

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Dep	artmeni o	the Treasury	► Go to www.irs.gov/Form990 for instructions and the late		c.	Inspection		
A			ndar year, or tax year beginning , 2017, and en	W/3W6		, 20		
B		applicable	C Name of organization Travel Goods Association	onig .	D Employ	er identification number		
		change	Doing business as		, ,	580600		
	Name c	•	Mariana - Marian	ı/sulte	E Telephone number			
$\overline{\Box}$	Initial rei	•	301 North Harrison Street, #412)842-1938		
ñ		m∕terminated	City or town, state or province, country, and ZIP or foreign postal code		10.,	7042-1930		
H	Amende		Princeton, NJ 08540		A Gmes re	mainte \$ 5 122 004		
Ħ		ion pending	F Name and address of principal officer	/	G Gross receipts \$ 6,132,994. group return for subordinates? Yes X No			
_	Applicat	Act pending	Michele Pittenger, 301 N Harrison St S#412, Princeton, NJ					
_	Tay ava	mot status	Son(c)(6, < (nsert no) ☐ 4947(a)(1) or ☐ 55	7 7 7		i list. (see instructions)		
<u>:</u>	Website		w.travel-goods.org	\smile	exemption	,		
K			Corporation		····	of legal dumicate. NJ		
	art I	Summ	·		<u> </u>			
	1		scribe the organization's mission or most significant activities: TO	PROMOTE T	HP GRO	ឃុំ ក្នុង		
8			ABILITY, AND IMAGE OF THE TRAVEL GOODS INDUSTI					
ĕ			9 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		+			
& Governance	2	Check th	is box 🕨 🗌 if the organization discontinued its operations or dispose	d of more than	25% of	its net assets.		
ğ	3		of voting members of the governing body (Part VI, line 1a)		3	11		
8	4		of independent voting members of the governing body (Part VI, line 1	lb) .	4	11		
8	5		nber of individuals employed in calendar year 2017 (Ran V. line 2a)		5			
Activities	6		nber of volunteers (estimate if necessary) . RECEIVED		6	0		
¥	7a	Total	olated business south of from Cont Mill had been (C) fine 10		7a	203,033.		
·	Ь	Net unrel	ated business taxable income from Forth 990-Tiffine 349 2010	8	7b	0.		
	 		m 100 1 0 2010	Prior Y		Current Year		
_	8	Contribut	ions and grants (Part VIII, line 1h)	SI				
ş	9		service revenue (Part VIII, line 29) . L. OGDEN, UT	2.266	350.	2,181,258.		
Revenue	10	-	nt Income (Part VIII, column (A), lines 3, 4, and 7d)		,540.	617,401.		
ă	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,085.	15,535.			
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,975.	2,814,194.		
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		,,,,,,	2,014,174.		
	14		paid to or for members (Part IX, column (A), line 4)					
co.	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	1.177	1,481. 1,145,9			
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		.,,,,,,,	2/173/2771		
Ž	ь		draising expenses (Part IX, column (D), line 25)					
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1.120	,001.	1,254,081.		
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,482.	2,400,025.		
	19		less expenses Subtract line 18 from line 12		,493.	414,169.		
× 2				Beginning of Cu		End of Year		
28	20	Total ass	ets (Part X, line 16)		,161.	9,264,734.		
20	21		ilities (Part X, line 26)		,447.	1,604,316.		
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20		,714.	7,660,418.		
	art li		ure Block		7 1	7,000,7,000		
Un	der pena	ities of perfu	ry, I declare that I have examined this return, including accompanying schedules and st	atements, and to ti	ne best of m	ny knowledge and belief, it is		
tru	e. correc	t, and compli	see Declaration of preparer (other than officer) is based on all information of which prep	arer has any knows	edge.			
		N J	In 1. Hiter		11/05	12018		
Sig	jn	Signi	sture of officer	Dar	e			
He	re	Jan						
			nes T Holmes, Vice President or print name and title					
Pa	id	Print/Typ	po préparer's name Preparer's signature	Date	Check [PTIN		
	-	_ Нелгу	B. Murphy, Jr., CPA Henry B. Murphy, Jr., CPA			Alayed P01215752		
	epare	1		Firm		8-0590031		
US	e Oni	Y >	ddress ► 10 Hereford Drive, Princeton Junction, N					
Ma	y the IF	S discuss	this return with the preparer shown above? (see instructions)			Yes No		

_	30 (2017)	Page Z
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
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 not listed on the	
_	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	⊠ 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 mean	sured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	THE TRADE SHOW ALLOWS AN EXCHANGE OF PRODUCT AND SERVICE IDEAS	
	BETWEEN MEMBERS IN A COMMON FORUM.	
	DETWEEN MEMBERS IN A COMPON LONGIN.	•
	· · · · · · · · · · · · · · · · · · ·	
		·
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
-16	TRAVEL GOODS SHOWCASE MAGAZINE PROVIDES INFORMATION REGARDING THE	
	INDUSTRY AS A WHOLE, INCLUDING NEW DEVELOPMENTS AND ISSUES AFFECTING MEMBERS.	
	INDUSTRI AS A WHOLE, INCLUDING NEW DEVELOTHERIS AND ISSUES ATTECTING HEMDERS.	
	•	
		•••••
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
		•
		•
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program conice expenses	



Form 99				age 3
Part	V Checklist of Required Schedules		Yes	N.
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	res	No X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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	×	
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			Ŷ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	1
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		×
С	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		×
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	×	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	×	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		
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		×
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		×
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		_^ _x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
			, 99 <u>0</u>	

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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		×
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		×
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	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	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		
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? If "Yes," complete Schedule L, Part I	05-		
		25a		-
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?	1		
	If "Yes," complete Schedule L, Part I	25b		İ
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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	ŀ		!
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	_	×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		l
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		×
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
04	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	004		 ^
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		 ^
-	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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			T
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	L_

orm 99	90 (2017)	·		ı	Page
Part					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> . <u></u>	<u> </u>		
			m1305.*8	Yes	No
1a	The state of the s	la 0			
b		<u> 0 </u>	7	A LONG	
С	Did the organization comply with backup withholding rules for reportable payments to			9664	*
_	reportable gaming (gambling) winnings to prize winners?		1c	X	1 6 F 3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	Laboration of	100 m	3
٠.	, , , , , , , , , , , , , , , , , , , ,	2a	المتواثقة	الله والأسال	2027 V
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b	X	9
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc		N. P.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche		3b	_ X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or cover, a financial account in a foreign country (such as a bank account, securities account, or				
	account)?		4a		×
h	16 (CV a) and a who is a super of the foreign according		40 (30,000)	· 查记录	繆公
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Final			· 多· 卷:	
	(FBAR)	ricial Accounts			7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ear?	5a	- THE STATE OF THE	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t		5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
. 6a	Does the organization have annual gross receipts that are normally greater than \$100,000				
	organization solicit any contributions that were not tax deductible as charitable contributions? .		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such co				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and page	artly for goods			304
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was			
	required to file Form 8282?		7c	* *6 ***.	2000
d	• • • • • • • • • • • • • • • • • • • •	7d	Sent Citation		3.00
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber		7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		
, '' 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main		7h		· · · ·
0	sponsoring organizations maintaining donor advised tunds. Did a donor advised fund main sponsoring organization have excess business holdings at any time during the year?	mained by the	8	r CCS-si	1) visit
9	Sponsoring organizations maintaining donor advised funds.			(*************************************	11682
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	ening.	16.853
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related persor		9b		-
10	Section 501(c)(7) organizations. Enter:			Sanday.	
а	1	0a		wit e	
b	<u> </u>	0b			
11	Section 501(c)(12) organizations. Enter:				
а		1a		gerorge garakta	
b	Gross income from other sources (Do not net amounts due or paid to other sources		666		
	against amounts due or received from them.)	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
b		2b	学(学)	10 - 15 P	\$ 12°
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7.		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule C	O.		所物	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			影響
	-	3b			
С	Enter the amount of reserves on hand	3c	25.5	38°5- 1	

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change							
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>: .</u>	\times			
Secti-	on A. Governing Body and Management							
		1	Sec 1000 - 11	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		ingin s				
	If there are material differences in voting rights among members of the governing body, or		200	8. S	W.			
	if the governing body delegated broad authority to an executive committee or similar			, book or				
	committee, explain in Schedule O.		Project, si					
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11		19874	1 4 7 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with	1	- 18 OF	1000			
_	any other officer, director, trustee, or key employee?	1 . 45	2		×			
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		×			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×			
5	Did the organization become aware during the year of a significant diversion of the organization		5		×			
6	Did the organization have members or stockholders?		6	×				
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint						
	one or more members of the governing body?		7a	×				
ь	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,						
_	stockholders, or persons other than the governing body?		7b		×			
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during	多數					
	the year by the following:							
а	The governing body?		8a	×				
b	Each committee with authority to act on behalf of the governing body?		8b	×				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section							
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	ue C					
			_ _	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	favel elemen	10a		×			
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	×				
b [']	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_	W.	10 10 TO	2010			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	Middle State of the State of th			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×				
C	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	×				
13	Did the organization have a written whistleblower policy?		13	×				
14			14	×				
15	Did the process for determining compensation of the following persons include a review	and approval by		(金)(金)	1264			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		対象を				
а	The organization's CEO, Executive Director, or top management official		15a	×				
b	Other officers or key employees of the organization		15b	×				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Christ.		ASSESSED NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	•	34	Ž.	24			
_	If "Yes," did the organization follow a written policy or procedure requiring the organization		16a	12 E Morido	X No.			
b	participation in joint venture arrangements under applicable federal tax law, and take steps		學演					
	organization's exempt status with respect to such arrangements?		16b	ald self	ife:ib.l			
Secti	on C. Disclosure		100		<u> </u>			
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, a	and 990-T (Section	n 501(c)(3)s	onlv)			
	available for public inspection. Indicate how you made these available. Check all that apply.		(,,-,-	- · · · · · · · · · · · · · · · · · · ·			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest	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	on's books and re	cords					
	THE ASSOCIATION, 301 N Harrison St, #412, (877) 842-1938, NJ 08							

Form 990 (2017)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box, i	unles er and	Pos eck s pe d a d	rson irect	than on the state of the state	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Robert Dodson Chair	1.00	×		×				0.	0.	0.
(2) David Lomas Chair Elect	1.00	×		×				0.	0.	0.
(3) Jack Holodnick Vice Chair	1.00	×		×				0.	0.	0.
(4)Cliff Ensley Treasurer	1.00	×		×				0.	0.	0.
(5) Lloyd Rabinowitz Secretary	1.00	×		×				0.	0.	0.
(6) Scott Kosmın Immediate Past Chair	1.00	×						0.	0.	0.
(7) Sue Flaum Director	1.00	×						0.	0.	0.
(8) Andrew Hamilton Director	1.00	×						0.	0.	0.
(9) Nathan Haskell Director	1.00	×						0.	0.	0.
(10) Jerry Kallman Director	1.00	×						0.	0.	0.
(11)Magı Raıble Director	1.00	×				ļ 		0.	0.	0.
(12)Michele Pittenger President	55.00			×				298,027.	0.	54,487.
(13) James T. Holmes Vice President	55.00				×			146,118.	0.	35,708.
(14)Kım Wong Creative Director	55.00					×		146,444.	0.	51,516.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles	s pe dad	tion more	than o	an ee)	(D) Reportable compensation from	(E) Reportab compensatior related		(F) Estimated amount of other compensatio		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		composition from the composition of the composition from the composition		1
V	atherine E Hayes ice President	55.00					×		145,067.		0.		41,9	922.
(16)														
<u>(17)</u>														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)				-										•••
1b	Sub-total						•	>	735,656.		0.	1	83,6	533.
d	Total (add lines 1b and 1c)	<u> </u>					·	<u> </u>	735,656.		0.		83,6	533.
2	Total number of individuals (including but reportable compensation from the organic		d to th	ose	list		above 4	e) w	rho received m	ore than \$1	00,000	of		
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated		Yes	No
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the							n a	 Ind other comm	 ensation fr	 om the	3		×
•	organization and related organizations													
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	 dividual	5		
Section	on B. Independent Contractors	: 11 163, 0	- I			ieu.	110 0 1		such person	• • • •	· · -	5	<u> </u>	_×_
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business address								(B) Description of s	ervices	C	(C) Compens	ation	
								\vdash						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part VIII Statement of Revenue

		Check if Schedule C	contains a re	sponse or note t	o any line in this	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated campaigns	s	ı				
irai our	b	Membership dues .	1t) '				
s, C	С	Fundraising events .	<u>1</u> 0	;				
ar.	d	Related organizations	s.,. 10	1				
s, (mi	e	Government grants (cor	ntributions) 16)				
ion	f	All other contributions, g				Farsing 1878		
but the	 	and similar amounts not inc	cluded above 11	•	PACE STATES			
ntri 10	g	Noncash contributions include	ded in lines 1a-1f. S					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f					
				Business Code				
len.	2a	TRADE SHOW		561920	1,852,425.	1,852,425.	0.	0.
Re	b	SHOWCASE MAGAZ	INE	519190	203,033.	0.	203,033.	0.
ice	c	MEMBERSHIP DUE		813910	125,800.	125,800.	0.	0.
ě	d					-		
m.	е							
Program Service Revenue	· f	All other program ser	vice revenue .					
Pro	g	Total. Add lines 2a-2			2,181,258.			
	3 '	Investment income			5			
		and other similar amo	ounts)	•	484,037.	0.	0.	484,037.
	4	Income from investmen	it of tax-exempt	bond proceeds ▶				
	5	D 100						
		-	(ı) Real	(II) Personal		海海州	AND CHARGO	
	6a	Gross rents		•				
	b	Less. rental expenses						
	· c	Rental income or (loss)						
	· d	Net rental income or	(loss)	<u></u> . ▶		r		
	. 7a	Gross amount from sales of	(i) Securities	(II) Other		000000000000000000000000000000000000000		
		assets other than inventory	3,452,164					
	b	Less cost or other basis		, ,,,				
		and sales expenses .	3,318,800					
	С	Gain or (loss)	133,364					
	d	Net gain or (loss)		.	133,364.	0.	0.	133,364.
)Tue	8a	Gross income from fu	undraising					
Ver		events (not including \$						
Re		of contributions report	ed on line 1c).					
er	,	See Part IV, line 18		а				
Other Revent	b	Less: direct expenses	s.,.	p .				
•	Ċ	Net income or (loss) f	from fundraisin	g events . 🕨	,			
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .		а				
	b	Less: direct expenses		b			100	
	С	Net income or (loss) f	,					
	10a							
	}	returns and allowance	es	a				
	∠ b	Less: cost of goods s		b				
	С	-Net income or (loss) f						` .
		Miscellaneous F	Revenue	Business Code	TARKET STREET		GIA TOPOTANI	
٠ ا	11a	MISCELLANEOUS		813910	15,535.	15,535.	0.	0.
	b	***************************************						
	Ç	***************************************						
	d	All other revenue .					•	
ĺ	e	Total. Add lines 11a-	-11d	, , , , ▶	15,535.	加温路价约药		的建立数据的特别
- 1	40				10 014 004		000100	

Part IX Statement of Functional Expenses

Sectioi	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	604,121.			
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 8	Other salaries and wages	391,005. 75,464.			
9 10	Other employee benefits	45,387. 29,967.			
11 a	Fees for services (non-employees): Management	2 472			
b c d	Legal	3,472. 76,000.			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				,
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	'80,378.		,	-
12 13 14	Advertising and promotion	19,924. 6,410.			
15 16	Royalties			`	,
17 18	Travel	13,943.			,
19 20	Conferences, conventions, and meetings Interest	837,987.			
21 22	Payments to affiliates	2,801.			
23 24	Insurance	13,258.		(Pt)	
	line 24e amount exceeds 10% of line 25, culumn (A) amount, list line 24e expenses on Schedule O.)	militari da di	igg Aming general, 2000th Calenda 1990e.	Manager Manage	
a b	Merchant services Printing	37,473. 156,065.			
c d	Misc All other expenses	1,975. 4,395.			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,400,025.			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				,

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this f	Part 2	X		
		Oncoll Constant		to uny mionity		(A)		(B)
						Beginning of year		End of year
	1	Cash-non-interest-bearing			\neg	286,586.	1	350,997.
	2	Savings and temporary cash investments				273,675.	2	50,677.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				45,656.	4	23,915.
	5	Loans and other receivables from current and			1846°	HISTORY OF THE SECOND	色麗?	
	•	trustees, key employees, and highest co						
		Complete Part II of Schedule L			83.32		5	SHE COLORS CONTROL OF THE COLORS CONTROL OF
	6	Loans and other receivables from other disqualified pers	ons (a	s defined under section	n 🔛	intertant nationalist for the standard	A TOTAL	
	Ū	4958(f)(1)), persons described in section 4958(c)(3)(B), ar						
		sponsoring organizations of section 501(c)(9) volun						
ß		organizations (see instructions). Complete Part II of Sche	dule L				6	
Assets	7	Notes and loans receivable, net					7	
As	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				40,916.	9	45,571.
	10a	Land, buildings, and equipment: cost or						
		other basis. Complete Part VI of Schedule D	10a	18,269). E			
	b	Less. accumulated depreciation	10b	13,655	5	7,415.	10c	4,614.
	11	Investments – publicly traded securities				7,275,913.	11	8,788,960.
	12	Investments—other securities. See Part IV, line			12			
	13	Investments-program-related. See Part IV, line			13	,		
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11	_		15	•		
	16	Total assets. Add lines 1 through 15 (must equa		7,930,161.	16	9,264,734.		
	17	Accounts payable and accrued expenses				35,421.	17	58,011.
	18	Grants payable	<u> </u>	1 160 006	18	1 546 205		
	19	Deferred revenue			-	1,168,026.	19	1,546,305.
	20	Tax-exempt bond liabilities			-		20	
	21	Escrow or custodial account liability. Complete I			SEA	Packery type vy terment.		
ies	22	Loans and other payables to current and for trustees, key employees, highest compen					Attests.	
iii		disqualified persons. Complete Part II of Schedu		i employees, and			22	
Liabilities	22	Secured mortgages and notes payable to unrela		ourd parties	-		23	
_	23 24	Unsecured notes and loans payable to unrelated			┢		24	
	25	Other liabilities (including federal income tax,			а⊢		- -	
	23	parties, and other liabilities not included on lines						
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				1,203,447.	26	1,604,316.
		Organizations that follow SFAS 117 (ASC 958), che	eck here ► 🗵 ar	nd 👙		储器	
Ses		complete lines 27 through 29, and lines 33 and	d 34.		No.			
au	27	Unrestricted net assets				6,726,714.	27	7,660,418.
Bal	28	Temporarily restricted net assets					28	
٦	29	Permanently restricted net assets					29	
Ē		Organizations that do not follow SFAS 117 (ASC 9	58), cl	neck here 🕨 🔲 and	ıd 🎇			
ō		complete lines 30 through 34.					140	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds					30	
SSE	31	Paid-in or capital surplus, or land, building, or ed					31	
ţ	32	Retained earnings, endowment, accumulated in					32	
Se	33	Total net assets or fund balances				6,726,714.	33	7,660,418.
	-34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	_	7,930,161.	34	9,264,734.

Part	XI Reconciliation of Net Assets				
	Check 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	2,8	14,1	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,4	00,0	25.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	14,1	69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,7	26,7	14.
5	Net unrealized gains (losses) on investments	5	5	19,5	35.
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, column (B))	10	7,6	60,4	18.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
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," exchedule O.	plain	ın &	Yes	No
•	•		-	3001	
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 com-		. 2a	10 JS%	×
	reviewed on a separate basis, consolidated basis, or both:	pijeu (*	12.0
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		. 2b	×	A. 2.5
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on		100×100	4. EME
	separate basis, consolidated basis, or both.	00 0.1		18. P.C.	
	Separate basis Consolidated basis Both consolidated and separate basis		11 (1.17)		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versial	ht l	المستسد ا	الكستانية
Ū	of the audit, review, or compilation of its financial statements and selection of an independent acco			_×	
	If the organization changed either its oversight process or selection process during the tax year, e				FOR THE
•	Schedule O.	•	10.00 A		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	- 1	Section .	
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	· ·	· 3a	\vdash	×
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	_	3b		
	Toquirod addition addition, explain why in contoductor and accompts any stope taken to undergo additi			n 990	(2017)

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

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

	see separate instructions), ti				
	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III.			
Vame	of organization			-	ntification number
	rel Goods Associat			13-55806	
Part		e organization is exempt und			
1		f the organization's direct and in	ndırect political ca	mpaign activities in Part	IV. (see instructions for
_	definition of "political car	npaign activities) y expenditures (see instructions)		▶ ¢	<u>.</u>
2 3		y expenditures (see instructions) cal campaign activities (see instru			
		e organization is exempt und			
1		excise tax incurred by the organiz			· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955	
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ve	ear?	Yes No
4a					Yes No
b					
Part	I-C Complete if the	e organization is exempt und	ler section 501(c	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organi	zation for section	527 exempt function	
	activities			▶ \$	
2		filing organization's funds contril vities			
3	·	expenditures. Add lines 1 and 2			
3					
4		n file Form 1120-POL for this year			Yes No
5		ses and employer identification nu			
•	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If addition	nal space is needed, provi	de 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)					

Pa	art	II-A	Complete if the organizati section 501(h)).	on is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under		
A	Ch	eck ►	If the filing organization belo address, EIN, expenses, and				lliated group memb	per's name,		
В	Ch	eck ►	☐ If the filing organization chec	ked box A and "	'limited control" pr	rovisions apply.	_			
			Limits on Lok	bying Expendit	ures		(a) Filing	(b) Affiliated		
			(The term "expenditures" r	neans amounts	paid or incurred.	.)	organization's totals	group totals		
_	1a	Total le	obbying expenditures to influence	e public opinion	(grass roots lobby	/ıng)				
	b	Total le	obbying expenditures to influence	e a legislative bo	dy (direct lobbying	g)				
	С	Total le	obbying expenditures (add lines	1a and 1b) .						
	d	Other	exempt purpose expenditure's .							
	е	Total e	exempt purpose expenditures (ad	dd lines 1c and 1	d)					
	f	Lobby colum	ing nontaxable amount. Enterns.	the amount fr	rom the following	g table in both				
	ſ	If the a	mount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amoun	t is:	Printer March Strate			
		Not ove	r \$500,000	20% of the an	nount on line 1e	,				
	[Over \$5	00,000 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 o	ver \$1,500,000.				
		Over \$1	7,000,000	\$1,000,000						
•	g	Grassr	oots nontaxable amount (enter-2	25% of line 1f)						
	h	Subtra	ct line 1g from line 1a. If zero or	less, enter -0-						
	i	Subtra	ct line 1f from line 1c. If zero or l	ess, enter -0-						
	j	If there	e is an amount other than zero	o on either line	1h or line 1i, dic	the organization	file Form 4720			
		reporti	ng section 4911 tax for this yea	r?	<u> </u>			Yes No		
-		(Som	e organizations that made a s See th	ection 501(h) ele e separate instr	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.		
			Lobbyin	g Expenditures	During 4-Year A	veraging Period	` <u> </u>			
		Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	· (d) 2017 `	(e) Total		
:	2a	Lobby	ng nontaxable amount							
	b		ng ceiling amount of line 2a, column (e))				and the second			
	С	Total le	obbying expenditures							
	d	Grassr	oots nontaxable amount		`			-		
	е		oots ceiling amount of line 2d, column (e))							
	f	Grassr	oots lobbying expenditures							
	DΛΛ				REV 09/12/18 PRO		Schedule C (Form	n 990 or 990-EZ) 2017		

	(election under section 501(h)).	 - :		r
or e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(3	a) 	(b)
'escr	iption of the lobbying activity.	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 Company of the Comp
_		Harrier.	Service.	A 16 4 5 5 4 5
a	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			· · · · · · · · · · · · · · · · · · ·
b	Media advertisements?			
C		-		
d	Mailings to members, legislators, or the public?	-		
e	Publications, or published or broadcast statements?	<u> </u>	 	
Ť	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?		-	
İ	Other activities?	W . 1821 - SA	933.5	
j	Total. Add lines 1c through 1ı	230	M. C.	1 25 may 200 10 25 24 200 200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ray y	(1.3)	
b	If "Yes," enter the amount of any tax incurred under section 4912	2012 X		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	4.0	804.	V #
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			THE TOTAL
art	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	(5), o	or se	ction
				Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?			1 >
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 ×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		vear?	
art	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	_		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total	•	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		200	
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	IV Supplemental Information			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, lines 1 an
		- -		•••••
	`			

Schedule C (Form	990 or 990-EZ) 2017 Pa	ge 4
Part IV	Supplemental Information (continued)	
	, , , , , , , , , , , , , , , , , , ,	
•		
	•	
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	•	

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Tra	vel_Goods_Association		13-5580600
Par	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered		<u> </u>
1	Purpose(s) of conservation easements held by the	=	
	Preservation of land for public use (e.g., recrea	· ·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	· · ·	
d	Number of conservation easements included in		
_	_		
3	Number of conservation easements modified, tran	sterred, released, extinguished, or terr	ninated by the organization during the
	tax year ►	mistion assument is located	
4 5	Number of states where property subject to conse Does the organization have a written policy re		noction handling of
3	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
U	Start and volunteer mours devoted to morntoning, inspec	iling, harrowing or violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	ag handling of violations, and enforcing	conservation easements during the year
'	►\$	ig, nariding or violations, and emoreing	conscivation casements 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 $170(h)(4)(B)(II)$?		
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Parl	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, ec	ducation, or research in furtherance o
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		fucation, or research in furtherance o
	public service, provide the following amounts relat	-	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		> \$

Par	Organizations Maintaining	Collections of A	Art, His	torical 1	Γreasures,	or Other	Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth							
а	Public exhibition		d	☐ Loan	or exchang	e program	S		
b	Scholarly research		е	☐ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections a	nd expl	aın how t	hey further t	the organiz	zation's exem	pt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							□ No
Par	Complete if the organization 990, Part X, line 21.		on Fo	m 990, i	Part IV, line	9, or rep	orted an amo	ount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							☐ Yes	
b	If "Yes," explain the arrangement in P.	art XIII and comple	te the fo	ollowing t	able.		Am	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			_
2a	Did the organization include an amoun					stodial acc	count liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the e	xplanatio	n has been i	provided o	n Part XIII .		
	t V Endowment Funds.					<u> </u>			
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.			
		(a) Current year	(b) Pr	or year	(c) Two years	s back (d)	hree years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current vear end	d balanc	e (line 10	ı. column (a)) held as:			
а	Board designated or quasi-endowmer	nt ▶	%	- (3	,,	,			
b	Permanent endowment ▶	%	- ' -						
C	Temporarily restricted endowment ▶	····							
•	The percentages on lines 2a, 2b, and		10%						
3a	Are there endowment funds not in the			zation tha	at are held a	and admini	stered for the		
	organization by.	•	J					Ye	s No
	(i) unrelated organizations							3a(i)	- 110
	(ii) related organizations							3a(ii)	 -
b	If "Yes" on line 3a(ii), are the related or							3b	_
4	Describe in Part XIII the intended uses							0.0	
Part						-			
	Complete if the organization		on For	m 990 F	Part IV line	11a See	Form 990 F	art X line	10
•	Description of property	(a) Cost or oth			or other basis	(c) Accur		(d) Book va	
	= dodnphon of property	(investme		1	ther)	deprec		(G) DOOK VA	
1a	Land							<u>-</u>	
b	Buildings					<u></u>			
C	Leasehold improvements							· - · · · · · · · · · · · · · · · · · ·	
ď	Equipment			l	18,269.	1	3,655.	Δ.	614.
e	Other						-,		<u> </u>
	Add lines 1a through 1e (Column (d) m	rust equal Form 99	0 Part	K column	(R) line 100	-)		1	614

Part VII	Investments - Other Securities				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, Iir	e 11b. See Form	990, Part X, line 12.
-	(a) Description of security or category (including name of security)	/	(b) Book value		od of valuation of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)	,				
(B)					
(C)					
(D)	·			1	·
(E) (F)					•
(G)					
(H) ·					
	b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments-Program Related	d.	· · · · · · · · · · · · · · · · · · ·	Torsing devices and the second of the second	A SAMESA STORENCE AMMERICANIEM SAMENES AND MAN SERVICES S
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, Iır	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	·	(b) Book value		od of valuation of-year market value
(1)					. <u> </u>
(2)					·
(3)					
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)				 	· · · · · · · · · · · · · · · · · · ·
(6)					
(7) (8)				 	
(9)					
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.			CAS CARRIED OF CONTINUES NAMED AND ASSESSMENT OF COMMUNICATION OF CONTINUES OF CONT	A A CALINET . IN COMMENT TO A STATE OF THE PARTY OF THE P
	Complete if the organization ans		m 990, Part IV, lir	ne 11d. See Form	
		a) Description			(b) Book value
(1)				-	•
(2)			•		
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
(5) (6)	 	·,			,
(7)				-	
(8)		•	· · · · · · · · · · · · · · · · · · ·		
(9)					
Total. (Colum	mn (b) must equal Form 990, Part X, c	ol (B) line 15.)			
Part X	Other Liabilities.				,
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
_	line 25.	,	and the delates the investment of the control of	man il the hard the first-state of the second of the second of	
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes	<u>'</u>		and comme	
(2)					
(3)					
(5)					
(6)	-				andro 1000 or organic della diametrica
(7)		-			
(8)					The second of the second
(9)			1		
	b) must equal Form 990, Part X, col (B) line 25.)				
2. Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organizatio	n's financial statemen	ts 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

Schedule D (Form 990) 2017

BAA

Part			Retur	1.
	Complete if the organization answered "Yes" on Form 990, F		1 4 1	0.004.650
1	Total revenue, gains, and other support per audited financial statements		1	2,294,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	510 505		
а	Net unrealized gains (losses) on investments	2a -519,535.	1	
b	Donated services and use of facilities	2b	-	
С	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	-519,535.
3	Subtract line 2e from line 1		3	2,814,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,814,194.
Part			er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		0.400.005
1	Total expenses and losses per audited financial statements		1	2,400,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,400,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5	2,400,025.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 o; Part \	/, line 4; Part X, line

REV 09/12/18 PRO

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
•		
	·	
	<u></u>	
		

SCHEDULE J (Form 990)

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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 13-5580600

	el Goods Association 13-3360000			
Part	Questions Regarding Compensation	ı	Yes	No
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.		res	140
	☐ 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	1b		
	oxplain.	1.5		
2	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 on line			
	1a?	2		
_	Indicate which if any of the fallowing the filing evapolisation used to establish the companyation of the			
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: Receive a severance payment or change-of-control payment?	4a		×
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	×
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
_		5a		<u> </u>
a b	The organization?	5b		
U	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:			
а	The organization?	6a		
b	Any related organization?	6b		Ļ,
	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			لــــا
,	payments not described on 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	,		
	HIT CILLII	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		

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

į Ć OOO Box VII Cootio ns (B)(1) (iii) for each listed individual must Note: The sum of colum

Note: The sum of columns (B)(I)—(III) for each listed individual must equal	for eac	th listed individual mu	ist equal the total amo	ount of Form 990, Pa	I the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	a, applicable colum	n (D) and (E) amounts	s for that individual.
		(B) Breakdown of W-2 an	of W-2 and/or 1099-MIS	d/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
Michele Pittenger	8	262,027.	46,000.	13,999.	24,000.	30,487.	376,513.	0.
1 President	E	0	0	0	.0	0.	0.	0.
James T. Holmes	8	155,363.	.000,6	5,754.		11,708.	205,825.	0.
2 Vice President	(ii)	0.	0.	0.	.0	.0	0	0
Kım Wong	(i)	129,030.		414.		27,516.	197,960.	0.
3 Creative Director	(ii)	0.	.0	0.	0.	.0	.0	.0
Catherine E Hayes	8	123,067.	22,000.	0	24,000.	17,922.	186,989.	0.
4 Vice President	(<u>ii</u>)	0.	0.	0.	0	0	0	0.
	(6)							
S	€							• • • • • • • • • • • • • • • • • • •
	€	_						
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Travel Goods Association	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 o	f each
Pt VI, Line 12c: year. Each member reviews the policies and comp	letes
Pt VI, Line 12c: the form, signifying their review.	
Pt VI, Line 15a: The board approves objectives for key employees	during
Pt VI, Line 15b: the evaluation process at the Spring meeting. A	salary pool
for staff, including	
Pt VI, Line 15b: the key employees, is approved and is distribute	d at
Pt VI, Line 15b: the President's discretion. The board's key emp	loyee
Pt VI, Line 15b: compensation practices include benchmarking to s	imilar
Pt VI, Line 15b: organizations.	
Pt VI, Line 19: The Organization makes its governing documents av	ailable
Pt VI, Line 19: to the public upon written request.	