Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2013)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΑI	or the	2013 calenda	ar year, or tax year beginning , 2013, a	nd ending			, 20		
В	Check if ap	oplicable:	C Name of organization	D			entification number		
✓ Address change		change	TRAVELERS UNITED, INC. (formerly Consumer Travel Alliance)			264230467			
~	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	ımber			
=	Initial retur		1200 N NASH STREET	554			27139596		
=	Terminate		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemption			
=	Amended Application	n pending	ARLINGTON, VA 22209			nber ▶	•		
		ting Method:	Cash Accrual Other (specify) ►	н	Check	▶ ∏ if	f the organization is not		
	Vebsite	J		•••		required to attach Schedule B			
JΤ	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	 527	•)-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other		`		, ,		
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	nore, or if tot	al assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ¢			
	art I		e, Expenses, and Changes in Net Assets or Fund Balance			ctions	for Part I)		
	arti		the organization used Schedule O to respond to any question ir						
_	1		ons, gifts, grants, and similar amounts received			1			
	2		ervice revenue including government fees and contracts			2	70030		
	3	-	ip dues and assessments			3			
	4	Investment	•			4			
	l _					4			
	5a		unt from sale of assets other than inventory						
	b			5c					
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events							
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	b		me from fundraising events (not including \$of aising events reported on line 1) (attach Schedule G if the	contributio	ns				
ш			h gross income and contributions exceeds \$15,000) 6b						
	С	Less: direc	t expenses from gaming and fundraising events 6c						
	d	3" 3" 3"				1			
		line 6c)							
	7a	Gross sale	s of inventory, less returns and allowances 7a			6d			
	b		of goods sold			-			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8		nue (describe in Schedule O)			7c 8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	78050		
	10		I similar amounts paid (list in Schedule O)			10	70000		
Expenses	11		aid to or for members			11			
	12	Salaries, other compensation, and employee benefits							
	13		al fees and other payments to independent contractors			12	70583		
	14		Occupancy, rent, utilities, and maintenance				3702		
	15	Printing, publications, postage, and shipping					3702		
	16	Other expenses (describe in Schedule O)							
						16	74205		
	17	Evenes and	enses. Add lines 10 through 16		. 🖊	17	74285		
Net Assets	18 19		(deficit) for the year (Subtract line 17 from line 9)			18	3765		
	13		or fund balances at beginning of year (from line 27, column (A)) r figure reported on prior year's return)			10	40.450		
	00					19	10459		
	20		ges in net assets or fund balances (explain in Schedule O)			20			
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	14224		

Page 2
Part II Balance Sheets (see the instructions for Part II)

Га	Balance Sneets (see the instructions	,		D			
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments		-	10,459	_	14224	
23	Land and buildings			10,437	23	14224	
24	Other assets (describe in Schedule O)				24		
25	Total assets		[25		
26	· · · · · · · · · · · · · · · · · · ·		-		26		
27	Net assets or fund balances (line 27 of column			10459	27	14224	
Par		•		,		Expenses	
Mha	Check if the organization used Schedule tis the organization's primary exempt purpose?	EDUCATION OF TRA				uired for section c)(3) and 501(c)(4)	
					orga	nizations and section	
	ribe the organization's program service accompline asured by expenses. In a clear and concise manual results in the control of					'(a)(1) trusts; optional thers.)	
	ons benefited, and other relevant information for ea		o doivides provides	, the name of	101 0	iners.)	
28	WEBSITE MAINTENANCE AND DAILY NEWSLETTER						
	NEWSLETTER REACHES ABOUT 80,000 UNIQUE VI	SITORS PER MONTH	WITH 250,000 PAGE	VIEWS			
	/O				00-	20004	
20	(Grants \$) If this amount PRESS RELEASE ACTIVITIES INFORMING PUBLIC (includes foreign gra		🕨 📙	28a	29224	
23	RELEASES PRINTED IN ALMOST ALL MAJOR MEDI			ES			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	29a	18877	
30	MANAGEMENT OF VOLUNTEERS						
	15,000+ COMPLAINTS AND QUESTIONS DURING 20	13					
	/Cronta ¢ \ If this amount	includes foreign gra	onto chook horo		200	10778	
31	(Grants \$) If this amount Other program services (describe in Schedule O)				30a	10776	
٠.	, ,	includes foreign gra			31a		
32	Total program service expenses (add lines 28a	through 31a)		•	32	58879	
Par	List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	pensated—see the i	nstruc	ctions for Part IV)	
	Check if the organization used Schedule	O to respond to a	, .		<u> </u>	<u> </u>	
	(a) Name and title	(b) Average hours per week (Carre W 2 (1999)			yee (e) Estimated amount of		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)				
СНА	RLES A LEOCHA, PRESIDENT	30					
		-					
CHR	STOPHER ELLIOTT	20					
SHA	RON TERENZIO	5					
		-1					
		7					

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b / Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ► CHARLES A LEOCHA 2127130506 Telephone no. ▶ Located at ► 1200 N NASH ST. #554, ARLINGTON, VA ZIP + 4 ▶ 22209-3614 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

orm 990	J-EZ (20	J 13)							P	age •
									Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in o	ppositio	on		
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I				46		~
Part \	/	Section 501(c)(3) organizations	only							
		All section 501(c)(3) organizations		stions 47-49b ar	nd 52, and	l comple	te the	tables fo	or line	es
		50 and 51.	•		,	•				
		Check if the organization used Sch	nedule O to respond	I to any question i	n this Part	VI				
		CHOOK II the organization acca cor	iodaio o to respond	rto arry quoditorri	ir tillo i ait	· · ·	• • •		Yes	No
47	Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect durin	a the to	ay	103	110
		If "Yes," complete Schedule C, Part				Jot dailii	<i>y</i> 1110 11	47		
	-	organization a school as described in				 		48		•
		=								
		ne organization make any transfers to		_				49a		
		es," was the related organization a se						49b		
		olete this table for the organization's								d ke
	empi	oyees) who each received more than	\$100,000 of comper	isation from the or				, enter in	one.	
			(b) Average	(c) Reportable		ealth benef tions to em		(e) Estimate	d amou	nt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	honofit n		ns, and deferred		pensati	
			devoted to position	(1 OIIII3 VV-2/ 1088-IVII3	co	compensatio				
51	Comp	number of other employees paid over plete this table for the organization's 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	tors who	each	received	more	tha
	(a)	Name and business address of each independ	ent contractor	(b) Type of s		(c) Compensation				
				1						
	-			A400 222						
		number of other independent contra	-		. •	47/ \/ \				
		ne organization complete Schedule A						. 🗆		
		xempt charitable trusts must attach a						► ∐ Yes		lo
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					of my kno	wledge and	belief,	it is
. 40, 0011	JJ, air		Silvery to based on all little	ation of willon prepar	or mad arry Kil	- wiouye.				
2i~~		Circulation of all and								
Sign	Signature of officer CHARLES A LEOCHA, PRESIDENT The specific across and the second					Date				
Here										
		Type or print name and title	Duan anada ' '	Т	D-t-			DTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date			if PTIN		
Prepa	arer					self	-employe	ed		
Use C		Firm's name ▶				Firm's EIN	<u> </u>			
		Firm's address ▶				Phone no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	instructions			🕨	· 🗌 Yes	N	10