Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493317002227 OMB No 1545-0047

foundations)

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

To restrict them 990 and its instructions is at www IRS gov/form990

nterna	l Reven	nue Service	► Information about	Form 990 and its instructions is at <u>ww</u>	/W 1K5 gov/for	<u>m990</u>		Inspection
A F	or the	2016 ca		ning 01-01-2016 , and ending 12-	31-2016	_		
□ Ad	ck ıf ap dress c me cha	-	C Name of organization US TRAVEL ASSOCIATION			D Employ 53-023:		ication number
☐ Ini	tıal retu al	urn	Doing business as					
☐ Am		ninated return in pending	Number and street (or P O box if ma 1100 NEW YORK AVE NW SUITE 450\	ıl ıs not delivered to street address) Room/s N	suite	E Telephon (202) 4	e number 08-8422	
— Арі	piicatio	m penamg	City or town, state or province, count WASHINGTON, DC 20005	ry, and ZIP or foreign postal code		G Gross re	ceipts \$ 37	7,351,712
			F Name and address of principal	officer	H(a) Is th	ıs a group rei	turn for	
			ROGER J DOW 1100 NEW YORK AVE NW SUITE (WASHINGTON, DC 20005	450W	H(b) Are a	ordinates? all subordinat ded?	es	□Yes ☑No □Yes □No
		npt status	☐ 501(c)(3) ☑ 501(c)(6) ◄ (insert no)	If "N	o," attach a l ip exemption	•	•
y W	ebsite	e:▶ WW	/W USTRAVEL ORG		in(c) Grou	ip exemption	number	•
		ganızatıon	Corporation Trust Assoc	lation ☐ Other ▶	L Year of form	nation 1951	M State	of legal domicile DC
Pa	rt I	Sumi	-	most conficent activities				
a .			scribe the organization's mission or ION OF U S TRAVEL ASSOCIATION	Most significant activities I IS TO INCREASE TRAVEL TO AND WI	THIN THE UNIT	TED STATES		
) 	=							
Ē								
Activities & Governance				ontinued its operations or disposed of				
<i>)</i> ජ				body (Part VI, line 1a)		•	3	176
<u>.</u>			•	the governing body (Part VI, line 1b) endar year 2016 (Part V, line 2a)		•	5	176 77
<u> </u>			nber of volunteers (estimate if nece	, , , , , , , , , , , , , , , , , , , ,		•	6	176
ACI	l		·	VIII, column (C), line 12			7a	104,682
	l		ated business taxable income from	, ,,			7b	-250
					Pr	rior Year		Current Year
Qı	8 (Contribut	ions and grants (Part VIII, line 1h)			15,013,4	151	3,863,177
Rəvenue	9	Program :	service revenue (Part VIII, line 2g)			15,123,4	183	27,736,220
Rộ	l		nt income (Part VIII, column (A), l	·		723,0	045	437,235
			renue (Part VIII, column (A), lines !	•		739,7		779,546
	_			t equal Part VIII, column (A), line 12)		31,599,7		32,816,178
			nd similar amounts paid (Part IX, co paid to or for members (Part IX, co	, ,,			0	30,499
s de	l		,	nefits (Part IX, column (A), lines 5–10)		12,318,9	945	13,106,811
Expenses	16a	Professio		nn (A), line 11e)		,	0	0
핓			penses (Part IX, column (A), lines 1	· ———		18,045,0	021	18,056,136
			enses Add lines 13–17 (must equa	•		30,363,9	_	31,193,446
	19	Revenue	less expenses Subtract line 18 from	m line 12		1,235,7	771	1,622,732
Net Assets or Fund Balances					Beginning	g of Current Y	ear	End of Year
SS el Bala	20	Total asse	ets (Part X, line 16)			29,677,3	342	30,940,617
₽ <u>₽</u>	21	Total liabi	ılıtıes (Part X, lıne 26)			17,871,1	120	17,463,862
Ζď	22	Net asset	s or fund balances Subtract line 2	1 from line 20		11,806,2	222	13,476,755
Jnder knowl		ilties of pe and belief		ned this return, including accompanyin Declaration of preparer (other than off				
ally K	HOWIE	l k						
- :		Signatu	re of officer		20 Da	17-11-09 ite		
Sign Here		, BOGER	. J DOW PRESIDENT & CEO					
			r print name and title					,
De:-	,		rınt/Type preparer's name ONG ZHANG CPA	Preparer's signature YONG ZHANG CPA		ieck 🗀 if F	PTIN P01249785	5
Paid Drai	ว pare	r Fi	ırm's name RSM US LLP			lf-employed rm's EIN ▶ 42-	0714325	
-	Onl	` "	ırm's address ▶ 1861 INTERNATIONAL D	RIVE SUITE 400		one no (703):		
			MCLEAN, VA 22102					
			this return with the preparer show duction Act Notice, see the sepa	<u> </u>		112027	<u>✓</u> Y	es No
OF P	aperv	work KeC	auction Act Notice, see the sepa	nate mstructions.	Cat No	TTTRTL		Form 990 (2016)

Forn	n 990 (2016)				Page 2
Pai	t IIII Statement	of Program Service Acc	complishments		
	Check if Sche	edule O contains a response oi	note to any line in this Part III .		🗹
1	Briefly describe the	organızatıon's mıssıon			
FAC:	LITATE INCREASED T	RAVEL TO AND WITHIN THE U	RESENT THE WHOLE OF THE UNITED NITED STATES ACTIVITIES INCLUDE NS AND EDUCATIONAL MEETINGS TO	TRADE EVENTS, ADVOCATIN	G ON BEHALF OF THE
2			gram services during the year which	were not listed on	□ Yes ☑ No
	If "Yes," describe the	ese new services on Schedule	0		
3	Did the organization	cease conducting, or make si	gnificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar		nplishments for each of its three large required to report the amount of gra service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program serv	ices (Describe in Schedule O)			
	(Expenses \$	including	grants of \$	(Revenue \$)
4e	Total program ser	vice expenses ►			

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 4 5

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Nο Nο Nο Nο Nο Nο Nο Nο Νo Nο No Nο Form **990** (2016)

Part IV Checklist of Required Schedules (continued) Yes

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Nο

No

Page 4

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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24a

24b

24c

24d

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25b

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28a

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35h

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Yes

Yes

Yes

Yes

Form 990 (2016)

22 Yes 23

Nο

Νo

Nο

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 109	1 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4 1		
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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		20		
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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7 g		
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 sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	†		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O	14b		

	• • • • • • • • • • • • • • • • • • •	,,		Page c
Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to II	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management	• •		
	and the second s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 176			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 176			
2	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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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	Yes	
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 organization's exempt			
	status with respect to such arrangements?	16b	Yes	<u> </u>
	Light the Chalco with which a convent that Forms 200 as a serviced to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
4.0				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			

orm 990 (2	2016)	Page 7										
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											
La Complete	e 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

(A)

• List all of the organization's former officers, key employees, or 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

TOURISM ECONOMICS LLC

WAYNE, PA 19087

303 WEST LANCASTER AVENUE SUITE 2E

compensation from the organization ▶ 23

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

Felt	Section A. Officers, Direct	tors, Trustees	, key	Emp	oye	es,	and	nıgı	nest Com	pensa	tea Employees	(con	unuea)	
	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n of	t che inles ficer	eck moss pers r and a ree)	on	(D Repor compen from organizat	table sation the ion (W-		n I W-	Estim amount of compen from	ated of other sation
		for related organizations below dotted line)	individua or direct	Instituti	Officer	Key emp	Highest employe	Former	2/1099-	MISC)	2/1099-MISC	:)	organızat relat organız	ed
			Individual trustee or director	Institutional Trustee		oloyee	Highest compensated employee							
				·Ī·			n ed							
See	Addıtıonal Data Table													
												_		
												4		
												4		
												4		
												_		
	Sub-Total			• •			▶							
<u>d</u> 1	otal (add lines 1b and 1c)						•		· · ·	8,747		0		690,215
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more	than \$	100,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>									ensate •	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										om the		V	
5	Did any person listed on line 1a receiv	ve or accrue cor	npensat	tion fi	rom	anv	unrela	eted	organizatio	on or in	dıvıdual for	4	Yes	
	services rendered to the organization											5		No
	ction B. Independent Contract Complete this table for your five high		ما المامة								- #100 000 of an			
1	from the organization Report comper	nsation for the c									on's tax year	mpen		
		(A) and business addre	ess								(B) scription of services		Compe	nsation
	ST STREET GROUP								C	ONSULTI	NG			468,954
WASH	HILLYER PL NW IINGTON, DC 20009													
	LANTERN GROUP								C	ONSULTI	NG			438,440
NEW	HIRD AVENUE 22ND FLOOR YORK, NY 10017									CEARCI				300 030
	NTIC MEDIA GROUP LLC								RI	ESEARCH	1			290,929
WASH	INGTON, DC 20037 RO GROUP									CONSULTING				276,123
	K STREET NW SUITE 250									J. 130L11				270,123
	INGTON, DC 20006													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

248,000

RESEARCH

		(2016)										Page 9
Part '	VII											
		Check if Schedul	e O contains	a respo	onse or note to any	(/	nis Part VII A) evenue	Re e fu	(B) lated or xempt unction evenue	Unr bu:	(C) related siness venue	(D) Revenue excluded from tax under sections 512-514
0	1 a	Federated campaig	ns	1a					<u>'</u>			
ints	ŀ	b Membership dues		1 b								
Gra		c Fundraising events		1c								
Contributions, Giffs, Grants and Other Similar Amounts		d Related organizatio	ns	1d								
Gif ila	١,	e Government grants (co	ontributions)	1e	84,219							
s, E	۱,	F All other contributions,	. aıfts. arants.	<u> </u>	<u>'</u>							
bution ther S		and similar amounts n above	ot included	1f	3,778,958							
E O	'	9 Noncash contribution in lines 1a-1f \$	Jiis iliciuded	2,24	18,95 <u>6</u>							
an Co	h	Total.Add lines 1a-1	lf		•	3.	863,177					
					Business			I				
Program Service Revenue	2a	IPW TRADE SHOW				900099	14,0	55,954	13,952	,122	103,8	32
ا خ		MEMBERSHIP DUES				900009	11,9	08,823	11,908	,823		
<u>د</u>	С	EDUC SEMINAR - ESTO)			900099	9	81,479	981	,479		
ž ā	d	RESEARCH CONTRACTS				900099	5	17,700	517	,700		
ν, Σ	е	OTHER TRADE SHOWS				900099	1	184,738		,738		
]ran	f	All other program se	rvice revenue					87,526	86	,676	8	50
Š		Total. Add lines 2a-21			27,7	36,220						
_						1						
		Investment income (ii similar amounts) .	ncluaing aivia		interest, and other		365,92	2				365,922
	4]	Income from investm	ent of tax-exe	mpt b	ond proceeds >							
	5 F	Royalties			•							
			(ı) Rea		(II) Personal							
	6a Gross rents											
	b	Less rental expenses				1						
	C	Rental income or (loss)										
	d	Net rental income o	r (loss)			1						
		Tracticinal medine o	(i) Securit		· · · ▶							
	7a	Gross amount	. ,			1						
7	from sales of assets other		4,6	06,847								
		than inventory										
	b	Less cost or other basis and	4 -	35,534								
		sales expenses	·									
		Gain or (loss)		71,313		1	71 21	2				71 212
		Net gain or (loss)			•		71,31	3				71,313
a l	oa	Gross income from for form for the contract of		of								
- Fa		contributions reporte See Part IV, line 18		_]							
ě				a b		-						
Other Revenue		Less direct expense : Net income or (loss)			ents	_						
t e		Gross income from g				1						
Ó		See Part IV, line 19			J							
	_			а								
		Less direct expense		Ь								
		: Net income or (loss) Gross sales of invent		activit	ies •	1						
	106	returns and allowand										
				а								
	b	Less cost of goods s	sold	Ь								
	С	Net income or (loss)		invent								
ŀ	11	Miscellaneous			Business Code	1	770 54	6				770 546
	11	aSPONSORSHIP & MI	ISC		900099		779,54					779,546
	b	•										
	C	-										
						L		\perp				
	d	All other revenue .										
	е	Total. Add lines 11a	-11d		•		779,54	6				
	12	Total revenue. See	Instructions						77 674 572		104 600	1 216 76.
					·	L	32,816,17	٥	27,631,538		104,682	1,216,781 Form 990 (2016)

orm 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	30,499	·		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,558,961			
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	5,663,559			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	306,451			
9 Other employee benefits	1,024,708			
10 Payroll taxes	553,132			
11 Fees for services (non-employees)				
a Management				
b Legal	370,624			
c Accounting	46,069			
d Lobbying	2,797,784			
e Professional fundraising services See Part IV, line 17	, ,			
f Investment management fees	83,803			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,139,871			
12 Advertising and promotion	620,172			
13 Office expenses	355,983			
· · · · · · · · · · · · · · · · · · ·	485,494			
14 Information technology	403,434			
15 Royalties	1 427 622			
16 Occupancy	1,437,632			
17 Travel	410,382			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	7,261,775			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	611,140			
23 Insurance	121,147			
24 Other expenses Itemize expenses not covered 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)				
a DUES & SUBSCRIPTIONS	166,840			
b CREDIT CARD FEES	128,772			
c TAX	18,648			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	31,193,446			
26 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)				

Form **990** (2016)

Page **11**

3,266,587

11.386,274

281,250

30.940.617

4.978,434

9,453,609

45.619

2.986,200

17.463,862

13,476,755

13,476,755

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Form **990** (2016)

	Beginning of year		End of year
1 Cash-non-interest-bearing	2,041,775	1	2,139,386
2 Savings and temporary cash investments	11,990,176	2	12,903,274
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	461,504	4	330,448
5 Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Assets Notes and loans receivable, net Inventories for sale or use . 8 473.759 9 633,398

3,711,373

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375.000

29,677,342

4,656,551

10,050,431

67.264

3.096.874

17,871,120

11.806.222

11,806,222

29.677.342

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Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 5,015,592 basis Complete Part VI of Schedule D 10a 1.749.005 b Less accumulated depreciation 10b Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2016)

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

Name: US TRAVEL ASSOCIATION

EIN: 53-0231139

Form 990 (2016)

Form 990, Part III, Line 4a:

TRADE SHOW-IPW -- U.S. TRAVEL ASSOCIATION'S 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

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

Form 990, Part III, Line 4b:

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 - AMERICANS TRAVELING

AND VARY WIDELY IN DEMOGRAPHIC CHARACTERISTICS AND TRAVEL BEHAVIOR UNDERSTANDING YOUR TARGET AUDIENCE IS A KEY TO SUCCESSFUL MARKETING AND CAPTURING YOUR SHARE OF THE DOMESTIC TRAVEL MARKET INTERNATIONAL TRAVEL - THE U S TRAVEL ASSOCIATION'S INTERNATIONAL VISITOR INFORMATION SYSTEM PROVIDES A WEALTH OF INFORMATION ON THE HIGHLY LUCRATIVE INTERNATIONAL TRAVEL MARKET WITH AVERAGE SPENDING FIVE TIMES HIGHER THAN

WITHIN THE U.S. ON LEISURE OR BUSINESS TRIPS ARE CRUCIAL TO OUR NATIONAL. STATE AND LOCAL ECONOMIES. AMERICANS TRAVEL FOR A VARIETY OF REASONS.

DOMESTIC TRAVELERS, INTERNATIONAL VISITORS ARE A HIGHLY LUCRATIVE MARKET FOR THE U.S. AND ITS DESTINATIONS AND ATTRACTIONS ECONOMIC RESEARCH - ECONOMIC RESEARCH CONDUCTED BY THE U.S. TRAVEL ASSOCIATION IS DESIGNED TO PROVIDE USERS WITH WAYS IN WHICH TO GAUGE THE VALUE OF TRAVEL AND

Form 990, Part III, Line 4c:

ECONOMIC RESEARCH CONDUCTED BY THE U.S. TRAVEL ASSOCIATION IS DESIGNED TO PROVIDE USERS WITH WAYS IN WHICH TO GAUGE THE VALUE OF TRAVEL AND TOURISM TO THE NATION AND DETERMINE THE DIRECTION IN WHICH TRENDS ARE HEADING

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Key employee Institutional MISC) MISC) related organizations below dotted organizations line) Trustee

TODD DAVIDSON	0 50	×	x		0	0	
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GEOFF BALLOTTI	0 50	l 🗸	x		0	0	
FIRST VICE CHAIR		_ ^	l ^			0	
ELLIOTT FERGUSON	0 50		\				
SECOND VICE CHAIR		^	×			١	
MICHAEL MASSARI	0 50						

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MINAZ ABJI

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JIM ABRAHAMSON

GEORGE AGUEL

CAROLINE BETETA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

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TAMMY BLOUNT	0 50	×				0	0	
DIRECTOR		_ ^						
THELLA BOWENS	0 50	l 🗸				0	0	
DIRECTOR		_ ^				0	0	
KRISTEN BRANSCUM	0 50	l ,				0	0	
DIRECTOR		^				٥	0	
PHIL BROWN	0 50						0	
DIRECTOR		^				l '	٥	

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DIRECTOR

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MARY CASEY

BRUCE CHARENDOFF

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compen-employee Office Former Individual truste or director key employee Institutional MISC) organizations MISC) related below dotted organizations line) Ę

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JULIE COKER GRAHAM DIRECTOR	0 50	x				0	0	0
SANTIAGO CORRADA DIRECTOR	0 50	X				0	0	0
JENNIFER CUNNINGHAM DIRECTOR	0 50	X				0	0	0
JOE D'ALESSANDRO	0 50	×				0	0	0

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JOE D'ALESSANDRO	0 50	
DIRECTOR		
KIM DVA	0 50	

KIM DAY

DIRECTOR

BRAD DEAN

DIRECTOR

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DIRECTOR

DIRECTOR

FRED DIXON

MIKE DOMINGUEZ

SEAN DONOHUE

SHEETAL DOSHI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line) Trust

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DAVID DOWNING	0 50				

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DIRECTOR

KYLE EDMISTON

GINGER EVANS

DEBORAH FLINT

MELISSA FLOOD

DONALD FOSTE

FORD N FUCHIGAMI

MIKE GALLAGHER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee organizations Institutional MISC) MISC) related below dotted organizations line) Trustee

EMILIO GONZALEZ	0 50	×			0	0	0	
DIRECTOR								
CLAY GREGORY	0 50	,			0	0	0	
DIRECTOR		^				o d		
JAMES D HAGEN	0 50	_			0	0	0	
DIRECTOR		^			0	0	0	
JACK HODNE	0 50							

JAMES D HAGEN		l x					n	٥	
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DIRECTOR		_ ^					0		
AL HUTCHINSON	0 50								
DIRECTOR		*					U	U	
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DIRECTOR		^				0	
KATHY JANEGA-DYKES	0 50						

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DIRECTOR

CORY JOBE

DIRECTOR

DIRECTOR

DEBBIE JOHNSON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line) Trust

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PHILLIP J JONES	0 50	1				0	0	
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KEVIN KANE	0 50	1				0	0	
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DIRECTOR				
KEVIN KANE	0 50	_		
DIRECTOR		^		
SHERI KELLER	0 50	_		
DIRECTOR		^		

BETH KINERK

KEVIN LANGSTON

DIRECTOR

DIRECTOR

JOE LOPANO

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RICARDO LOPEZ

DAVID LORENZ

LARRY LUTERAN

CHRISTINE LYNN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line)

LISA MARCHESE	0 50				0	
DIRECTOR						
CASANDRA MATEJ	0 50				0	
DIRECTOR		^			5	
RITA MCCLENNY	0 50					
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RITA MCCLENNY	0 50	V			
DIRECTOR		×			
JEFF MILLER	0 50				

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TOM NOONAN

TOM NORWALK

STEVE MOORE

JERRY MOSIELLO

JONAS NEIHARDT

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Office Highest compens Former Individual trustee or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line) Trust

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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DIRECTOR		^							0	
RONAN O'GORMAN	0 50	l ∨						0	0	
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Office Highest compensa Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line) Truste

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GARY SHERWIN

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensati Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line) Truste

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BRANDON STEINMANN	0 50							
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WILLIAM TALBERT III

DIRECTOR

JOE TERZI

DIRECTOR

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DIRECTOR

KEVIN TRIPLETT

WILLIAM TUTTELL

DAWN ULLRICH

DIRECTOR							I
BUTCH SPYRIDON	0 50	V			0	0	0
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line) Trustee

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BRAD VAN DOMMELEN	0 50	×				0	0	
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VICKI VARELA	0 50	×				0	0	
DIRECTOR						Ů	J	
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DIRECTOR							
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CLAUDIA VECCHIO	0 50	l 🗸			0	0	
DIRECTOR		_ ^					
NICK VOURNAKIS	0 50						

DIRECTOR		,,					
CLAUDIA VECCHIO	0 50	l			0	0	
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NICK VOURNAKIS	0 50	×			0	0	
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DIRECTOR							
NICK VOURNAKIS DIRECTOR	0 50				0	0	0
PAT WATERMAN	0 50				0	0	0

NICK VOURNAKIS	0.30	\ _×			<u></u>	0	,
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DAVID WHITAKER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SCOTT WHITE

PAIGE WILLIAMS

ERNEST WOODEN JR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensati Former Individual trustee or director Institutional MISC) MISC) organizations related below dotted organizations employee line) Truste

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DIRECTOR		_^_						
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DIRECTOR		^					0		
BROOKE CHRISTIAN	0 50	×					0	0	
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BROOKE CHRISTIAN	0 50	×				0	0	
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KIM CONNAGHAN	0 50	1				0	0	

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TERRENCE CONNELL	0 50	×			0	0	0
DIRECTOR		_ ^					Ü
ANDREW EISNER	0 50						

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DIRECTOR

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LAYTON HAN

RICHARD HARPER

ROBERT GALLAGHER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line) Trustee

AMANDA HITE	0 50	×			0	0	
DIRECTOR		^				0	
PAUL KINDZIERSKI	0 50	×			0	0	
DIRECTOR		^			5	9	
RICH MARADIK	0 50	V				0	
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PAUL KINDZIERSKI	0 30	x	
DIRECTOR		^	
RICH MARADIK	0 50		
DIRECTOR	•••••	X	
FRANK MARINI	0 50	V	
DIRECTOR		X	
RICH REASONS	0 50		

RICH REASONS

PETER STREBEL

DIRECTOR

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

ROB TORRES

SHEELAGH WYLIE

KEN TESTANI

RONDA THIEM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) 0 50 DAVID AUDRAIN

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CAROLYN CAWLEY	0 50	×				0	0	
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DIRECTOR		^	

GEOFF FREEMAN

JOHN H GRAHAM

KEVIN M HINTON

DIRECTOR

DIRECTOR

DIRECTOR

PAM INMAN

DIRECTOR

DIRECTOR

DIRECTOR

MARK JARONSKI

KAREN KOTOWSKI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compens Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

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DIRECTOR

DON WELSH

DIRECTOR

DIRECTOR

DAWN SWEENEY

PAUL VAN DEVENTER

CARYLANN ASSANTE

DEBORAH SEXTON

WILLIAM J SUTHERLAND

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

SEAN BAYLISS	0 50	×			0	0	
DIRECTOR		^				0	
CONNIE DEL SIGNORE	0 50	×			0	0	
DIRECTOR		^			5	9	
MARVANINI FERENC	0.50						

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CONNIE DEL SIGNORE	0 50	×			
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MARYANN FERENC	0 50	<			
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CHARLES FLATEMAN

DIRECTOR

ED FULLER

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HELEN HILL

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ANDY INGRAHAM

PATRICK KALER

JOHN LAMBETH

LORI HARNOIS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Institutional related organizations MISC) MISC) below dotted organizations employee line)

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DARIENNE MOBLEY	0 50	×			0	0	
DIRECTOR		^				J	
LYNN MOHRFELD	0 50	l ,			0	0	
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BETSY O'ROURKE	0 50		
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DIRECTOR

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JOHN URDI

DIRECTOR

SUSIE SANTO

MICHAEL REA

TAYLOR SAFFORD

MARTHA SHERIDAN

CAROLANN OUELLETTE

Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation amount of other compensation person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099-Highest comp employee organization and Individual to or director Office Former Key employed Institutional organizations MISC) MISC) related below dotted organizations line)

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KARI WESTLUND	0 50	×				0	
DIRECTOR							
JONATHAN ZUK	0 50	l ,				0	
DIRECTOR		^				١	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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JONATHAN ZUK	0 50					
DIRECTOR	••••••	×			0	
RANDY GARFIELD	0 50	l			0	
DIRECTOR		^			Ĭ	

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ART JIMENEZ

DIRECTOR

ROGER DOW

GARY OSTER

ADAM VANCE

PRESIDENT & CEO

JONATHAN GRELLA

EXECUTIVE VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

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THAN ZUK	0 50	×			0	,
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DY GARFIELD	0 50	×			0	
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N LANGSTON	0 50	×				
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JONATHAN ZUK	0 50	×			0	0	0
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RANDY GARFIELD	0 50	l ,			0	0	0
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JENNIFER HENDREN	0 50	,,					

RANDY GARFIELD	0 50	×				0	0	0
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KEVIN LANGSTON	0 50	×			0	0	0
DIRECTOR		~			,	9	
JENNIFER HENDREN	0 50	×			0	0	0
DIRECTOR						5	

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation person is both an officer from the from related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MALCOLM SMITH SENIOR VICE PRESIDENT	40 00					x		294,383	0	26,962	
ERIK HANSEN VICE PRESIDENT	40 00					x		266,601	0	26,318	

(F)

Estimated

amount of other

compensation

36,359

15,551

15,507

	40.00						
VICE PRESIDENT				, ,			
ALMA P ROJAS	40 00			x	261.268	0	
VICE PRESIDENT							

244,945

CHARLES STALEY 0 SENIOR VICE PRESIDENT

40 00

XIAOHUA TIAN

VICE PRESIDENT

234,520

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Name of the organization

Political expenditures Volunteer hours

Was a correction made?

function activities

If "Yes," describe in Part IV

(a) Name

US TRAVEL ASSOCIATION

Part I-A

Part I-B

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(Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Did the filing organization fileForm 1120-POL for this year?

EZ)

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by organization managers under section 4955

Enter the amount of any excise tax incurred by the organization under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(c) EIN

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address

- If the organization answered "Yes" on 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 If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Employer identification number

☐ Yes

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2016

□ No

53-0231139

(d) Amount paid from

filing organization's

funds If none, enter

-0-

Cat No 50084S

DLN: 93493317002227

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

1

1

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Part IV

(b)

Amount

(a)

Yes

No

including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?

Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6).

Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3

Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Dues, assessments and similar amounts from members

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

2 expenses for which the section 527(f) tax was paid). Current year

Supplemental Information

Carryover from last year c Total

expenditure next year?

Return Reference

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Schedule C (Form 990 or 990EZ) 2016

1

2a

2b

2c

3

4 5

3,151,317 985.603 4,136,920

Yes

1

2

No

No

No

11,908,823

5,358,970

-1.222.050

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493317002227

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection Employer identification number

US T	RAVEL ASSOCIATION				53-0231	139		
Pai	Organizations Maintaining Donor Complete if the organization answers							
		(a) Donor advised	funds		(b) Fun	ds and other ac	counts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	$\mbox{\rm Did}$ the organization inform all donors and donor funds are the organization's property, subject to				r advised] Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					_] Yes	□ No
Par	t II Conservation Easements. Complet	te if the organization ar	swered	d "Yes" on F	Form 990, Pa	art IV, line 7.		
1	Purpose(s) of conservation easements held by the	ne organization (check all th	nat apply	y)				
	\square Preservation of land for public use (e g , red	creation or education)	☐ Pr	eservation o	f an historicall	y important lan	d area	
	Protection of natural habitat		☐ Pr	eservation o	f a certified his	storic structure		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	on contr	ibution in the		nservation leld at the End	l of the	Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easemen	nts			2b			
c	Number of conservation easements on a certified	historic structure included	ın (a)		2c			
d	Number of conservation easements included in (c structure listed in the National Register	c) acquired after 8/17/06, a	and not	on a historic	2d			
3	Number of conservation easements modified, tratax year ▶	insferred, released, extingu	ııshed, o	r terminated	by the organi	zation during th	ie	
4	Number of states where property subject to cons	servation easement is locat	ed ▶		_			
5	Does the organization have a written policy regar and enforcement of the conservation easements		ng, inspe	ection, handl	ing of violatior	ns,		No
6	Staff and volunteer hours devoted to monitoring, •	, inspecting, handling of vic	olations,	and enforcin	ig conservatioi	n easements du	rıng the	year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violation	ns, and	enforcing cor	nservation eas	ements during t	he year	
В	Does each conservation easement reported on lir	ne 2(d) above satisfy the re	equirem	ents of section	on 170(h)(4)(E	3)(1)		
	and section 170(h)(4)(B)(II)?					☐ Yes		No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the org						
Part	Organizations Maintaining Collect Complete if the organization answers	tions of Art, Historica			Other Simil	ar Assets.		
1a	If the organization elected, as permitted under Si art, historical treasures, or other similar assets hi provide, in Part XIII, the text of the footnote to it	ield for public exhibition, ed	ducation	, or research	ın furtherance			of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held f following amounts relating to these items							
(i) Revenue included on Form 990, Part VIII, line 1				•	• \$		
(ii)Assets included in Form 990, Part X				•	\$		
2	If the organization received or held works of art, following amounts required to be reported under				financial gain,			
а	Revenue included on Form 990, Part VIII, line 1	·			•	\$		
b	Assets included in Form 990, Part X				i	\$		
or P	aperwork Reduction Act Notice, see the Inst	ructions for Form 990		Cat	No. 52283D	Schedule D (Form 9	90) 2016

Par		Organizations M	aintaining Coi	ections c	JI AΓL,	HISTOFI	cai ir	easu	ires, or	Otner	Similar A	issets (c	ontinu	iea)	
3		the organization's acq (check all that apply)		, and other	records	, check a	any of t	he fo	llowing th	nat are a	sıgnıfıcant	use of its	collec	tion	
а		Public exhibition				d		Loan	or excha	nge prog	rams				
b		Scholarly research				e		Othe	r						
c		Preservation for future	e generations												
4	Provi Part)	de a description of the	organization's coll	ections and	l explain	how the	y furth	er the	e organiza	ation's ex	empt purp	ose in			
5		ig the year, did the org is to be sold to raise fur									ular	☐ Ye	s [N-	0
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on F	orm 9	990,	Part
1a		e organization an agent ded on Form 990, Part :		n or other	ınterme	diary for	contrib	ution	s or othe	r assets I	not	☐ Ye	s [□ N	0
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the f	ollowina	table		Г			Amount			_
С		nning balance		'		,				1c					_
d	Addıt	ions during the year								1d					_
e	Dıstrı	butions during the year	r							1e					_
f	Endır	ng balance								1f					
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	stodial a	count lia	bility?	☐ Ye	s [□N	_ o
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here	e if the e	vnlanati	on has	heen	provided	l in Part)	KIII			П	
	rt V	Endowment Fun				•							•	_	
				(a)Currer			or year		(c)Two ye				(e)Fou	r year	s back
1a	Beginn	ing of year balance .													
b	Contrib	outions													
c	Net inv	estment earnings, gair	ns, and losses												
d	Grants	or scholarships	•												
		expenditures for facilition	es												
f	Admını	strative expenses .													
g	End of	year balance													
2	Provi	de the estimated perce	entage of the curre	nt year end	balance	e (line 1g	g, colun	nn (a))) held as	5					
а	Board	d designated or quasi-e	endowment 🟲												
b	Perm	anent endowment 🟲													
С	Temp	orarily restricted endo	wment >												
_		percentages on lines 2a		-											
3а		here endowment funds nization by	not in the posses	sion of the	organiza	tion that	are he	eld an	d adminis	stered fo	r the		Γ,	/es	No
	_	nrelated organizations										3a	(i)		
	(ii) r	elated organizations .										3a	(ii)		
		es" on 3a(II), are the re	-		•			•				. 3	b		
4		ribe in Part XIII the inte			n's endo	wment f	unds								
Pai	rt VI	Land, Buildings, Complete if the or	• •		on For	m 990	Dart I	V lin	no 11a (See For	ກ 990 Pa	rt X line	10 د		
	Descri	iption of property	(a) Cost or oth (investme	er basıs		or other					epreciation	, · · · · · · · · · · · · · · · · · · ·	d) Book	value	;
1a	Land														
	Buildin	as													
		old improvements					2,60	8,120			627,897			1	,980,223
		nent						7,472			1,121,108				,286,364
							•	-							· ·
		lines 1a through 1e (Co	ı olumn (d) must ed	gual Form 9	90, Part	X, colun	nn (B),	line 1	10(c)).		>			3	,266,587

	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		Book lue	(c)Method of v Cost or end-of-year	
2)Closely-l	derivatives				
3) Other					
A) 					
3)					
C)					
D)					
E)					
F)					
G)					
H)					
otal. (Colum Part VIII	in (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete	o if the organization	answered "	Yes' on Form 990 P	art IV line 11c
	See Form 990, Part X, line 13.	_			
	(a) Description of investment	(b) Book	alue	(c) Method of v Cost or end-of-year	
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answe		0, Part IV, line	e 11d See Form 990, P	art X, line 15 (b) Book value
1)	(a) Descrip				(B) Book Value
2)					
3)					
3) 4)					
3) 4) 5)					
3) 4) 5) 6)					
3)4)5)6)7)					
3) 4) 5) 6) 7)					
3) 4) 5) 6) 7) 8)	ımı (h) must equal Form 990. Part X. col (B) line 15.)				
3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered 'Yes' (n Form 990,	·	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Liabilities. Complete if the organizatio	n answered 'Yes' (Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	n answered 'Yes' (n Form 990,	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Column Perfect	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (DEFERRED F 2)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1) DEFERRED F 2)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1) DEFERRED F 2)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Column Part X 2) 3) 4)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Column Part X 2) 3) 4) 5)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of the col	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6) 7)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
Part X	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' (n Form 990, b) Book value	Part IV, line 11e or	11f.
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6) 7) 8)	Other Liabilities. Complete If the organization See Form 990, Part X, line 25. (a) Description of liability income taxes	n answered 'Yes' ((b) Book value	Part IV, line 11e or	11f.

Schedule D (Form 990) 2016

Part XI

2

а

b

c

d

е

3

4

b

с 5

1

2

a b

d

е 3

а

b

c

Part XIII

5

4

Part XII

252.869

749.430

83,803

753.324

83.803

2e

3

4c

2e

3

4c

5

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a

4b

2a

2b

2c

2d

4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

33,734,674

1,002,299

32,732,375

83,803

32,816,178

31,862,967

753,324

83.803

31,193,446

Schedule D (Form 990) 2015

31.109.643

Other (Describe in Part XIII)

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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.

Other (Describe in Part XIII)

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 53-0231139

Name: US TRAVEL ASSOCIATION

Supplemental Information

Return Reference

Explanation

PART X, LINE 2

UNDER THE PROVISION OF SECTIONS 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC) AND THE APPLI CABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE ASSOCIATION IS EXEMPT FROM T AXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME REVENUES RELATED TO ADVERTISING SPACE IN ASSOCIATION PUBLICATIONS ACTIVITIES ARE CONSIDERED UNRELATED BUSINESS INCOME, AS DEFIN ED BY THE IRC MANAGEMENT EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDA TED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE AS SOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LO CAL TAX AUTHORITIES FOR YEARS BEFORE 2013

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS	PAC REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 749,430						

Sı

Supplemental Information										
Return Reference	Explanation									
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 753,169 FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED FS 155									

DLN: 93493317002227

Employer identification number

OMB No 1545-0047

2015

Open to Public Inspection

Compensation Information

(Form 990)

Name of the organization

Schedule J

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.qov/form990. Department of the Treasury Internal Revenue Service

JS .	TRAVEL ASSOCIATION	53-0231139			
Pa	rt I Questions Regarding Compensation	ı -			
				Yes	No
а		vided any of the following to or for a person listed on Form 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 idemnification and gross-up payments	Health or social club dues or initiation fees			
	□ Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		ganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b	Yes	
	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec	reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2	Yes	
	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens				
	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 on Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizate For persons listed on Form 990, Part VII, Section A				
	compensation contingent on the revenues of	, line 1a, did the organization pay of accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," on line 5a or 5b, describe in Part III				
	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6 a		
b	Any related organization?		6 b		
	If "Yes," on line 6a or 6b, describe in Part III				
	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d		7		
	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
	If "Yes" on line 8, did the organization also follow the	e rebuttable presumption procedure described in Regulations	•		

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

For each individual whose compensation must be reported on 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)(1)-(111) 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ROGER DOW PRESIDENT & CEO	(i)	1,214,830	558,675	200,168	416,920	21,013	2,411,606	0
	(ii)	0	0	0	0	0	0	0
2 GARY OSTER EXECUTIVE VICE PRESIDENT	(i)	419,787	296,805	3,563	15,900	22,326	758,381	0
	(ii)	0	0	0	0	0	0	0
3 JONATHAN GRELLA EXECUTIVE VICE PRESIDENT	(i)	364,457	109,270	540	15,900	32,416	522,583	0
	(ii)	0	0	0	0	0	0	0
4 ADAM VANCE EXECUTIVE VICE PRESIDENT	(i)	306,352	91,341	1,242	15,900	29,143	443,978	0
	(ii)	0	0	0	0	0	0	0
5 MALCOLM SMITH SENIOR VICE PRESIDENT	(i)	231,926	61,647	810	15,900	11,062	321,345	0
	(ii)	0	0	0	0	0	0	0
6 ERIK HANSEN VICE PRESIDENT	(i)	195,839	70,276	486	15,900	10,418	292,919	0
	(ii)	0	0	0	0	0	0	0
7 ALMA P ROJAS VICE PRESIDENT	(i)	230,824	29,904	540	15,900	20,459	297,627	0
	(ii)	0	0	0	0	0	0	0
B CHARLES STALEY SENIOR VICE PRESIDENT	(i)	210,571	33,564	810	14,699	852	260,496	0
	(ii)	0	0	0	0	0	0	0
9 XIAOHUA TIAN VICE PRESIDENT	(i)	205,792	25,164	3,564	13,951	1,556	250,027	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015									
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
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 THE AMOUNTS ARE NONTAXABLE TO THE EMPLOYEE SPOUSAL TRAVEL IS PROVIDED TO EXECUTIVE VP'S A FEW TIMES DURING THE YEAR IF THE SPOUSE IS EXPECTED TO TAKE PART IN BUSINESS ACTIVITIES THESE AMOUNTS ARE TAXABLE TO THE EMPLOYEE								
PART I, LINE 4B	IN 2014, THE INSTITUTE ESTABLISHED A DEFERRED COMPENSATION ARRANGEMENT FOR THE PRESIDENT OF THE ORGANIZATION, ROGER DOW, FOR CURRENT AND PAST SERVICES ALL 2016 VESTED AMOUNTS ARE PROPERLY REPORTED ON THE ORGANIZATION'S 2016 FORM								

Schedule J (Form 990) 2015

AND 5 IN 2016

Software ID: Software Version:

EIN: 53-0231139

Name: US TRAVEL ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ROGER DOW PRESIDENT & CEO	(1)	1,214,830	558,675	200,168	416,920	21,013	2,411,606	0
	(11)	0	0	0	0	- 0	- 0	0
1GARY OSTER EXECUTIVE VICE PRESIDENT	(1)	419,787	296,805	3,563	15,900	22,326	758,381	0
	(11)	0	0	0	0			0
2JONATHAN GRELLA EXECUTIVE VICE PRESIDENT	(1)	364,457	109,270	540	15,900	32,416	522,583	0
	(11)	0	0	0	0			0
3ADAM VANCE EXECUTIVE VICE PRESIDENT	(1)	306,352	91,341	1,242	15,900	29,143	443,978	0
	(11)	0	0	0	0			0
4MALCOLM SMITH SENIOR VICE PRESIDENT	(1)	231,926	61,647	810	15,900	11,062	321,345	0
	(11)	0	0	0	0	0	- 0	0
5ERIK HANSEN VICE PRESIDENT	(1)	195,839	70,276	486	15,900	10,418	292,919	0
	(11)	0	0	0	0			0
6 ALMA P ROJAS VICE PRESIDENT	(1)	230,824	29,904	540	15,900	20,459	297,627	0
	(11)	0	0	0	0			0
7CHARLES STALEY SENIOR VICE PRESIDENT	(1)	210,571	33,564	810	14,699	852	260,496	0
	(11)	0	0	0	0			0
8XIAOHUA TIAN VICE PRESIDENT	(1)	205,792	25,164	3,564	13,951	1,556	250,027	0
	(11)	0	0	0	0	. 0	0	0

DLN: 93493317002227 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ 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 Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** US TRAVEL ASSOCIATION 53-0231139 Types of Property Part I (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining items contributed amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . Intellectual property Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial 17 Real estate—Other . 18 Collectibles . . 19 Food inventory . 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 2,248,956 FAIR MARKET VALUE 25 Other ▶ (INDUSTRY RELATED ITEMS) 26 Other ▶ (__ 27 Other ▶ (___ Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a 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 to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016) Page 2										
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.									
Return Reference	Explanation									
	Schedule M (Form 990) (2016)									

efile GRAPH	DLN:	93493317002227					
SCHEDUL	E O Supplemen	tal Informatio	on to Form 990 or 9	90-F7	OMB No 1545-0047		
(Form 990 or EZ)	990- Complete to pr Form 990	to provide information for responses to specific questions on 1990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. About Schedule O (Form 990 or 990-EZ) and its instructions is at			2016 Open to Public		
Department of the T Internal Revenue Se Name of the org		www.irs.go	ov/form990.		Inspection		
US TRAVEL ASSOC		on		53-0231139	ification number		
Return Reference		Explanation					
FORM 990, PART VI, SECTION A, LINE 6	U.S. TRAVEL ASSOCIATION HAS MORE THAN 1,300 MEMBER ORGANIZATIONS WITHIN THE CATEGORIES OF TRAVEL SERVICE PROVIDERS, DESTINATIONS, ALLIED/AFFILIATES AND TRAVEL ASSOCIATIONS						

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE SUPPORTING SCHEDULES AND DOCUMENTATION FOR THE FORM 990 ARE PREPARED BY THE CONTROLLER
AND THEN REVIEWED BY THE VICE PRESIDENT OF FINANCE. THE NEXT REVIEW IS CONDUCTED BY THE E
XECUTIVE VICE PRESIDENT OF OPERATIONS AND THEN REVIEWED AND SIGNED BY THE PRESIDENT/CHIEF
EXECUTIVE OFFICER OF THE ORGANIZATION. THE FINAL DRAFT OF THE FORM 990 IS PROVIDED TO THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW BEFORE THE FINAL VERSION IS FILED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL BE REQUIRED ANNUALLY TO SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY AND (D) UNDERSTANDS THE ORGANIZATION IS A NON-PROFIT TRADE ASSOCIATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES TO ENSURE THE ORGANIZATION OP ERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES 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, CONTRACT SAND ARRANGEMENTS WITH MANAGEMENT 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 INURE MENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR ALL EMPLOYEES IS SUBJECT TO A PERIODIC COMPARISON TO INDUSTRY STANDARDS B ASED ON POSITION AND EXPERIENCE THIS COMPARISON IS DONE ON AN EMPLOYEE BY EMPLOYEE BASIS FOR ALL ASSOCIATION EMPLOYEES THE RESULTS ARE THEN REVIEWED AND APPROVED BY UPPER-LEVEL M ANAGEMENT ALL COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE COMPOSED OF MEMBERS FR OM THE BOARD OF DIRECTORS WHO HAVE NO ASSOCIATION OR TIES TO EMPLOYEES OTHER THAN THEIR CA PACITY AS ASSOCIATION BOARD MEMBERS THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE EXECUTI VE VICE PRESIDENTS ARE THE ONLY EMPLOYEES WITH EMPLOYMENT CONTRACTS

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PAC ASSETS & FUND BALANCE AMOUNTS PREVIOUSLY INCLUDED IN PART X -205,068 PART XI, LINE 9

Return Explanation

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FORM 990,	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEP
PART XII,	ENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEA
LINE 2C	RS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317002227 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** US TRAVEL ASSOCIATION 53-0231139 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary a		Legal don	c) nicile (state n country)		d) ncome	(e) End-of-year	assets	(f Direct coi enti	ntrolling					
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete	ıf the org	anization a	answered	"Yes" on F	orm 99	0, Part I\	/, line 34 l	oecause	it had one or	more					
(a) Name, address, and EIN of related organization	(b) Primary a	ctivity	(c Legal domi or foreign	cile (state	(d) Exempt Code	section	Public cha	e) arity status 501(c)(3))	Dır	(f) ect controlling entity	Section (13) co ent	ntrolled ity?				
(1)TRAVEL INDUSTRY ASSOCIATION OF AMERICA FOUNDATION 1100 NEW YORK AVE NW SUITE 450W WASHINGTON, DC 20005		AVEL INDUSTRY ANTS AND RESEARCH						<u> </u>	501(C)(3)		LINE 12A,	I	US TRAVI	EL ASSOCIATION	Yes	No
52-0231139 (2)US TRAVEL ASSOCIATION POLITICAL ACTION COMMITTEE 1100 NEW YORK AVE NW SUITE 450W WASHINGTON, DC 20005	PAC		D(<u> </u>	527				US TRAVI	EL ASSOCIATION	Yes					
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t No 501	35Y				Sch	edule R (Form	990) 20	016				

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	total income	(g) Share of e end-of-year assets	(h) Disproprtionate r allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or	(k) Percenta ownersh
								Yes	No		Yes	s No	
									+				
									+				
Identification of Related Organ because it had one or more relate						ization ans	wered "Yes	on F	orm 9	 90, Part IV,	line	34	
		s a corporation		st during th	(d) controlling Typentity (C of	(e)	wered "Yes (f) Share of total Income	Share	(g) e of end- year assets) ntage	 Se (1	L3) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
(a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	,	Yes	No
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?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	\dashv	No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	\Box	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\dashv	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No

-			î l	
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10		No
n	Reimbursement paid to related organization(s) for expenses	1p		No
		1a		No
ч	Reimbursement paid by related organization(s) for expenses	-4		
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization (b) Transaction Amount involved type (a-s) (c) Method of determining amount type (a-s)	ount ı	nvolve	d

					1 1	
р	Reimbursement paid to related organization(s) for expenses				1p	No
q	Reimbursement paid by related organization(s) for expenses				1q	No
r	Other transfer of cash or property to related organization(s)				1r Ye	es
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and trai	nsaction thresholds		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining am	ount invo	ved.
						vea
		type (a-s)				
		type (a-s)				
		type (a-s)				
		type (a-s)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

