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.. **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u>A</u> _	For the	2014 cale	ndar year, or tax year beginning 01/01 , 2014	I, and ending	12	/31	, 20 14	
В	Check if	applicable	C Name of organization U S Travel Association			D Employ	er identification num	ber
	Address	change	Doing business as				53-0231139	
\Box	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	9	E Telepho	ne number	
<u> </u>	Initial retu	·	1100 New York Ave NW Suite 450W				202-408-8422	
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				202 100 0122	
						G Gross re	20 76	3B 0CC
닏	Amended		Washington, DC, 20005					88,966 71
	Application	on pending	F Name and address of principal officer Roger J Dow				subordinates? Yes	_
			1100 New York Ave NW, Suite 450W, Washington, DC 20005				s included? Yes	_] No
. <u>L</u>	Tax-exen	npt status_	□ 501(c)(3)	r 📙 527	If "No," atta	ch a list (s	ee instructions)	
<u> </u>	Website:	► ww	v.ustravel.org		H(c) Group	exemption	number >	
K	Form of o	rganization	Corporation ☐ Trust ☐ Association ☐ Other ► L	Year of formatio	n 1951	M State	of legal domicile	DC
P	art I	Summ	ary					
<u> </u>			scribe the organization's mission or most significant activities	es: The mis	ssion of U.S	Travel is	s to increase trave	l to
9		-	the United States					
Governance	1 .	and with	The onice outer					
Ĕ	_	Chook th	s box ▶☐ if the organization discontinued its operations or	disposed of	more than	25% of	ite not accote	
Š						1 1	its fiet assets.	
Ğ			f voting members of the governing body (Part VI, line 1a).			3		161
⊋ ∞ ∞	1		f independent voting members of the governing body (Part			4		<u> 161</u>
O CUIJ Activities &	5	Total nur	ber of individuals employed in calendar year 2014 (Part V, li	ine 2a) .		5		<u>75</u>
Ĕ, Č	6	Total nur	ber of volunteers (estimate if necessary)			6		0
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	•	77,109
-4	1					7b		0
د	 -				Prior Ye	-	Current Year	
ב ב	8	Contribu	ons and grants (Part VIII, line 1h)		12	,960,605	14 1	76,613
E ,	1							
Revenue	1	_	service revenue (Part VIII, line 2g)		13	,374,086		98,899
H é	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)			457,379		53,889
₽ _	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			570,468	† · - · · · · · · · · · · · · · · · · · 	<u>59,565</u>
2_			nue-add lines 8 through 11 (must equal Part VIII, column (A),		27	,362,538	28,78	38,96 <u>6</u>
STATE OF THE BEAT	13	Grants a	d similar amounts paid (Part IX, column (A), lines 1-3)					0
a)	14	Benefits	paid to or for members (Part IX, column (A), line 4)					0
l o	15	Salaries.	ther compensation, employee benefits (Part IX, column (A), line	es 5–10)	9	,672,810	10,93	39,513
3NNEXPENSES	1		nal fundraising fees (Part IX, column (A), line 11e)					0
Sp	1		raising expenses (Part IX, column (P), tina 25 D	o 🗔				. D . SH
			enses (Part IX, column (A), lines 173-116, 11f-24e) (0	 		,688,229		74,430
			enses. Add lines 13–17 (must equal Part IX, column (A) line	⊢			· · · · · · · · · · · · · · · · · · ·	
\mathbf{Z}				²³⁾ ·		,361,039	•	13,943
C20	19	Revenue	ess expenses. Subtract 1 8 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,001,499	' -	75,023
20 C				BE	eginning of Cu			
Assets of	20		ets (Part X, line 16)		26	,252,089	28,28	<u> 86,370</u>
حَجٍّ	21	Total liab	lities (Part X, line 26)		16	,685,490	17,1:	36,909
PS T	22	Net asse	s or fund balances. Subtract line 21 from line 20		9	,566,599	11,14	19,461
P	art II	Signat	ure Block				· -	
N311	dor popul	tion of perio	v. I declare that I have examined this return, including accompanying schedu	ules and statem	ents, and to the	ne best of i	my knowledge and be	elief, it is
tru	e, correct,	, and comp	the Occlaration of preparer (other than officer) is based on all information of v	which preparer h	has any knowl	edge ,		,
<u>. </u>			Kara (Cara)		· I	11/	9/15	
Sig	n	Sign	ture of officer		Da	te / ·/	'\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
He		[•					
ne	16		er J Dow, President and CEO					
			or print name and title	I Date		т	DTIN	
Pa	iid	Printily	e preparer's name Preparer's signature	Date	e	Check		
	epare:	r				self-em	ployed	
	se Only	1	me ►		Firm	's EIN 🕨		
US			ldress ▶		Pho	ne no.		
Ma	y the IR	S discus	this return with the preparer shown above? (see instruction	ns)			🗌 Yes 🛚	No
_	<u> </u>		tion Act Notice, see the separate instructions.		11282Y		Form 99	0 (2014)
	. apo. **				··		1	• •

Part	
	Check if Schedule O contains a response or note to any line in this Part III
11	Briefly describe the organization's mission:
	The Association is organized principally to represent the whole of the United States travel industry and to promote and facilitate
	increased travel to and within the United States. Activities include trade events, advocating on behalf of the travel industry, research projects, publications and educational meetings to service the travel industry.
	research projects, publications and educational meetings to service the daver moustly.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4a	Trade Show -IPW US Travel IPW is the travel industry's premier international marketplace and is the largest generator of
	international travel to the U.S More than 1,000 US travel organizations from every region of the USA and representing all industry
	category components, and over 1,300 international and domestic buyers from more than 70 countries conduct business
	negotiations that result in the generation of over \$4.7 billion in future Visit USA travel. At IPW buyers and sellers are able to
	conduct business that would otherwise be generated only through an exhaustive number of around-the-world trips.
	······
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other Trade Shows and Events - The Educational Seminar for Tourism Organizations (ESTO) is the premier annual learning and knowledge-sharing forum for destination marketing professionals. It is unique in that it is created by and exclusively for this
	specific target audience. ESTO is not open to other industry sectors. ESTO is the place where destination professionals go to
	learn about new tools and techniques, share best practices, and debate pressing issues affecting destinations in a non-sales
	environment
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	D. H. O. Tarak & San in the heat are san of heat date at the san in The December 1.
	Research - U.S. Travel Association is the best source of knowledge on travel research. The Research Products Catalog contains a
	listing of reports that highlight marketing research, economic research and analysis available by subscription. Domestic Travel -
	listing of reports that highlight marketing research, economic research and analysis available by subscription. Domestic Travel - Americans traveling within the U.S. on leisure or business trips are crucial to our national, state, and local economies. Americans
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Form 99				Page 3
Part	Checklist of Required Schedules			
ন`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	→
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	* &		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		✓
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	_
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		√
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		<u>√</u> √
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>▼</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u> ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		✓

Part I	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			*.
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>	33		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		, 🗀
`.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 92	<u>:</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ļ	<u> </u>
20	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
.	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 75			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	1	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 	
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	*2	ğ,	4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1 :	l	3
	(FBAR).	*	*	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).	3	, š	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	122	<u>i</u>	
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	§. , ,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	E.	a
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		-
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>	7 84	A. 3
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ş		_ ^
а	Initiation fees and capital contributions included on Part VIII, line 12] ,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
D		ŀ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	400		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			5
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <u>1b</u> <u>161</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		· ·
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	4 5 6	√	√
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_	_	✓
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	*;	√
а	the year by the following: The governing body?	8a	<u> </u>	N.
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>. 137</u>	4	
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	√	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	▼	
13 14 15	Did the organization have a written whistleblower policy?	13 14	√	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-		- ,]
a b	Other officers or key employees of the organization	15a 15b	√	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-		
Section	organization's exempt status with respect to such arrangements?	16b	✓	
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website I Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec U S Travel Association, (202)408-8422	ords:	>	

	~~~	(no.44)	
•om	990	(2014)	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	<u>aniz</u>	atic	n c	ompe	nsa	ated any currer	t officer, director	, or trustee.
				(6	C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					e than d		Reportable	Reportable	Estimated
	hours per	office	er and	dad	lirect	or/trust	tee)	compensation	compensation from	amount of
	week (list any hours for	요글	2	Q	<u>~</u>	9.∓	77	from the	related organizations	other compensation
	related	惊	<del>*</del>	Officer	y e	탕	Former	organization	(W-2/1099-MISC)	from the
	organizations	C a	l g		를	yee c	*	(W-2/1099-MISC)		organization
	below dotted line)	ੋ <u>ਵ</u> ੍ਹ	쁘		Key employee	ğ				and related organizations
		Individual trustee or director	Institutional trustee		"	ens				0. ga
			ě			Highest compensated employee				
List Attached	0.5								]	
Directors	0	1						0	0	0
Roger J Dow	40	·					$\vdash$			
President and Chief Executive Officer	0			1				1,662,248	اه	138,954
Gary Oster	40									
Executive Vice President	0				1		İ	564,126	l ol	30,580
Adam Vance	40									
Senior Vice President	0				✓			296,236	l ol	34,800
Jonathan Grella	40									· · · · · · · · · · · · · · · · · · ·
Senior Vice President	0		Ш		✓			370,754	o	36,393
Alma P Rojas	40									
Vice President	0		Ш			✓	_	284,762	0	30,422
Malcolm Smith	40									
Vice President	0		Ш			✓		221,252	0	20,911
Eric Weber	40									
Vice President	0		Ш			<b>✓</b>		198,161	0	32,030
Tian Xiaochua	40				i					
Vice President	0					<b>✓</b>		214,101	0	34,678
Charles Staley	40									
Vice President	0		Ш			✓	$\Box$	197,941	0	18,126
			$\dashv$							·
										·

Form 99												Page <b>8</b>
Part	VI Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (d	contin	ued)
. `						C) ition						
	(A)	(B)	(do n	ot ch			e than	one	(D)	(E)	İ	(F)
	Name and title	Average	box,	unles	s pe	rson	ıs both	h an	Reportable	Reportabl		Estimated
		hours per week (list any		er and	_	irect	or/trus	<del></del>	compensation from	compensation related	from	amount of other
		hours for	욾	l IS	윷	ě	율픊	1 2	the	organizatio	ns	compensation
		related	lire d	🖺	Officer	g	Pes	Former	organization	(W-2/1099-M	IISC)	from the
		organizations below dotted	[ 달=	5		employee	e c		(W-2/1099-MISC)			organization and related
		line)	l z	🛱		yee	#g		]			organizations
			Individual trustee or director	nstitutional trustee		"	ms					•
				ď			Highest compensated employee		1		1	
								1			<del>-  </del>	
		†	1									
		<del>                                     </del>		$\vdash$	┢			+			<del>  </del>	<del></del>
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		<del> </del>	1									
1b	Sub-total	l	L			<b>.</b>		_	4 000 EB1			270 004
C	Total from continuation sheets to Part	 VII Sootio		•	•	• •	•		4,009,581		0	376,894
d				-	•	• •	•		4 000 504	****		
	Total (add lines 1b and 1c)						•	_	4,009,581		0	376,894
2	Total number of individuals (including bu			ose	list	ed a	above	e) w	no received mo	ore than \$10	00,00	0 of
	reportable compensation from the organ	ization > 2	8									
•	Did the second of the second		_									Yes No
3	Did the organization list any former of							•	-	•	nsate	Market and the factor of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control
	employee on line 1a? If "Yes," complete											3 ✓
4	For any individual listed on line 1a, is the											e
	organization and related organizations	greater that	an \$1	150,	000	? //	"Ye	s, "	complete Sch	edule J foi	suc	h A
	individual											4 🗸
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fror	n any	un /	related organiz	ation or ind	ividua	al Configuration
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	for s	such person			5 1
Section	on B. Independent Contractors											<del></del>
1	Complete this table for your five highest	compensat	ed ind	depe	ende	ent	contr	acto	ors that receive	d more that	n \$10	0.000 of
	compensation from the organization. Rep											
	year.							· ,	,			gai neation o tax
-	(A)							1	(B)			(0)
	Name and business add	iress						1	(B) Description of se	ervices		(C) Compensation
Loon	<del></del>							-	<u> </u>		_	
	st Street Group, 3220 N Street, Washington, I	JC 20001						_	nsulting			517,186
	nan, P O Box 650036, Dallas, TX 75265							_	de show signag			826,795
	Chicago, 2301 South Lake Shore Drive, Chic							_	de show food s	ervices		767,176
	Worldwide, 700 12th Street NW Ste 800, Wa			05					licy consultant			635,117
	actions Resource Group, P O Box 5116, New						4 .	Tra	de show audio	visual serv	, -	552,298
2	Total number of independent contractor							) th	ose listed abo	ove) who	1 1	· · · · · · · · · · · · · · · · · · ·
	received more than \$100,000 of compen-	sation from	tne o	rgar	ıızai	uon			13	ļ		, ,

13

_	90 (201 ₀	4) Statement of Reve	enue	<del></del>			<del></del>	Page <b>9</b>
ı aı		Check if Schedule C		ponse or note t	o any line in this	s Part VIII		
			,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	0				
Grants	b	Membership dues .	1b	10,956,511	]		1	
s, G Am	С	Fundraising events .	1c	0	]		]	
Gifts, ilar An	d	Related organizations	s 1d	0	]			
ıs, İ imi	е	Government grants (cor		84,199				
itior er S	f	All other contributions, g						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inc		3,135,903	1			
ont nd (	g	Noncash contributions include	·	2,292,803		.[		
	h	Total. Add lines 1a-1	<u> </u>	Business Code	14,176,613			
Program Service Revenue	2a	IPW Trade Show		541800	11,812,094	11,747,285	64,809	
Rev	b	Research/Publications	s/Subscriptions	541900	117,665	<del>                                     </del>	<del></del>	
ce	c	Other Trade Shows	3/OGD39/11P110113	541800	118,360	<del>1</del>	1	
erv	ď	Educational Seminar -	· ESTO	541800	737,040	<del></del>		
m S	е	Research Contracts		541900	613,740	<del>                                     </del>		
gra	f	All other program ser	vice revenue .		0	0		0
Pro	g	Total. Add lines 2a-2		▶	13,398,899	j, , , , , , , , , , , , , , , , , , ,	1.0 <b>1</b>	241 183
	3	Investment income		ends, interest,				
		and other similar amo	•	•	553,889	0	0	553,889
	4	Income from investmen	it of tax-exempt be	ond proceeds ►	0	0	0	0
	5	Royalties	(i) Real	<b>&gt;</b>	0	0	0	0
		•	(i) Real	(II) Personal		land (deligation)		
	6a	Gross rents						
	b	Less: rental expenses						
	C d	Rental income or (loss)  Net rental income or	(1055)	0		<del></del>	<u> </u>	
	7a	Gross amount from sales of	(i) Securities	(ii) Other	,	, ·	\$ Z	at i
		assets other than inventory						
	b	Less: cost or other basis				\$ - 1.77		
		and sales expenses .						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		•	<u> </u>			
<u>o</u>	00	Gross income from fu	ındroisina			· Š		· .
ent	Oa	events (not including \$	nuraising •			· • • • • • • • • • • • • • • • • • • •	`	
ě		of contributions reporte	ed on line 1c).					
Other Revenue		See Part IV, line 18 .			Ę.	). 		4
Ě	ь	Less: direct expenses	<del></del>		5	1	,	
U		Net income or (loss) f		events . >				
	9a	Gross income from ga						
		See Part IV, line 19 .	_	L				
	b	Less: direct expenses						
	С	Net income or (loss) f		ivities ►				
	10a	Gross sales of in returns and allowance						
	ь	Less: cost of goods s		<u> </u>				
	c	Net income or (loss) f						
		Miscellaneous F		Business Code				-
	11a	Sponsorship and Misc	cellaneous	561499	659,565	0	0	659,565
	ь							
	С							
	d	All other revenue .			0	<del></del>	0	0
	е	Total. Add lines 11a-			659,565			
	12	Total revenue. See in	nstructions	<u> ▶</u>	28,788,966	13,321,790	77,109	
								Form <b>990</b> (2014)

Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX  $\overline{\mathbf{V}}$ Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (D) Fundraising (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . . n 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 4,386,475 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . 4,909,960 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 210,281 9 Other employee benefits . . . . . . . 967,946 Payroll taxes . . . . . . . . . 10 464,851 11 Fees for services (non-employees): Management . . . . . . . . . а 402,714 Accounting . . . . . . . . . . . C 46,750 2,588,519 Professional fundraising services. See Part IV, line 17 0 Investment management fees . . . . . 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 2,933,876 12 Advertising and promotion . . . . . 461,846 13 Office expenses . . . . . . . . 564,342 14 475,350 15 0 16 1,506,123 17 581,053 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 5,622,931 20 0 Payments to affiliates . . . . . . . . . . 21 0 22 Depreciation, depletion, and amortization . 415,330 23 110,426 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Credit card fees 150,993 Contributions 109,383 Business tax 24.020 Dues and Subscriptions 180,774 All other expenses Total functional expenses. Add lines 1 through 24e 27,113,943 Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (AS

**Balance Sheet** 

Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 3,221,965 1 2,757,200 2 2 Savings and temporary cash investments . . . . . . . . . 11,075,194 11,434,923 3 3 4 4 445.252 384,260 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . 6 7 7 22,500 7,500 8 Inventories for sale or use . . . . . . . . . . . . 8 Prepaid expenses and deferred charges . . 488,391 9 527,571 Land, buildings, and equipment: cost or 10a 4.44 4 2 other basis. Complete Part VI of Schedule D 10a 3,767,036 10b Less: accumulated depreciation . . . . 10c 914.126 3,153,942 2,852,910 11 Investments—publicly traded securities . . . . . 11 7,469,845 9,947,006 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 . . . . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . 15 375,000 375,000 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 26,252,089 28,286,370 17 3.575.347 17 3,898,087 18 18 19 19 10,762,562 10,813,050 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 ÷ trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 75.005 36,688 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 2.272.576 2,389,084 25 Total liabilities. Add lines 17 through 25 . . 26 16,685,490 26 17,136,909 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 9.566.599 27 11,149,461 28 28 ol 29 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 9,566,599 11,149,461 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 26,252,089 34 28,286,370 Form **990** (2014)

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗸
ſ	Total revenue (must equal Part VIII, column (A), line 12)		28,78	8,966
2	Total expenses (must equal Part IX, column (A), line 25)		27,11	3,943
3	Revenue less expenses. Subtract line 2 from line 1		1,67	5,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		9,56	6,599
5	Net unrealized gains (losses) on investments		-4	6,289
6	Donated services and use of facilities	_		0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)		-4	5,872
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		11,14	9,461
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	*	4	· Of S
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	**	· (s)	
	Schedule O.		*	17/13
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• ₹	0.00	1 7 7
	reviewed on a separate basis, consolidated basis, or both:	, ,	5 . 5	, 73° -
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	A 2. 3		100
	separate basis, consolidated basis, or both:		, ,	
	Separate basis Consolidated basis Both consolidated and separate basis	7 - 57	;	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>√</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	***	- 22	
		<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			
	· · · · · · · · · · · · · · · · · · ·	3a		<b>✓</b>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	25		
	required addition additis, explain why in ochedule of and describe any steps taken to undergo such addits.	3b	000	
		Forn	n <b>990</b>	(2014)

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Department of the Treasury

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III			
	of organization	mizations Complete Fait III.		Employer ide	ntification number
U S Tr	avel Association				53-0231139
Part	I-A Complete if the	organization is exempt unde	er section 501(c	or is a section 527	organization.
1		he organization's direct and indire			
2	Political expenditures .			·	\$
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	:)(3).	
1		excise tax incurred by the organiza		<del></del>	\$
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶	\$
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ar?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	-C Complete if the	e organization is exempt unde	er section 501(c	), except section 50	1(c)(3).
1		y expended by the filing organiz	ation for section	527 exempt function	
					<b>5</b>
2		filing organization's funds contrib			
		vities			B
3		expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	lina 17h				
					<b>5</b>
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
4 5	Did the filing organization Enter the names, address	n file <b>Form 1120-POL</b> for this year? ses and employer identification nur	nber (EIN) of all se		Yes No
	Did the filing organization Enter the names, address organization made payme	i file <b>Form 1120-POL</b> for this year? ses and employer identification nur ents. For each organization listed, o	nber (EIN) of all seenter the amount p	ection 527 political organ paid from the filing organ	Yes No nizations to which the filing nization's funds. Also enter
	Did the filing organization Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year? ses and employer identification nur ents. For each organization listed, o entributions received that were pro-	nber (EIN) of all seenter the amount property and directly	ection 527 political organoaid from the filing organodelivered to a separate	Yes No No nizations to which the filing nization's funds. Also enter political organization, such
	Did the filing organization Enter the names, address organization made payme the amount of political co	i file <b>Form 1120-POL</b> for this year? ses and employer identification nur ents. For each organization listed, o	nber (EIN) of all seenter the amount property and directly	ection 527 political organoaid from the filing organodelivered to a separate	Yes No No nizations to which the filing nization's funds. Also enter political organization, such
	Did the filing organization Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year? ses and employer identification nur ents. For each organization listed, o entributions received that were pro-	nber (EIN) of all seenter the amount property and directly	ection 527 political organoaid from the filing organodelivered to a separate nal space is needed, pro-	Yes No No nizations to which the filing nization's funds. Also enter political organization, such
	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and
	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organodelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political
	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate
	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
5	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
5	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1) (2) (3)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1) (2) (3)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1) (2) (3) (4)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1) (2) (3)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If
(1) (2) (3) (4)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	ifile Form 1120-POL for this year? ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committee.	nber (EIN) of all seenter the amount property and directly e (PAC). If addition	ection 527 political organoaid from the filing organdelivered to a separate nal space is needed, pro-	Yes No nizations to which the filing nization's funds. Also enter political organization, such vide information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If

Cabad Pa /	~ /E		$\alpha\alpha\alpha$	~-	000	-7	201	4
Schedule (	<b>→ 1</b> F	OHH	990	OI.	330.	- [2]	2014	4

Page 2

Pa	ort II-A Complete if the consection 501(h)).	organization	is exempt u	under section 5	01(c)(3) and file	d Form 5768 (el	ection under				
A	Check ▶ ☐ if the filing orga	nization belo , EIN, expen	ongs to an af	filiated group (ar	nd list in Part IV o	V each affiliated group member's tures).					
В	Check ▶ ☐ if the filing orga										
			ying Expendit			(a) Filing	(b) Affiliated				
	(The term "expe	nditures" me	ans amounts	paid or incurred.	.)	organization's totals	group totals				
1	a Total lobbying expenditures	to influence	public opinion	(grass roots lobby	ring)						
	<b>b</b> Total lobbying expenditures	to influence	a legislative bo	dy (direct lobbying	g)						
	c Total lobbying expenditures	(add lines 1a	and 1b) .		· · · · · ·						
	d Other exempt purpose expe	enditures									
	e Total exempt purpose expe										
	f Lobbying nontaxable amo columns.										
	If the amount on line 1e, colum	nn (a) or (b) is:	The lobbying	nontaxable amoun	t is:						
	Not over \$500,000			nount on line 1e			,				
	Over \$500,000 but not over \$1,	000,000	\$100,000 plus	15% of the excess	over \$500,000.	,	,				
	Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	* *	\$ / t si				
	Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.						
	Over \$17,000,000		\$1,000,000.			,					
	g Grassroots nontaxable amo										
	h Subtract line 1g from line 1a										
	i Subtract line 1f from line 1c		_								
	j If there is an amount other	er than zero	on either line	1h or line 1i, did	I the organization	file Form 4720					
	reporting section 4911 tax			· · · · · · ·		<u> </u>	☐ Yes ☐ No				
	(Some organizations that	t made a sec See the s	tion 501(h) ele separate instr	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ins below.				
		Lobbying	Expenditures	During 4-Year Av	veraging Period	,	<u> </u>				
	Calendar year (or fiscal year beginning in)		(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total				
2	2a Lobbying nontaxable amou	nt									
	<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e)</li> </ul>	)) 2.	· **								
	c Total lobbying expenditures	1									
	d Grassroots nontaxable amo	unt									
	e Grassroots ceiling amount (150% of line 2d, column (e	)) *	\$	4 , 4	\$	,					
	f Grassroots lobbying expend	ditures									

	(election under section 501(h)).	(a	a)	(b)	
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	r l	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	_			
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	_			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?	(**100	9%		
J	Total. Add lines 1c through 1i	Š	*		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		-5		'\d ()
b	If "Yes," enter the amount of any tax incurred under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u></u>		2. ,3 2. ½	3111
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (	or se	ction	-
				Yes	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .	<u>.</u>		3 ✓	
Part	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1	10,9	56,511
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year	•	2a	3,1	90,865
b	Carryover from last year	•	2b		76,229
C	Total	•	2c		67,094
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	٠	3	2,3	00,867
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby				
	and political expenditure next year?	g	4	1 2	266,227
5	Taxable amount of lobbying and political expenditures (see instructions)		5		00,227
Part	IV Supplemental Information				
2 (see	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	·		<del></del>	1 and
					<b></b>
					<b></b> -

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	The organization		Employer identification number
USTr	avel Association		53-0231139
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		<del> </del>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the accets h	old in depar advised
3	funds are the organization's property, subject to the		·
_		•	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene-		• • •
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered '	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
_			* 4 * 4 * 4
a			
b	Total acreage restricted by conservation easement		<del> </del>
C	Number of conservation easements on a certified I	• • • • • • • • • • • • • • • • • • • •	
d	Number of conservation easements included in		I !
	•		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re-	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
	•		•
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
-	<b>▶</b> \$	g,g	Janes and Joan
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	concentation assembnts in its revenue	and expense statement and
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		ianciai statements that describes the
- Dow	<u> </u>		Other Circles Assets
Part	Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat		
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
_	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1 .		
	Assets included in Form 990, Part X		
<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·

Schedule D	(Form	990)	2014	

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raut	: 4

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	<u>her Sim</u> ilar A	i <b>ssets</b> (coi	าtinue	ed)
3,,	Using the organization's acquisition, collection items (check all that apply):	•	her reco	rds, chec	k any of the	e follov	ving that are a	significant	use of	fits
а	☐ Public exhibition		d	□ Loan	or exchang	e prog	rams			
b	☐ Scholarly research		е	☐ Othe	r					
C	☐ Preservation for future generations									
4	Provide a description of the organizat XIII.	tion's collections a	ınd expl	ain how t	hey further	the org	anization's exe	empt purpo	se in F	Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗀	No
Part	IV Escrow and Custodial Arra	ingements.								_
	Complete if the organization 990, Part X, line 21.						•		-orm	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not · 🗌 <b>Ye</b>	s 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing to	able:			Amount		
C	Beginning balance					10				
d	Additions during the year					1d	<del></del>			
е	Distributions during the year					1e	<del></del>		_	
f	Ending balance					1f				
2a	Did the organization include an amoun	•		•				<i>,</i> —	_	No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed in Part XIII	<u>.</u>		
Par	V Endowment Funds.									
	Complete if the organization							. 1		
		(a) Current year	( <b>b</b> ) Pr	or year	(c) Two years	s back	(d) Three years ba	ck (e) Four	ears ba	ick
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current year en	d balan	ce (line 1g	, column (a)	) held a	as:			
а	Board designated or quasi-endowmer	nt 🕨	%							
b	Permanent endowment ▶	<u></u> %								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of th	e organ	ization the	at are held a	and ad	ministered for t	the _		
	organization by:							!	res 1	<b>10</b>
	(i) unrelated organizations							.  3a(i)		
	(ii) related organizations							. 3a(ii)		
Ь	If "Yes" to 3a(ii), are the related organ							. <b>3b</b>		
4	Describe in Part XIII the intended uses		n's end	owment f	unds.					
Part										
	Complete if the organization	answered "Yes"	" to For			11a. S	See Form 990	<u>, Part X, Iir</u>	<u>ıe 10.</u>	
	Description of property	(a) Cost or other (investment)		1 ' '	or other basis other)		Accumulated epreciation	(d) Book	value	
1a	Land				0					0
b	Buildings				0		0			0
С	Leasehold improvements			<u> </u>	2,247,639		255,475		1,992,	164
d	Equipment			4	1,519,397		658,651		860,	746
е	Other	.		<u> </u>	0		0			0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part	X, columi	n (B), line 10	c.) .	•		2,852,9	910

Part VII	Investments—Other Securities				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)	у	(b) Book value	, , ,	thod of valuation d-of-year market value
(1) Financial					
(2) Closely-h	neld equity interests				
(3) Other	·				
(A)					
(B)					
(C)					
(D)			<del> </del>		
(E)				<u> </u>	
(F) (G)					
(H)		·			<del></del>
	h) must soud Form 000 Port V and (R) ins 121 b	·			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related				
Part VIII	Complete if the organization ans		m 000 Bort IV lir	o 11a Coo Form	000 Dort V line 10
	(a) Description of investment	Weled les to Foll			
	(a) Description of investment		(b) Book value	1 ''	thod of valuation f-of-year market value
(1)					
(2)				-	
(3)				<del> </del>	
(4)					
(5)	-				
(6)					
(7)					
(8)					·
(9)				<u> </u>	<u> </u>
	b) must equal Form 990, Part X, col. (B) line 13.)			- : 1 1 3 4 3 1 1 1 1 1	all the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" to Forr	n 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
	(	a) Description			(b) Book value
<u>(1)</u>					
(2)			·		
(3)		<u> </u>	<del></del>		
(4)					
(5)	<u> </u>		<del></del> .		
(6)	<del></del>		<del></del> -		
(7)					
(8)		<del></del>	<del></del>	<u> </u>	
(9)	mn (b) must equal Form 990, Part X, c	ol (R) line 15 )	·		
Part X	Other Liabilities.	OI. (B) IIINE 15.)	· · · · · · ·	<u> </u>	<u> </u>
Turk	Complete if the organization ans	wered "Yes" to Form	n 990 Part IV lir	ne 11e or 11f See	Form 990 Part Y
	line 25.	WCICG 163 (010II	11 990, 1 art IV, III	ie i ie oi i ii. See	From 350, Fait A,
1.	(a) Description of liability	(b) Book value	<del></del>		·
(1) Federal ır		•	0		
(2) Deferred	d Rent	2 38	9,084		
(3)			5,001		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25)	2.38	9,084		
2. Liability for	runcertain tax positions. In Part XIII, prov	ide the text of the footne	ote to the organization	on's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	ck here if the text of	the footnote has bee	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" to Form 990,			Retur	n.
1	Total revenue, gains, and other support per audited financial statements			1	29,187,301
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				23,107,301
а	Net unrealized gains (losses) on investments	2a	-46.289		
b	Donated services and use of facilities		0	3 . 9	
С	Recoveries of prior year grants		0		
d	Other (Describe in Part XIII.)		444,624		
е	Add lines 2a through 2d			2e	398.335
3	Subtract line 2e from line 1			3	28,788,966
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
ь	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	28,788,966
Part				r Retu	ırn.
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements		. <b></b>	1	27,616,603
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			144	
а	Donated services and use of facilities	2a	0	1	
b	Prior year adjustments		0		
С	Other losses		0	3.5	
d	Other (Describe in Part XIII.)		502,660		
е	Add lines 2a through 2d			2e	502,660
3	Subtract line 2e from line 1	· · ·		3	27,113,943
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		0	8 3 3 3 3 4 4 A	
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.) .	· · · · · ·	5	27,113,943
	Supplemental Information.	-14.5	BV 15 41 101	<u> </u>	( II
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
			<del>-</del>		
	ule D, Part X, Line 2 - The Association adopted the accounting standard on a				
	ses the determination of whether tax benefits claimed or expected to be clai				
	ents. Under this guidance, the Association may recognize the tax benefit fro				
	It the tax position will be sustained on examination by taxing authorities bas				
	is recognized in the financial statements from such a position are measured				
	ood of being realized upon ultimate settlement. The guidance on accounting ognition, classification, interest and penalties on income taxes, and accounti				
	ation's tax positions and concluded that the Association has taken no uncer				
	idated financial statements to comply with the provisions of this guidance	taiii tax j	Josidons diacrequire	aujusui	ient to the
	nated interior statements to comply war the provisions of this guidance				
Sched	ule D, Part XI, Line 2d - Revenue from the activity of the US Travel PAC not re	norted o	on the form 990 but inc	ludod i	n the audited
	al statements (\$422,110). Revenue of the Travel Industry Association of Ame				
	idated financial statements but this entity files a separate form 990 (\$21,837)				
	4	· ····································		(40,0)	Rounding (42)
Sched	ule D, Part XII, Line 2d - Expenses from the activity of the US Travel PAC not	reported	on the form 990 but in	ncluded	in the audited
	al statements (\$467,985). Expense of the Travel Industry Association of Ame				
	idated financial statements but this entity files a separate form 990 (\$34,001)				
					<b></b>

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number **U S Travel Association** 53-0231139 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ✓ Written employment contract ☐ Independent compensation consultant ✓ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual.

Note. The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (U) and (E) amounts for that individual.	or eac	usted individual mu	st equal the total amo	Dunt of Form 990, P.	art VII, Section A, line	la, applicable columi	(U) and (E) amounts	s for that individual.
		(b) Breakdown or w-2 and/	W-Z and/or 1099-IVIIS	or 1099-ivilist compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred in prior Form 990
Roger J Dow, President and	8	1,225,668	436,580		391,000	23,349	2,076,597	0
Chief Executive Officer	€	0	0	0		0	0	0
Gary Oster, Executive Vice	8	373,126	191,000	0	13,000	17,580	594,706	0
2 President	€	0				0	0	0
Adam Vance, Senior Vice	€	251,127	45,109	0	13,000	21,800	331,036	0
3 President	E	0	0			0	0	0
Alma P Rojas, Vice President	€	227,368	57,394	0	13,000	17,422	315,184	0
4	€	0	0			0	0	0
Tian Xiaochua, Vice President	0	196,940	17,161	0	10,632	24,046	248,779	0
5	€	0	0	0		0	0	0
Malcolm Smith, Vice President	(1)	173,764	47,488	0	11,085	9,826	242,163	0
6	(1)	0	0	0		0	0	0
Charles Staley, Vice President	(1)	181,718	16,223	0	8,286	9,840	216,067	0
7	(ii)	0	0	0		0	0	0
Jonathan Grella, Senior Vice	(3)	303,754	000'29	0	12,625	23,768	407,147	0
8 President	(ii)	0	0	0		0	0	0
Eric Weber, Vice President	(i)	183,344	14,817	0	10,235	21,795	230,191	0
9	(ii)	0	0	0		0	0	0
	(i)							
10	(II)							
	())							
11	<b>(E)</b>							
	€							
12	(E)							
	(0)							
13	(ii)						†	
	(0)							
14	(ii)							
	6							
15	<b>(E)</b>							
	<b>E</b>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
16	(E)							
							Sche	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014  Part III Supplemental Information
ਊ ≟[
Schedule J, Part I, Line 1a · First class airfare was provided to Roger Dow on a limited basis where in compliance with the US Travel Association policy on travel, employees in certain limited situations and on a case by case basis may travel at a class other than coach.

## SCHEDULE L

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name o	f the o	rganization	normation about	Concadio E (i Oii	556 (	01 000 EE	and to mon	<u> </u>		yer ide		ion nu	nber		
UST	ravel	Association									53-0	02311	39		
Par	I								01(c)(29) organiz 5a or 25b, or Fo				V, line	40b.	
1	(a) N	lame of disqualified	person	(b) Relationship between disqualified person and						escription of transaction (d			(d) Cor	rected?	
				,	organiza	ation								Yes	No
<u>(1)</u>		_								_				<u> </u>	
(2)															
(3)															
(4)					-			<del> </del>							
(5)															
(6)	- Francisco	er the amount	of toy inquired	l by the erger	i=atia	n mana	oro or dio	- Cuplif	ied persons du	uina t	ha				
2	und	er section 4958 er the amount o									 	Σαι ► \$ ► \$			
				,,		,						•			
Part		Complete if th	or From Inter e organization eported an amo	answered "Ye	s" on				e 38a or Form 9	90, Pa	ırt IV,	line 2	<b>6; or</b> i	f the	
(a) N	ame of	interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) In (	default?	by bo	proved pard or nittee?	(i) Written agreement?	
					То	From				Yes	No	Yes	No	Yes	No
(1)							ļ			ļ					
(2)															
(3)															
(4)															
(5)		,									<u> </u>				
(6)											ļ				
(7)										<u> </u>	<u> </u>				
(8)											<u> </u>				
(9)										+	<del>                                     </del>				
(10) Total		<del> </del>		<u> </u>	<u> </u>	<u> </u>		_	<u> </u> \$		<del></del>	18 ( ) (	1.XL %	1 200	
Part	<u> </u>		sistance Benerale organization			rsons.	 0, Part IV, I		·	/*: ,	*	<u> </u> *40	7378	<u> </u>	<u> </u>
(a)	Name	of interested persor		ship between inter		(c) Amount	of assistance					se of a	of assistance		
(1)								<u> </u>	=.						
(2)															
(3)															
(4)								<u> </u>							
<u>(5)</u>											<u> </u>	-			
(6)		<u></u>						ļ			<u> </u>				
(7)		<del></del>		<u> </u>				1			<u> </u>				
(8)							<del></del>	}			<u> </u>				
(9)		·						<del> </del>		<u> </u>	<del>                                     </del>			-	
(10)								1			1				

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
(1)	Inter Continental Hotels and Resorts	Board Member	396,704	Sale of industry related product	✓	
(2)	<u> </u>				_	ļ
(3)						ļ
(4)					<u> </u>	<u> </u>
(5) (6)					-	├
(7)	<del></del>				+	
(8)			-		-	
(9)	<del> </del>					
(10)					1	<u>├</u>
	Provide additional information	for responses to questions	on Schedule L (see	instructions).		
					·	
				<del></del>		
. <b></b>						
						. <b></b>
			·			. <b></b>
						·
						······································

#### SCHEĐŮLE M (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization **Employer identification number U S Travel Association** 53-0231139 Part I **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art-Works of art . . . . 1 2 Art—Historical treasures . . . 3 Art-Fractional interests . . . 4 Books and publications . . 5 Clothing and household goods . . . . . . . . . 6 Cars and other vehicles . . . 7 Boats and planes . . . . 8 Intellectual property . . . . Securities-Publicly traded . . 9 10 Securities—Closely held stock . Securities - Partnership, LLC. 11 or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution - Historic structures . . . . . 14 Qualified conservation contribution-Other . . . Real estate - Residential . . . 15 Real estate-Commercial . . 16 17 Real estate-Other . . . . 18 Collectibles . . . . . 19 Food inventory . . . . . 20 Drugs and medical supplies . . 21 22 Historical artifacts . . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 Other ▶ ( Industry related item) 23 2,218,388 Fair market value / 26 Other ► ( PAC related items ) 127 74,415 Fair market value 27 Other ► ( _____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 1 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. b 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (I	Form 990) (2014)  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
`-	the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
	······································
	······································
	·
	······································
	······································
	······

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number	
U S Travel Association	53-0231139	
Form 990, Part VI, Section A, Line 6 - U.S. Travel Association has more than 1,300 member organization	ns within the following categories of	
travel service providers, destinations, allied/affiliates and travel associations		
Form 990, Part VI, Section B, Line 11b - The form 990 and supporting documentation is prepared by th	e Controller, it is then reviewed by	
the Vice President of Finance, next reviewed by the Senior Vice President of Operations, and then revi		
President/Chief Executive Officer. The form 990 is provided to the Executive Committee of the Board f	or review.	
Form 990, Part VI, Section B, Line 12c - Each director, officer and member of a committee with Board of	lelegated powers shall annually sign	
a statement which affirms such person: (a) Has received a copy of the conflict of interest policy, (b)Ha	s read and understands the policy	
(c)Has agreed to comply with the policy, and (d)Understands the Organization is a non-profit trade as	sociation and in order to maintain its	
federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-ex	empt purposes. To ensure the	
Organization operates in a manner consistent with its tax-exempt purposes and does not engage in ac	tivities that could jeopardize its	
tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:		
(a)Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's		
length bargaining; and (b) Whether partnerships, joint ventures, contracts and arrangements with mar	agement organizations or vendors	
conform to the Organization's written policies, are properly recorded, reflect reasonable investment or	payments for goods and services,	
further the Organization's tax-exempt purposes and do not result in inurement, impermissible private	benefit or in an excess benefit	
transaction.		
Form 990, Part VI, Section B, Line 15 - Compensation for all employees is subject to a periodic compa	ison to industry standards based on	
position and experience. This comparison is done on an employee by employee basis for all Associati	on employees. The results are then	
reviewed and approved by upper-level management. All compensation is reviewed by a compensation		
from the Board of Directors who have no association or ties to employees other than their capacity as	Association Board members. The	
President /Chief Executive Officer is the only employee with an employment contract		
Form 990, Part VI, Section C, Line 19 - Governing documents are made available to the public on requ	est	
Form 990, Part IX, Line 11g - Professional fees for Research Data \$455,795, Other professional fees \$2	,478,081	
Form 990, Part XI, Line 9 - Change in Net Assets is due to US Travel PAC activity reported on Financia	Statements but not reported on	
form 990 = loss \$(45,875). Rounding \$3		

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014	Open to Public
<u></u>	Ope

OMB No 1545-0047 ·

Inspection Employer identification number

53-0231139 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. U S Travel Association Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(E)					
(4)					
(5)					
(9)					
Part II Identification of Related Tax-Exempt Organizations Cone or more related tax-exempt organizations during the	s Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.	inswered "Yes" or	Form 990, Part	IV, line 34 becar	use it had
(a) Name, address, and EIN of related organization Prir	(b) (c) Primary activity or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes
(1) Travel Industry Association of America Foundation (52-0231139) Travel Industriation New York Ave NW Suite 450W, Washington, DC 20005 and Research	Travel Industry Grants DC and Research	501 (c)(3)	11a	N/A	<b>&gt;</b>
(2)					
(6)					
(4)					
(6)					
(9)					
(7)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2014

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(f) Section 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2014 ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ž (h) Percentage ownership Yes of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? ĝ (f) Share of total income Yes (g) Share of end-ofyear assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d) Direct controlling (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (1) (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part IV Part III € 8 ල 0 9 8 <u>ල</u> (1) 5 3 **3** 9 **E** 

anizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	s With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	36.
anizations Complete if the	s With Related Organizations Complete if the	30) 2014 Insactions With Related Org	organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
anizations Comp	s With Related Organizations Comp	30) 2014 Insactions With Related Org	lete if the organiza
	s With Related Orga	30) 2014 Insactions With Related Org	anizations Comp

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ore related organ	izations listed in Par	ts II–IV?	Yes
<ul> <li>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				1a
c Gift, grant, or capital contribution from related organization(s)			•	- 1 - 1 - 1
e Loans or loan guarantees by related organization(s)	•			- <b>P</b>
f Dividends from related organization(s)				
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				‡
i Exchange of assets with related organization(s)				<b>;=</b> :
J Lease of facilities, equipment, or other assets to related organization(s)				=
k Lease of facilities, equipment, or other assets from related organization(s)				14
Performance of services or membership or fundraising solicitati				=
_				Ξ.
				ul.
o Sharing of paid employees with related organization(s)				9
p Reimbursement paid to related organization(s) for expenses		•	•	10
<b>q</b> Reimbursement paid by related organization(s) for expenses				19
f Other transfer of cash or property to related organization(s)				÷,
outed transfer of cash of property floriff refered of gariffaction (s)				18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	complete this line, inclu	including covered relatio	covered relationships and transaction thresholds.	tion threshold
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	l) ng amount involv
(1)				
(4)				į
(5)				
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(4)	3	6	3	9		1	1	3	13
(a) Name, address, and EIN of entity	Primary activity	(c) Legal domicile	(u) Predominant	Are all part	ners Share of	(9) Share of	Disproportionate	Code V-UBI	U) General or	(K) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 1 501(c)(3) organizations?			allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			$\overline{}$	Yes No	٥		Yes		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										i
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2014

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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		••••••

# Schedule O, Statement 1

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Line Number:

Reasonable Cause Explanations

Explanation

An extension was filed and approved.