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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

US TRAVEL ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1100 NEW YORK AVE NW SUITE 450W

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20005

F Name and address of principal officer

ROGER J DOW

1100 NEW YORK AVE NW SUITE 450W

WASHINGTON, DC 20005

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.USTRAVEL.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF THE U S TRAVEL ASSOCIATION IS TO INCREASE TRAVEL TO AND WITHIN THE UNITED STATES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2018-11-07

Date

ROGER J DOW PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

YONG ZHANG CPA

Preparer's signature

YONG ZHANG CPA

Date

Check ☐ if self-employed

PTIN

P01249785

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400

Phone no (703) 336-6400

MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE ASSOCIATION IS ORGANIZED PRINCIPALLY TO REPRESENT THE WHOLE OF THE UNITED STATES TRAVEL INDUSTRY AND TO PROMOTE AND FACILITATE INCREASED TRAVEL TO AND WITHIN THE UNITED STATES. ACTIVITIES INCLUDE TRADE EVENTS, ADVOCATING ON BEHALF OF THE TRAVEL INDUSTRY, RESEARCH PROJECTS, PUBLICATIONS AND EDUCATIONAL MEETINGS TO SERVICE THE TRAVEL INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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 services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5 Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	120	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	80	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	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).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
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.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?	Yes	
16b	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?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: DC

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)

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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ ROGER J DOW 1100 NEW YORK AVE NW SUITE 450W WASHINGTON, DC 20005 (202) 408-8422

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

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

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 38

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
LOCUST STREET GROUP 2008 HILLYER PL NW WASHINGTON, DC 20009	CONSULTING	534,942
GFK CUSTOM RESEARCH 120 EAGLE ROCK AVE STE 200 EASTHANOVER, NJ 079363590	RESEARCH	509,895
HIGH LANTERN GROUP 685 THIRD AVENUE 22ND FLOOR NEW YORK, NY 10017	CONSULTING	479,092
TOURISM ECONOMICS LLC 303 WEST LANCASTER AVENUE SUITE 2E WAYNE, PA 19087	RESEARCH	396,940
MONUMENT POLICY GROUP LLC 1100 G STREET NW STE 750 WASHINGTON, DC 20005	CONSULTING	364,398

Form 990 (2017)

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e	52,729		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,328,742		
g	Noncash contributions included in lines 1a-1f \$	2,087,325			
h	Total. Add lines 1a-1f	▶	3,381,471		

Program Service Revenue

	Business Code				
2a	IPW TRADE SHOW	900099	14,396,914	14,277,461	119,453
b	MEMBERSHIP DUES	900099	12,339,737	12,339,737	
c	EDUC SEMINAR - ESTO	900099	1,152,425	1,152,425	
d	RESEARCH CONTRACTS	900099	557,630	557,630	
e	OTHER TRADE SHOWS	900099	224,663	224,663	
f	All other program service revenue		73,795	73,795	
g	Total. Add lines 2a-2f	▶	28,745,164		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)	▶	384,403			384,403
4	Income from investment of tax-exempt bond proceeds	▶				
5	Royalties	▶				
6a	Gross rents	(i) Real (ii) Personal				
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss)	▶				
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	6,262,370			
b	Less cost or other basis and sales expenses		5,955,866			
c	Gain or (loss)		306,504			
d	Net gain or (loss)	▶	306,504			306,504
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b	Less direct expenses	b				
c	Net income or (loss) from fundraising events	▶				
9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities	▶				
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
11a	SPONSORSHIP & MISC	900099	770,774			770,774
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d	▶	770,774			
12	Total revenue. See Instructions	▶	33,588,316	28,625,711	119,453	1,461,681

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	63,000			
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.	4,473,853			
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.	7,359,823			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	419,591			
9 Other employee benefits.	1,152,609			
10 Payroll taxes.	593,287			
11 Fees for services (non-employees):				
a Management.				
b Legal.	46,500			
c Accounting.	385,591			
d Lobbying.	3,428,253			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	93,212			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,056,735			
12 Advertising and promotion.	122,021			
13 Office expenses.	268,674			
14 Information technology.	514,401			
15 Royalties.				
16 Occupancy.	1,350,355			
17 Travel.	507,889			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,848,117			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	628,353			
23 Insurance.	121,825			
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	178,257			
b CREDIT CARD FEES	123,369			
c TAX	20,698			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	32,756,413			
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).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,139,386	1	2,243,422
	2	Savings and temporary cash investments		12,903,274	2	13,749,039
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		330,448	4	726,934
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		633,398	9	521,308
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,282,562		
	b	Less: accumulated depreciation	10b	2,377,358		
				3,266,587	10c	2,905,204
	11	Investments—publicly traded securities		11,386,274	11	12,715,277
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		281,250	15	187,500	
16	Total assets. Add lines 1 through 15 (must equal line 34)		30,940,617	16	33,048,684	
Liabilities	17	Accounts payable and accrued expenses		4,978,434	17	5,066,877
	18	Grants payable			18	
	19	Deferred revenue		9,453,609	19	10,023,583
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		45,619	23	23,207
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,986,200	25	2,842,162
	26	Total liabilities. Add lines 17 through 25		17,463,862	26	17,955,829
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		13,476,755	27	15,092,855
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		13,476,755	33	15,092,855	
34	Total liabilities and net assets/fund balances		30,940,617	34	33,048,684	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,588,316
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,756,413
3	Revenue less expenses Subtract line 2 from line 1	3	831,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,476,755
5	Net unrealized gains (losses) on investments	5	784,197
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,092,855

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 53-0231139
Name: US TRAVEL ASSOCIATION

Form 990 (2017)

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

Form 990, Part III, Line 4b:

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 4c:

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 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 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 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 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										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEOFF BALLOTTI CHAIR	0 50	X		X				0	0	0
ELLIOTT FERGUSON FIRST VICE CHAIR	0 50	X		X				0	0	0
CHRISTINE DUFFY SECOND VICE CHAIR	0 50	X		X				0	0	0
CASANDRA MATEJ TREASURER	0 50	X		X				0	0	0
JOE LOPANO SECRETARY	0 50	X		X				0	0	0
JONATHAN TISCH CHAIRMAN EMERITUS	0 50	X						0	0	0
GEORGE AGUEL DIRECTOR	0 50	X						0	0	0
CHANDRA ALLISON DIRECTOR	0 50	X						0	0	0
MARC ANDERSON DIRECTOR	0 50	X						0	0	0
AMY ANDRYSZAK DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY BECKER DIRECTOR	0 50	X						0	0	0
CAROLINE BETETA DIRECTOR	0 50	X						0	0	0
KRISTEN BRANSCUM DIRECTOR	0 50	X						0	0	0
PHIL BROWN DIRECTOR	0 50	X						0	0	0
JAY BURRESS DIRECTOR	0 50	X						0	0	0
MIKE BUTTS DIRECTOR	0 50	X						0	0	0
BILL BYRNE DIRECTOR	0 50	X						0	0	0
ROCHELLE L CAMERON DIRECTOR	0 50	X						0	0	0
BONNIE CARLSON DIRECTOR	0 50	X						0	0	0
JULIE COKER GRAHAM DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANTIAGO CORRADA DIRECTOR	0 50	X						0	0	0
JOE D'ALESSANDRO DIRECTOR	0 50	X						0	0	0
TODD DAVIDSON DIRECTOR	0 50	X						0	0	0
KIM DAY DIRECTOR	0 50	X						0	0	0
BRAD DEAN DIRECTOR	0 50	X						0	0	0
MICHAEL DEITEMEYER DIRECTOR	0 50	X						0	0	0
PHIL DELONE DIRECTOR	0 50	X						0	0	0
FRED DIXON DIRECTOR	0 50	X						0	0	0
MIKE DOMINGUEZ DIRECTOR	0 50	X						0	0	0
SEAN DONOHUE DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHEETAL DOSHI DIRECTOR	0 50	X						0	0	0
DOROTHY DOWLING DIRECTOR	0 50	X						0	0	0
DAVID DOWNING DIRECTOR	0 50	X						0	0	0
GINGER EVANS DIRECTOR	0 50	X						0	0	0
CHRIS FLATT DIRECTOR	0 50	X						0	0	0
DEBORAH FLINT DIRECTOR	0 50	X						0	0	0
MELISSA FLOOD DIRECTOR	0 50	X						0	0	0
DONALD FOSTE DIRECTOR	0 50	X						0	0	0
FORD N FUCHIGAMI DIRECTOR	0 50	X						0	0	0
BRIAN GALLAGHER DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SOURAV GHOSH DIRECTOR	0 50	X						0	0	0
EMILIO GONZALEZ DIRECTOR	0 50	X						0	0	0
CLAY GREGORY DIRECTOR	0 50	X						0	0	0
JAMES D HAGEN DIRECTOR	0 50	X						0	0	0
MICHAEL HANSON DIRECTOR	0 50	X						0	0	0
AL HUTCHINSON DIRECTOR	0 50	X						0	0	0
TJ JACKSON DIRECTOR	0 50	X						0	0	0
ROBERT L JAMESON DIRECTOR	0 50	X						0	0	0
KATHY JANEGA-DYKES DIRECTOR	0 50	X						0	0	0
MATTHEW JENNINGS DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CORY JOBE DIRECTOR	0 50	X						0	0	0
DEBBIE JOHNSON DIRECTOR	0 50	X						0	0	0
PHILLIP J JONES DIRECTOR	0 50	X						0	0	0
KEVIN KANE DIRECTOR	0 50	X						0	0	0
SHERI KELLER DIRECTOR	0 50	X						0	0	0
MISTI KERNS DIRECTOR	0 50	X						0	0	0
TOM KIELY DIRECTOR	0 50	X						0	0	0
BETH KINERK DIRECTOR	0 50	X						0	0	0
KAROLYN KIRCHGESLER DIRECTOR	0 50	X						0	0	0
KEVIN LANGSTON DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEN LAWSON DIRECTOR	0 50	X						0	0	0
MERYL LEVITZ DIRECTOR	0 50	X						0	0	0
DAVID LEWIN DIRECTOR	0 50	X						0	0	0
RICARDO LOPEZ DIRECTOR	0 50	X						0	0	0
DAVID LORENZ DIRECTOR	0 50	X						0	0	0
LARRY LUTERAN DIRECTOR	0 50	X						0	0	0
CHRISTINE LYNN DIRECTOR	0 50	X						0	0	0
MONYA MANDICH DIRECTOR	0 50	X						0	0	0
MICHAEL MASSARI DIRECTOR	0 50	X						0	0	0
RITA MCCLENNY DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES MENGE DIRECTOR	0 50	X						0	0	0
JEFF MILLER DIRECTOR	0 50	X						0	0	0
DT MINICH DIRECTOR	0 50	X						0	0	0
STEVE MOORE DIRECTOR	0 50	X						0	0	0
PATRICK MOSCARITOLO DIRECTOR	0 50	X						0	0	0
JERRY MOSIELLO DIRECTOR	0 50	X						0	0	0
JERRY NADAL DIRECTOR	0 50	X						0	0	0
JONAS NEIHARDT DIRECTOR	0 50	X						0	0	0
TOM NOONAN DIRECTOR	0 50	X						0	0	0
TOM NORWALK DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALICE NORSWORTHY DIRECTOR	0 50	X						0	0	0
DUANE PARRISH DIRECTOR	0 50	X						0	0	0
WILLIAM PATE DIRECTOR	0 50	X						0	0	0
DAVID PECKINPAUGH DIRECTOR	0 50	X						0	0	0
J STEPHEN PERRY DIRECTOR	0 50	X						0	0	0
DAVID PETERSON DIRECTOR	0 50	X						0	0	0
TAMARA PIGOTT DIRECTOR	0 50	X						0	0	0
JOHN POTTER DIRECTOR	0 50	X						0	0	0
RON PRICE DIRECTOR	0 50	X						0	0	0
ROSSI RALENKOTTER DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN REVETRIA DIRECTOR	0 50	X						0	0	0
CATHY RITTER DIRECTOR	0 50	X						0	0	0
STACY RITTER DIRECTOR	0 50	X						0	0	0
RACHEL SACCO DIRECTOR	0 50	X						0	0	0
LARS SANDE DIRECTOR	0 50	X						0	0	0
IVAR SATERO DIRECTOR	0 50	X						0	0	0
RICHARD SCHARF DIRECTOR	0 50	X						0	0	0
MATTHIAS SCHMID DIRECTOR	0 50	X						0	0	0
PAIGE SHEPHERD DIRECTOR	0 50	X						0	0	0
GARY SHERWIN DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE SHOBER DIRECTOR	0 50	X						0	0	0
SHARON SISKIE DIRECTOR	0 50	X						0	0	0
BRAD SMYTH DIRECTOR	0 50	X						0	0	0
BUTCH SPYRIDON DIRECTOR	0 50	X						0	0	0
ANDREA STAVROULLAKIS DIRECTOR	0 50	X						0	0	0
GEORGE SZIGETI DIRECTOR	0 50	X						0	0	0
WILLIAM TALBERT III DIRECTOR	0 50	X						0	0	0
JOE TERZI DIRECTOR	0 50	X						0	0	0
KEVIN TRIPLETT DIRECTOR	0 50	X						0	0	0
WILLIAM TUTTELL DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAWN ULLRICH DIRECTOR	0 50	X						0	0	0
BRAD VAN DOMMELEN DIRECTOR	0 50	X						0	0	0
VICKI VARELA DIRECTOR	0 50	X						0	0	0
ROSEMARY A VASSILIADIS DIRECTOR	0 50	X						0	0	0
CLAUDIA VECCHIO DIRECTOR	0 50	X						0	0	0
PAT WATERMAN DIRECTOR	0 50	X						0	0	0
NANCY WATKINS DIRECTOR	0 50	X						0	0	0
SCOTT WHITE DIRECTOR	0 50	X						0	0	0
ERNEST WOODEN JR DIRECTOR	0 50	X						0	0	0
ALINA XIANG DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ZIELKE DIRECTOR	0 50	X						0	0	0
DAVID BURGESS DIRECTOR	0 50	X						0	0	0
GRADY COLSON DIRECTOR	0 50	X						0	0	0
KIMBERLY CONNAGHAN DIRECTOR	0 50	X						0	0	0
TERRENCE CONNELL DIRECTOR	0 50	X						0	0	0
TODD DUNLAP DIRECTOR	0 50	X						0	0	0
ANDREW EISNER DIRECTOR	0 50	X						0	0	0
KRISTEN ESPOSITO DIRECTOR	0 50	X						0	0	0
LAYTON HAN DIRECTOR	0 50	X						0	0	0
RICHARD HARPER DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMANDA HITE DIRECTOR	0 50	X						0	0	0
FRANK MARINI DIRECTOR	0 50	X						0	0	0
MIKE MCLLWAIN DIRECTOR	0 50	X						0	0	0
MICHAEL STITT DIRECTOR	0 50	X						0	0	0
PETER STREBEL DIRECTOR	0 50	X						0	0	0
KEN TESTANI DIRECTOR	0 50	X						0	0	0
ROB TORRES DIRECTOR	0 50	X						0	0	0
SHEELAGH WYLIE DIRECTOR	0 50	X						0	0	0
DAVID AUDRAIN DIRECTOR	0 50	X						0	0	0
STEVE BOVA DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN CAWLEY DIRECTOR	0 50	X						0	0	0
CINDY D'Aoust DIRECTOR	0 50	X						0	0	0
DAVID A DUBOIS DIRECTOR	0 50	X						0	0	0
GEOFF FREEMAN DIRECTOR	0 50	X						0	0	0
JOHN H GRAHAM DIRECTOR	0 50	X						0	0	0
KEVIN M HINTON DIRECTOR	0 50	X						0	0	0
KAREN KOTOWSKI DIRECTOR	0 50	X						0	0	0
KATHERINE LUGAR DIRECTOR	0 50	X						0	0	0
BARB NEWTON DIRECTOR	0 50	X						0	0	0
HOWARD NUSBAUM DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH SEXTON DIRECTOR	0 50	X						0	0	0
WILLIAM J SUTHERLAND DIRECTOR	0 50	X						0	0	0
DAWN SWEENEY DIRECTOR	0 50	X						0	0	0
PAUL VAN DEVENTER DIRECTOR	0 50	X						0	0	0
TINA WEHMEIR DIRECTOR	0 50	X						0	0	0
DON WELSH DIRECTOR	0 50	X						0	0	0
CARYLANN ASSANTE DIRECTOR	0 50	X						0	0	0
SPEROS BATISTATOS DIRECTOR	0 50	X						0	0	0
KATE BIRCHLER DIRECTOR	0 50	X						0	0	0
LIZ BITTNER DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERRIT DE VOS DIRECTOR	0 50	X						0	0	0
CONNIE DEL Signore DIRECTOR	0 50	X						0	0	0
JULIE EDWARDS DIRECTOR	0 50	X						0	0	0
MARYANN FERENC DIRECTOR	0 50	X						0	0	0
CHARLES FLATEMAN DIRECTOR	0 50	X						0	0	0
ED FULLER DIRECTOR	0 50	X						0	0	0
LORI HARNOIS DIRECTOR	0 50	X						0	0	0
HELEN HILL DIRECTOR	0 50	X						0	0	0
PATRICK KALER DIRECTOR	0 50	X						0	0	0
JOHN LAMBETH DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNN MOHRFELD DIRECTOR	0 50	X						0	0	0
BETSY O'ROURKE DIRECTOR	0 50	X						0	0	0
CAROLANN OUELLETTE DIRECTOR	0 50	X						0	0	0
MICHAEL REA DIRECTOR	0 50	X						0	0	0
TAYLOR SAFFORD DIRECTOR	0 50	X						0	0	0
SUSIE SANTO DIRECTOR	0 50	X						0	0	0
GARY SCHLUTER DIRECTOR	0 50	X						0	0	0
MARTHA SHERIDAN DIRECTOR	0 50	X						0	0	0
JOHN URDI DIRECTOR	0 50	X						0	0	0
KARI WESTLUND DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES HAGEN DIRECTOR	0 50	X						0	0	0
DOUG KILLIAN DIRECTOR	0 50	X						0	0	0
JENNIFER HENDREN DIRECTOR	0 50	X						0	0	0
RANDY GARFIELD DIRECTOR	0 50	X						0	0	0
ROGER DOW PRESIDENT & CEO	40 00			X				2,182,406	0	454,245
GARY OSTER EXECUTIVE VICE PRESIDENT	40 00				X			762,304	0	43,013
JONATHAN GRELLA EXECUTIVE VICE PRESIDENT	40 00				X			506,542	0	51,030
ADAM VANCE EXECUTIVE VICE PRESIDENT	40 00				X			426,092	0	48,221
MALCOLM SMITH SENIOR VICE PRESIDENT	40 00					X		323,918	0	28,565
ALMA P ROJAS VICE PRESIDENT	40 00					X		274,795	0	50,985

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES STALEY SENIOR VICE PRESIDENT	40 00					X		255,061	0	27,161
XIAOHUA TIAN VICE PRESIDENT	40 00					X		243,976	0	36,000
ERIK HANSEN VICE PRESIDENT	40 00					X		237,295	0	25,990

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Open to Public Inspection

If the organization answered "Yes" 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

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 (Proxy Tax) (see separate instructions), then

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

Name of the organization US TRAVEL ASSOCIATION	Employer identification number 53-0231139
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** 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 fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	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)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

1	Dues, assessments and similar amounts from members	1	12,339,737
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	3,843,153
b	Carryover from last year	2b	-1,222,050
c	Total	2c	2,621,103
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,331,729
4	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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-710,626

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
US TRAVEL ASSOCIATION

Employer identification number
53-0231139

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,635,061	837,579	1,797,482
d Equipment		2,647,501	1,539,779	1,107,722
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,905,204

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
DEFERRED RENT	2,842,162	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,842,162	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	35,018,215
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	784,197
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	738,914
e	Add lines 2a through 2d	2e	1,523,111
3	Subtract line 2e from line 1	3	33,495,104
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,212
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	93,212
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	33,588,316

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

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

1	Total expenses and losses per audited financial statements	1	33,386,863
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	723,662
e	Add lines 2a through 2d	2e	723,662
3	Subtract line 2e from line 1	3	32,663,201
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	93,212
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	93,212
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	32,756,413

Part XIII Supplemental Information

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 U S FEDERAL, STATE OR LO CAL TAX AUTHORITIES FOR YEARS BEFORE 2014

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PAC REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 738,914

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 723,514 FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED FS 148

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
US TRAVEL ASSOCIATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
53-0231139

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

7

3

Enter total number of other organizations listed in the line 1 table

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SENIOR MANAGEMENT REVIEWS THE ORIGINAL REQUEST FOR CONTRIBUTIONS TO DETERMINE IF THE RECIPIENT ORGANIZATION'S MISSION SUPPORTS THE ASSOCIATION'S BENEVOLENT EFFORTS TO PROVIDE FUNDS FOR COMMUNITY FOCUSED PROJECTS

Additional Data

Software ID:
Software Version:
EIN: 53-0231139
Name: US TRAVEL ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N STREET VILLAGE GALA 1333 N STREET NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	5,000				COMMUNITY SUPPORT FOR HOMELESS WOMEN
GREATER NEW YORK COUNCILS BOY SCOUTS OF AMERICA 350 FIFTH AVENUE STE 7820 NEW YORK, NY 10118	13-1624015	501(C)(3)	5,000				COMMUNITY SUPPORT TO BOY SCOUTS OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRYCE HARLOW FOUNDATION PO BOX 7762 MCLEAN, VA 22106	52-1266620	501(C)(3)	5,000				FELLOWSHIP PROGRAM AND EDUCATIONAL ACTIVITIES
FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	5,000				MEALS TO VICTIMS OF HIV/AIDS, CANCER AND LIFE CHANGING ILLNESSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMITTEE FOR ECONOMIC DEVELOPMENT 1530 WILSON BLVD STE 400 ARLINGTON, VA 22209	13-1623973	501(C)(3)	5,000				LEADERSHIP IN DIVERSITY LUNCHEON TO CELEBRATE DIVERSITY IN THE WORKPLACE AND SUPPORTING WOMEN IN ADVANCEMENT
DESTINATION AND TRAVEL FOUNDATION 2025 M STREET NW STE 500 WASHINGTON, DC 20036	62-1527945	501(C)(3)	6,000				EMPOWERING DESTINATION MARKETING ORGANIZATIONS TO INVEST IN ADVOCACY, RESEARCH, EDUCATION AND LEADERSHIP ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOURISM CARES 20 VERNON STREET NORWOOD, MA 02062	20-2013457	501(C)(3)	10,000				HURRICANE RELIEF FOR TEXAS, FLORIDA AND USVI

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
US TRAVEL ASSOCIATION

Employer identification number

53-0231139

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☒ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

b Any related organization?

5b

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

b Any related organization?

6b

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

[illegible]

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 2017 VESTED AMOUNTS ARE PROPERLY REPORTED ON THE ORGANIZATION'S 2017 FORM 990, ON PART VII, COLUMN F, AND SCHEDULE J, COLUMN (B)(III). THE VESTED PORTION WAS INCLUDED ON THE RECIPIENT'S W-2, BOX 1 AND 5 IN 2017.

Additional Data

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 W-2 and/or 1099-MISC 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
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROGER DOW PRESIDENT & CEO	(i)	1,256,587	530,450	395,369	433,261	20,984	2,636,651	0
	(ii)	0	0	0	0	0	0	0
1GARY OSTER EXECUTIVE VICE PRESIDENT	(i)	441,619	317,121	3,564	16,200	26,813	805,317	0
	(ii)	0	0	0	0	0	0	0
2JONATHAN GRELLA EXECUTIVE VICE PRESIDENT	(i)	385,951	120,051	540	16,200	34,830	557,572	0
	(ii)	0	0	0	0	0	0	0
3ADAM VANCE EXECUTIVE VICE PRESIDENT	(i)	324,496	100,354	1,242	16,200	32,021	474,313	0
	(ii)	0	0	0	0	0	0	0
4MALCOLM SMITH SENIOR VICE PRESIDENT	(i)	254,752	67,924	1,242	16,200	12,365	352,483	0
	(ii)	0	0	0	0	0	0	0
5ALMA P ROJAS VICE PRESIDENT	(i)	243,454	30,801	540	16,200	34,785	325,780	0
	(ii)	0	0	0	0	0	0	0
6CHARLES STALEY SENIOR VICE PRESIDENT	(i)	218,309	35,942	810	15,306	11,855	282,222	0
	(ii)	0	0	0	0	0	0	0
7XIAOHUA TIAN VICE PRESIDENT	(i)	214,493	25,919	3,564	14,663	21,337	279,976	0
	(ii)	0	0	0	0	0	0	0
8ERIK HANSEN VICE PRESIDENT	(i)	212,847	23,962	486	14,260	11,730	263,285	0
	(ii)	0	0	0	0	0	0	0

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
US TRAVEL ASSOCIATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

53-0231139

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 EXECUTIVE 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 BOARD OF DIRECTORS FOR REVIEW BEFORE THE FINAL VERSION IS FILED

990 Schedule O, Supplemental Information

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 OPERATES 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, CONTRACTS AND 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 INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR ALL EMPLOYEES IS SUBJECT TO A PERIODIC COMPARISON TO INDUSTRY STANDARDS BASED 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 MANAGEMENT ALL COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE COMPOSED OF MEMBERS FROM THE BOARD OF DIRECTORS WHO HAVE NO ASSOCIATION OR TIES TO EMPLOYEES OTHER THAN THEIR CAPACITY AS ASSOCIATION BOARD MEMBERS THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE VICE PRESIDENTS ARE THE ONLY EMPLOYEES WITH EMPLOYMENT CONTRACTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
US TRAVEL ASSOCIATION

Employer identification number
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 activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)TRAVEL INDUSTRY ASSOCIATION OF AMERICA FOUNDATION 1100 NEW YORK AVE NW SUITE 450W WASHINGTON, DC 20005 52-0231139	TRAVEL INDUSTRY GRANTS AND RESEARCH	DC	501(C)(3)	LINE 12A, I	US TRAVEL ASSOCIATION	Yes	
(2)US TRAVEL ASSOCIATION POLITICAL ACTION COMMITTEE 1100 NEW YORK AVE NW SUITE 450W WASHINGTON, DC 20005	PAC	DC	527		US TRAVEL ASSOCIATION	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(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)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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?

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

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

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

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

o Sharing of paid employees with related organization(s)

1o

No

p 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

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 type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)