Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016

 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. Open to Public Department of the Treasury Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning , 2016, and ending D Employer identification number Check if applicable C Name of organization Travel Goods Association Address change Doing business as 13-5580600 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name chance Initial return 301 North Harrison Street, #412 (877) 842-1938 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Princeton NJ 08540 **G** Gross receipts \$ 2,715,975 H(a) Is this a group return for subordinates? Application pending Name and address of principal officer H(b) Are all subordinates included? Michele Pittenger 301 N Harrison St S#412 Princeton NJ 08540 If 'No,' attach a list (see instructions)) (insert no) Tax-exempt status 501(c)(3) X 501(c) (6 4947(a)(1) or 527 Website: ► www.travel-goods.org H(c) Group exemption number Other L Year of formation M State of legal domicile Form of organization X Corporation Trust 1938 Part I. Summary Briefly describe the organization's mission or most significant activities TO PROMOTE THE GROWTH, PROFITABILITY, AND IMAGE OF THE TRAVEL GOODS INDUSTRY. if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 5 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 191,025. **b** Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 9 2,024,855 2,266,350. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 573,658. 444,540. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 11,391 5,085 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . 12 2,609,904 715,975 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,115,985 1,171,481 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,017,665 1,120,001. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,133,650 2,291,482. Revenue less expenses Subtract line 18 from line 12 476,254 424,493 **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) . 7,930,161 7,946,652. NOV-2 0-2017 21 Total liabilities (Part X, line 26) . . . 1,648,578. 1,203,447. Net assets or fund balances Subtract line 21 from line 20 6,726,<u>714</u> 22 6,298,074 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. Signature of officer Sign Here James R Holmes Executive Vice President Type or print name and title Print/Type preparer's name 11/13/17 Henry B Murphy Jr self-employed P01215752 Paid Preparer Firm's name Henry B. Murphy, **Use Only** Firm's address 68-0590031 10 Hereford Drive 497-2929 Princeton Junction 08550

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

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

Form 990 (2016)

No

X Yes

Form	n 990 (2016) Travel Goods Association	13-5580600	Page 2
Pař	忙Ⅲ蘇 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROMOTE THE GROWTH,		
	PROFITABILITY, AND IMAGE OF THE TRAVEL GOODS INDUSTRY.		- -
2	Did the organization undertake any significant program services during the year which were no	t listed on the prior	
	Form 990 or 990-EZ?		s X 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 pro-	outam services?	es X No
•	If 'Yes,' describe these changes on Schedule O	ogram services :	63 A 110
4	Describe the organization's program service accomplishments for each of its three largest program	iram canucae, as maggired by avea	neae
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a and revenue, if any, for each program service reported	allocations to others, the total expen	ses,
4 a	a (Code) (Expenses \$ including grants of \$) (Revenue \$)
	THE TRADE SHOW ALLOWS AN EXCHANGE OF PRODUCT AND SERVICE	E IDEAS	 _
	BETWEEN MEMBERS IN A COMMON FORUM.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	~		
	<u></u>		
		<del>-</del>	- <i>-</i>
			- <i>-</i>
4 h	b (Code ) (Expenses \$ including grants of \$	) (Revenue \$	
46		<del></del> '' ' <del></del>	
	TRAVEL GOODS SHOWCASE MAGAZINE PROVIDES INFORMATION REGI		
	INDUSTRY AS A WHOLE, INCLUDING NEW DEVELOPMENTS AND ISSU	DES AFFECTING MEMBERS	<u></u>
			- <b>-</b>
			_ <b></b>
4 c	c (Code) (Expenses \$ including grants of \$	) (Revenue \$	)
			<del></del>
	d Other program services (Describe in Schedule O )		<del></del>
- (		) (Revenue \$	)
	e Total program service expenses	γ	

Form 990 (2016) Travel Goods Association 13-5580600

Partitle Checklist of Required Schedules

			res	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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
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	х	
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		Х
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		Х
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.		ا سائس	* : * :
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х	
t	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	11 b		X
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	11 c		Х
c	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	11 d	х	
€	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	ļ
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	11 f		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
	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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		x
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		х
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		х
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		х
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		х
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	_	х

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	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? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	38	х	

# Form 990 (2016) Travel Goods Association Part V | Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			· [
•		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 22			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ļ		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	_ 1 c	- <b>X</b>	1
2 a 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 2 a 5			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Ь	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
4 a 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)?	4 a		х
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)		_	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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 chantable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
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?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	-	-	
organization have excess business holdings at any time during the year?	8	<u> </u>	ļ. —
9 Sponsoring organizations maintaining donor advised funds.		٠.	-
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ļ	<u> </u>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter.	1		
a Initiation fees and capital contributions included on Part VIII, line 12	ĺ	ĺ	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	l	!	
11 Section 501(c)(12) organizations. Enter	1		
a Gross income from members or shareholders	ĺ		
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?	12 a	<b>├</b> —	
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?	13 a	<u> </u>	<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O	l		
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?	14a	<del></del>	<u> </u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		2040
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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ci Schedule O. See instructions.	7b below, an hanges in	d for	
Check if Schedule O contains a response or note to any line in this Part VI.			. X
Section A. Governing Body and Management	<del></del> .	<u> </u>	
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a  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	11	Yes	No
b Enter the number of voting members included in line 1a, above, who are independent	11	_	; 
officer, director, trustee, or key employee?	on 🗀		X
of officers, directors, or trustees, or key employees to a management company or other person?			<u> </u>
since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		ļ	X
6 Did the organization have members or stockholders?		X	
7 a 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?		х	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 в		х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Section B. Policies (This Section B requests information about policies not required by the Internation		ode.)	)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10a		Х
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the operations are consistent with the organization's exempt purposes?	еіг		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	x	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		ļ	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	-	х	
13 Did the organization have a written whistleblower policy?		X	<del> </del>
14 Did the organization have a written document retention and destruction policy?		X	
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?	<u> </u>	<u> </u>	
a The organization's CEO, Executive Director, or top management official	15a	x	
b Other officers or key employees of the organization	——	+	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	· · · · · · · · · · · · · · · · · · ·	1	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	İ	x
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Section C. Disclosure		• 1	
17 List the states with which a copy of this Form 990 is required to be filed >			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c) for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Scheol Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statem the public during the tax year.	(3)s only) avaıla dule O)		· <b>-</b>

THE ASSOCIATION 301 N Harrison St, #412 (877) 842-1938 NJ 08540 (877) 842-1938

20

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
	(C)									
(A) Name and Title	(B) Average hours per	rage is both an office urs director/true		n (do not check more e box, unless person th an officer and a urector/trustee)			ļ	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated omployee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Robert Dodson	1.00									
Chair		Х		Х				0.	0.	0.
_(2)_David Lomas Chair Elect	1.00	x		Х				0.	0.	0.
(3) Jack Holodnick	1.00									
Vice Chair	1	Х		Х				0.	ο.	0.
(4) Lloyd Rabinowitz Secretary	_1.00	х		х				0.	0.	0.
(E) 63 : 55 = 3	1.00		$\dashv$	<u></u>		-	-	0.	<u> </u>	
Treasurer	<del> -</del> ±	х		х				0.	0.	0.
(6) Scott Kosmin	1.00	х			_					
Immediate Past Chair	<del>                                     </del>	<del> </del> ^	$\vdash$		-	<u> </u>	Н	0.	0.	0.
	1.00	х						0.	_ 0.	0.
(8) Nathan Haskell Director	1.00	х						0.	0.	0.
(9) Jerry Kallman	1.00	x		-						
Director		^	$\vdash$		-			0.	0.	0.
(10) Andrew Hamilton	_1.00	х						0.	0.	0.
(11) Magi Raible Director	1.00	x						0.	0.	0.
(12) Michele Pittenger	55.00		$\vdash$		$\vdash$		$\vdash$	<del>                                     </del>		<u> </u>
President		<u>L</u>		х				307,319.	0.	51,504.
(13) James Holmes Vice President	55.00				x			200,578.	0.	35,633.
(14) Kim Wong Creative Director	1.00					x		116,476.	0.	49,723.
		<u> </u>	·		<u>.                                    </u>	<u> </u>	•	,,	<u> </u>	

TEFA0107 11/16/16

Part VII   Section A. Officers, Directors, 11	(B)			(C	C)							unaco)_
(A) Name and title	Average hours per week (list any	box	unles	ss pe nd a c	erson i directo	than or s both or/trust	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	amo	(F) stimated unt of ot apensati from the	ther on
	hours for related organiza	or director	nstitutional trustee	Officer	Key employee	ghest cor	rmer	(44-2/1099-14113C)	(W-21055-WIGC)	org ai	janizatio id relate janizatio	on ed
	- tions below dotted line)	trustee	trustee		ycc	Highest compensated employee						
(15) Catherine E Hayes Vice President	1.00					х		115,333.	0.		40.	465.
(16)												
(17)												
(18)	<del> </del>	-					-					
(19)	<del> </del>				-					-		
(20)		-		!			_					
(21)		<del>                                     </del>		_								
(22)										<u> </u>		
(23)	<del> </del> -	-		ļ	-							
(24)												
(25)	<del> </del>			<u> </u>	<u> </u>		-					
1 b Sub-total							<u> </u> 	739,706.	0.	1	177,	325.
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)							<b>•</b>	739,706.	0.		177,	325.
2 Total number of individuals (including but not limite from the organization ► 4									000 of reportable co			
	<del></del>							<del></del>			Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such i	ndıvıdual		• •						nployee	3	-	x
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150,	,000?	nsat ' <i>If "</i> Y	'es,	' con	nplete	r co. e Sc	mpensation from chedule J for		4	l x	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensat									5	1	x
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report compensation.	ensation fo	r the	cale	ntra	r ye	ar en	ding	with or within the	organization's tax y			
(A) Name and business add	ress							Description of			(C) ensati	on
2 Total number of independent contractors (including	but not lu	mited	to th	1056	e list	ed at	oove	e) who received mo	ore than			
\$100,000 of compensation from the organization	<u> </u>											(2016

	1990 (2016) Travel Goods Association		·	13-5580600	Page 9
Par	t VIII Statement of Revenue	o un thuo Dont VIII			
, 's	Check if Schedule O contains a response or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e f All other contributions, gifts, grants, and similar amounts not included above . 1 f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f				
Program Service Revenue	Business Code	1,843,600. 191,025. 231,725.	1,843,600. 0. 231,725.	0. 191,025. 0.	0.
Program	e f All other program service revenue g Total. Add lines 2a-2f ▶  3 Investment income (including dividends, interest and	2,266,350.			
	other similar amounts)	444,540.	0.	0.	444,540.
	d Net rental income or (loss)				
Other Revenue	8 a 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 ▶  9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ▶				-
	10 a Gross sales of inventory, less returns and allowances				

c Net income or (loss) from sales of inver	ntory		l	]	
Miscellaneous Revenue	Business Codo				
11a MISCELLANEOUS	813910	5,085.	5,085.	0.	0.
b					
С					<del></del>
d All other revenue					
e Total. Add lines 11a-11d		5,085.			
12 Total revenue. See instructions		2.715.975.	2.080.410.	191.025.	444,540.

	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).							
Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All of	her organizations must	complete column (A).	<del></del>			
	Check if Schedule O contains a res	<del></del>		<del></del>				
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21							
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, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	593,684.						
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	517,198.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b)							
_	employer contributions)	27,855.						
9	Other employee benefits	653.	<del></del>	<del>   </del>				
10	Payroll taxes	32,091.	<del></del>		<del></del>			
11	Management							
	Legal	0.077		<del> </del>	<del></del>			
	Accounting	2,977. 30,500.		<del>   </del>				
-	Lobbying	30,300.			<del> </del>			
	Professional fundraising services See Part IV, line 17							
	Investment management fees		·		<del></del>			
Ĭ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,706.						
	Advertising and promotion			<del> </del>				
13	Office expenses	18,171.		<del> </del>				
14 15	Information technology	5,827.		<del> </del>				
16	Occupancy	<del>  </del>		<del>                                     </del>				
17	Travel	14,152.	<del></del>	<del> </del>	<del> </del>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	768,325.	· · · · · · · · · · · · · · · · · · ·					
20	Interest							
21	Payments to affiliates			<del> </del>				
22	Depreciation, depletion, and amortization	2,801.	<del></del>	<del> </del>	<del></del>			
23 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.)	14,002.						
a	Merchant services	28,232.		<b></b>				
	Printing	115,079.		<b></b>				
C	Dues	1,929.		<del> </del>	<u> </u>			
C	Bad_debt	3,300.	·	ļ				
	All other expenses			<del> </del>	<del></del>			
25	Total functional expenses. Add lines 1 through 24e.	2,291,482.		<del> </del>				
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   [In following]  SOP 98-2 (ASC 958-720)							

		Check if Schedule O contains a response or note to any lit	ne in this Part X	<u></u>		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		238,563.	1	286,586.
1	2	Savings and temporary cash investments		624,332.	2	273,675.
	3	Pledges and grants receivable, net			3	
-	4	Accounts receivable, net		20,345.	4	45,656.
	5	Loans and other receivables from current and former officers trustees, key employees, and highest compensated employee Part II of Schedule L	s, directors, ees Complete		5	-
	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(3)( employers and sponsoring organizations of section 501(c)(9) beneficiary organizations (see instructions) Complete Part II	B), and contributing voluntary employees'		6	
ဖွ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		72,933.	9	40,916.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1			10,510.
Ì		Less accumulated depreciation		10,216.	10 c	7,415.
	11	<u> </u>		6,980,263.	11	7,275,913.
Ì	12	Investments – other securities See Part IV, line 11	<u> </u>		12	
	13	Investments – program-related See Part IV, line 11	<u>L</u>		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
- [	16	Total assets. Add lines 1 through 15 (must equal line 34)	F	7,946,652.	16	7,930,161.
ᅱ	17	Accounts payable and accrued expenses		37,328.	17	35,421.
	18	Grants payable			18	
Ì	19	Deferred revenue	1_	1,611,250.	19	1,168,026.
- [	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability Complete Part IV of Sc	chedule D		21	
Liabilities	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disquict Complete Part II of Schedule L	ectors, trustees, valified persons		22	
_	23	Secured mortgages and notes payable to unrelated third par	F		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties	<b>-</b>		24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	lated third parties, Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		1,648,578.	26	1,203,447.
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete			
and a	27	Unrestricted net assets		6,298,074.	27	6,726,714.
3a	28	Temporarily restricted net assets			28	
P E	29	Permanently restricted net assets	<u>_</u> [		29	
Net Assets or Fund Balances	İ	Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	neck here >			
ŝ	30	Capital stock or trust principal, or current funds			30	
ş	31	Paid-in or capital surplus, or land, building, or equipment fun	nd		31	
As	32	Retained earnings, endowment, accumulated income, or oth	ř		32	
et,	33	Total net assets or fund balances		6,298,074.	33	6,726,714.
Ż	34	Total liabilities and net assets/fund balances	ř	7,946,652.	34	7,930,161.
B A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2016)

orr	n 990 (2016) Travel Goods Association 13-	580600	)	Pa	ge <b>12</b>
Pa	rt∕XI · Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·	· · · ·		.Ш
1	rotal to tollar (mass equal t art till) estation (t), mile 12)	1	2,7	15,9	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,2	91,4	82.
3	Revenue less expenses Subtract line 2 from line 1	3	4.	24,4	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,2	98,0	74.
5	Net unrealized gains (losses) on investments	5		4,1	47.
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		<u>-</u>		
	column (B))	10	6,7	26,7	14.
<u>Pa</u>	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·			ıП
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				]
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
_					
	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		1 1		1
	Separate basis Consolidated basis Both consolidated and separate basis		1		
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Х	l
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		1		
	basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a 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?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	ıdıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BA	A		Form	990 (	2016)

BAA

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

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public

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.

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) orga	anizations Complete Part III				
	of organization			Employer identifica	tion number	
Tra	avel Goods Associat	ion		13-558060	0	
Pai	Complete if the or	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.	
1	Provide a description of the or (see instructions for definition	ganization's direct and indirect political campa of 'political campaign activities')	aign activities in Part IV	<i>/</i> .		
		enditures (see instructions).				
3	Volunteer hours for political ca	mpaign activities (see instructions)	<u> </u>			
Pai	til-B. Complete if the or	rganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any excisi	e tax incurred by the organization under secti	on 4955	▶ \$		
2	Enter the amount of any excise	e tax incurred by organization managers unde	er section 4955	▶\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720 for this	year ⁹		Yes No	
4 a	Was a correction made?				· · · Yes No	
ł	If 'Yes,' describe in Part IV					
Pai	t I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$		
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?					
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)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Schedule <b>C</b> (Form 9	990 or 990-EZ) 2016	Travel Good	s Association		13-5580	1600 Page <b>2</b>
Part II-A C		ne organizatio	n is exempt under se	ection 501(c)(3) and		
A Check ►	if the filing	organization belon	gs to an affiliated group (and	d list in Part IV each affilia	ted group member's nam	e,
	address, E	IN, expenses, and	share of excess lobbying ex	rpenditures)		
B Check ►	If the filing	organization check	ed box A and 'limited contro	ol' provisions apply		
	(The term 'e		ing Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobby	ying expenditure:	s to influence publi	c opinion (grass roots lobby	ring)		
<b>b</b> Total lobb	ying expenditure	s to influence a leg	islative body (direct lobbying	g)		
c Total lobby	ying expenditure:	s (add lines 1a and	l 1b)			
d Other exe	mpt purpose exp	enditures				
e Total exen	npt purpose expe	enditures (add line:	s 1c and 1d)			
f Lobbying i	nontaxable amou	unt Enter the amou	unt from the following table i	n 		
r <del></del>	nt on line 1e, colum		The lobbying nontaxable			
Not over \$50			20% of the amount on line 1e		İ	
Over \$500,0	00 but not over \$1,0	00,000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000	,000 but not over \$1,	,500,000	\$175,000 plus 10% of the exces			
Over \$1,500	,000 but not over \$1	7,000,000	\$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-						
			r line 1h or line 1i, did the oi			Yes No
	(Some	organizations tha	4-Year Averaging Period l at made a section 501(h) e slow. See the separate ins	lection do not have to co		
	-	Lobi	oying Expenditures During	g 4-Year Averaging Perio	d	
Calendar yea year begi		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying amount.	nontaxable					
<b>b</b> Lobbying amount (1 2a, colum	ceiling 50% of line n (e)) · · · ·					
c Total lobb expenditu	yıng res					
	s nontaxable					
	s ceiling 50% of line n (e)) · · · ·	·				
<del></del>	s lobbying res					
DAA					Schodule C (Ford	n 990 or 990-F7) 2016

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount 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)? 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? 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . 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? . 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . 3 Х 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.' Dues, assessments and similar amounts from members . . . . . . . . 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). **b** Carryover from last year 2 b 2 c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . . . . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

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

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

#### **SCHEDULE D** (Form 990)

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 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

	Travel Goods Association			13 5500600
Pai	Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds	113-5580600   or Accounts
<u>i-ai</u>	Complete if the organization answer	ered 'Yes' on Form 990, F	Part IV, line 6.	or Adodulits.
		(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>		
2	Aggregate value of contributions to (during year)		·	
3	Aggregate value of grants from (during year)	, , , , , , , , , , , , , , , , , , , ,		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's property.			
6	Did the organization inform all grantees, donors, a for chantable purposes and not for the benefit of timpermissible private benefit?	the donor or donor advisor, or for	or any other purpose o	conferring
Păı	t II Conservation Easements.	1.00		
	Complete if the organization answer		<u> </u>	
1	<u> </u>	- ,	<del></del>	
	Preservation of land for public use (e.g., recre	eation or education)		istorically important land area
	Protection of natural habitat	l	Preservation of a c	ertified historic structure
2	Preservation of open space	rold a gualified companyation as		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neid a qualified conservation co	ntribution in the form of	of a conservation easement on the
			Г	Held at the End of the Tax Year
;	Total number of conservation easements			2 a
I	Total acreage restricted by conservation easemer	nts		2 b
	Number of conservation easements on a certified	historic structure included in (a	n)	2 c
,	d Number of conservation easements included in (c	c) acquired after 8/17/06, and no	ot on a historic	
	structure listed in the National Register	•••		2 d
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished	d, or terminated by the	organization during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regard and enforcement of the conservation easements		spection, handling of v	
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violation	s, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, an	nd enforcing conservat	ion easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ements of section 170	(h)(4)(B)(i) · · · · · · · · ·
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	s conservation easements in its e organization's financial staten	revenue and expense nents that describes th	statement, and balance sheet, and ne organization's accounting for
D 25%	conservation easements ∰ Organizations Maintaining Collec	ctions of Art Historical	Tracurac or Of	har Similar Accets
Kai	Complete if the organization answer	ered 'Yes' on Form 990, F	Part IV, line 8	ner Similar Assets.
1:	a If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, education	on, or research in furth	nent and balance sheet works of terance of public service, provide,
I	b If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	FAS 116 (ASC 958), to report in or public exhibition, education, or	its revenue statement or research in furtherai	t and balance sheet works of art, nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, hamounts required to be reported under SFAS 116	nistoncal treasures, or other sım 5 (ASC 958) relatıng to these ite	nilar assets for financia ems	l gain, provide the following
i	a Revenue included on Form 990, Part VIII, line 1	· ·		▶ \$
	b Assets included in Form 990, Part X			> S

Pant III Organizations Maintair	ning Collections	of Art, Histori	cal Treasures, or	Other Similar Ass	ets (contin	ued)
<ol> <li>Using the organization's acquisition, items (check all that apply)</li> </ol>	accession, and other	records, check an	y of the following that ar	e a significant use of its	collection	
a Public exhibition		d Loan or	exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future generation						
4 Provide a description of the organization Part XIII			-			
5 During the year, did the organization to be sold to raise funds rather than	to be maintained as p	part of the organiza	ition's collection?		Yes	No
Escrow and Custodial line 9, or reported an arr	Arrangements. nount on Form 99	Omplete if the 0, Part X, line 2	organization answ 21	ered Yes on Form	990, Part	iv, ———
1 a Is the organization an agent, trustee on Form 990, Part X?				s not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in F	Part XIII and complete	the following table	9	<del></del>		
a Regioning helenes				<del></del>	Amount	
c Beginning balance d Additions during the year				1 c		
e Distributions during the year				1 e		
				1 f		
2 a Did the organization include an amo				<u> </u>	Yes	No
b If 'Yes,' explain the arrangement in F						
Part V Endowment Funds. Co	mplete if the orga	anization answe	ered 'Yes' on Form	990, Part IV, line 1	0.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		. <u> </u>		<u> </u>	<u> </u>	
2 Provide the estimated percentage or	f the current year end	balance (line 1g, d	column (a)) held as			
a Board designated or quasi-endowm	ent ►	<del></del> %				
b Permanent endowment ▶	%					
c Temporarily restricted endowment		_ %				
The percentages on lines 2a, 2b, an	id 2c should equal 10	0%				
3 a Are there endowment funds not in the organization by	ne possession of the	organization that ar	re held and administered	for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related	organizations listed a	s required on Sch	edule R?		. 3b	
4 Describe in Part XIII the intended us	ses of the organization	n's endowment fun	ds			
<u>Rant.VI</u> Land, Buildings, and E Complete if the organiza		es' on Form 99	30, Part IV, line 11a	. See Form 990, Pa	art X, line 1	0.
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment			18,269.	10,854.		7,415.
e Other						
Total. Add lines 1a through 1e (Column )	d) must equal Form 9	990, Part X, columr	1 (B), line 10c.)		ule <b>D</b> (Form 9	7,415. 190) 2016
W. V.				55.100	,. z	-,

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
) Closely-held equity interests		
Other		
) 		
<u>,                                      </u>		
) 		
)		
<u>)                                    </u>		
)		
)		
<u> </u>		
tal. (Column (b) must equal Form 990, Part X, column (B) line 12)		
art VIII Investments – Program Related.		
		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 valu
1)		
2)	1	
(3)		
4)		
(5)		
(6)		
(7)		
(8)		
(9)		
10)		
	escription	Part IV, line 11d See Form 990, Part X, line 15.  (b) Book value
(2)		
(3)		
(4)		
(5)		
(5)		
(5) (6)		
(5) (6) (7)		
(5) (6) (7) (8)		
(5) (6) (7) (8) (9)		
(5) (6) (7) (8) (9)	line 15 )	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete If the organization answered 'Yes' on (a) Description of liability		
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete If the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete If the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) and X  Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Form 990, Part IV, line 1	· · · · · · · · · · · · · · · · · · ·
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1	· · · · · · · · · · · · · · · · · · ·
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B). Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1	
(5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Form 990, Part IV, line 1 (b) Book value	· · · · · · · · · · · · · · · · · · ·

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	2,720,122.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	_	
b Donated services and use of facilities	_	
c Recoveries of prior year grants	_	
d Other (Describe in Part XIII )	_	
e Add lines 2a through 2d	. 2 e	4,147.
3 Subtract line 2e from line 1	. 3	2,715,975.
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	_	
b Other (Describe in Part XIII )	_	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>	2,715,975.
Dark VII.   Danamailiation of European was Audited Financial Ctatemants With Funancia was		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	l <b>.</b>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return	
	Return	2,291,482.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	т	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	т	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	т	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities.  5 Prior year adjustments.  C Other losses.  2 C	т	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities.  b Prior year adjustments.  C Other losses.  d Other (Describe in Part XIII).	т	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII).  e Add lines 2a through 2d.	т	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities.  b Prior year adjustments.  C Other losses.  d Other (Describe in Part XIII).	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities.  2 a b Prior year adjustments.  2 b c Other losses.  2 c d Other (Describe in Part XIII).  2 d e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 2 e	2,291,482.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities.  2 a b Prior year adjustments.  2 b c Other losses.  2 c d Other (Describe in Part XIII).  2 d e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a	1 . 2 e	2,291,482.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities.  2 a b Prior year adjustments.  2 b c Other losses.  2 c d Other (Describe in Part XIII).  2 d e Add lines 2a through 2d.  3 Subtract line 2e from line 1. 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. 4 a b Other (Describe in Part XIII).  4 b	2 e 3	2,291,482.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities.  2 a b Prior year adjustments.  2 b c Other losses.  2 c d Other (Describe in Part XIII).  2 d e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a	2 e 3	2,291,482.

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

Schedule D (Form 990) 2016

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

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23,

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2016

Open to Public Inspection

Employer Identification number

13-5580600 Travel Goods Association Part I Questions Regarding Compensation Yes No 1 a 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 (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed 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? . . Х 4 b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Χ c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . Х If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? . . . . . . 5 a **b** Any related organization? . . . . . 5 b If 'Yes' on line 5a or 5b, describe in Part III 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 6 a a The organization? . . . **b** Any related organization? . . . . 6 b If 'Yes' on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III 7 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)? 8 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 

Schedule J (Form 990) 2016 Travel Goods Association
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the 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

		0 (4)	2311 000 F JF C 111					
		(b) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	. compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	columns(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
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nt	(ii)					0.	0.	0.
	Θ	124,062.	16,000.	414-	24,000.	25,723.	190,199.	.0
Director	(ii)		0	.0	0.	0.	0.	0.
	] (u)	118,333.	21_000.	0 1	24,000.	16,465.	179,798.	10   0   1   1   1   1   1   1   1   1
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ВАА			TEEA4102 08/19/16	9			Schedule J	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Travel Goods Association

Schedule J (Form 990) 2016

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

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization

Employer identification number

Travel Goods Asso	ociation 13-5580600
Pt VI, Line 6	The Organization has members that are made up of
Pt VI, Line 6	businesses in the travel goods industry.
Pt VI, Line 7a	The members vote to elect board members annually.
Pt VI, Line 11b	A copy of the Form 990 is presented at a meeting
Pt VI, Line 11b	of the Organization's board or directors.
Pt VI, Line 12c	The Organization presents all policies in June of each
Pt VI, Line 12c	year. Each member reviews the policies and completes
Pt VI, Line 12c	the form, signifying their review.
Pt VI, Line 15a	The board approves objectives for key employees in
Pt VI, Line 15b	the budget process. A salary pool for staff, including
Pt VI, Line 15b	the key employees, is approved and is distributed at
Pt VI, Line 15b	the President's discretion. The board's key employee
Pt VI, Line 15b	compensation practices include benchmarking to similar
Pt VI, Line 15b	organizations.
Pt VI, Line 19	The Organization makes its governing documents available
Pt VI, Line 19	to the public upon written request.