questions cover donor advised funds, hospital facilities, tanning services, controlled entities, and Form 720 filings.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(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 business address of each independent contractor	(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 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	2020-11-16 Date
Tammy Wallace Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jeanette Rodriguez	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00829753
	Firm's name ► JR Accounting and Taxation Consultants Inc-QB Ac	Firm's EIN ► 47-2017243			
	Firm's address ► 655 N Central Avenue 17th Floor Glendale, CA 91203	Phone no. (818) 649-9203			

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

Additional Data

Software ID: 18007222
Software Version: 2018v3.1
EIN: 95-1921465
Name: Talent Managers Association
FKA Conference of Personal Managers Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 The organization's primary exempt purpose is to promote an encourage the highest standards and behavior in the practice of talent management. (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**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

2018**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
Talent Managers Association

FKA Conference of Personal Managers Inc

Employer identification number

95-1921465

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$415

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$538

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1007	Conferences, Conventions, and Meetings \$4317

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$2545

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	Website Development \$2135

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	Dues and Subscriptions \$376

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	Merchant Accout Fees \$332

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	Licenses \$25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1	Recoverable Costs - Beginning \$9425 Recoverable Costs - Ending \$1425

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	Loan Payable - Beginning \$1701 Loan Payable - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.2	Credit Cards - Beginning \$0 Credit Cards - Ending \$1202