Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	or the	2022 calendar year, or tax year beginning 01/01/2022 and ending 1	2/31/2022						
В	Check if ap	oplicable: C Name of organization D Empl	ployer identification number						
	Address c	change TRAVEL UNITY INC	81-2999166						
Ц	Name cha	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ephone number						
=	Initial retu	50 Memoriai Piaza Unit 128	212-923-7704						
\equiv	Finai retur Amended	City or town, state or province, country, and ZIP or foreign postal code F Gro	oup Exemption						
=	Applicatio	ımber							
			if the organization is not						
			ed to attach Schedule B						
		npt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form	990).						
		organization: Corporation Trust Association Other:							
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	 S						
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· \$ 193,605						
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru							
		Check if the organization used Schedule O to respond to any question in this Part I	•						
	1	Contributions, gifts, grants, and similar amounts received	1 98,667						
	2	Program service revenue including government fees and contracts	2 58,837						
	3	Membership dues and assessments	3 33,971						
	4	Investment income	4 0						
	5a		0						
	b		0						
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c 0						
	6	Gaming and fundraising events:	00						
	а	Gross income from gaming (attach Schedule G if greater than							
Revenue		\$15,000)	0						
Ver	b	Gross income from fundraising events (not including \$ 0 of contributions							
Re		from fundraising events reported on line 1) (attach Schedule G if the							
		sum of such gross income and contributions exceeds \$15,000) 6b	0						
	С	Less: direct expenses from gaming and fundraising events 6c 6c	<u>o</u>						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c)	6d 0						
	7a	Gross sales of inventory, less returns and allowances	0						
	b	Less: cost of goods sold	0						
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 0						
	8	Other revenue (describe in Schedule O) . See Schedule O, Statement 2	8 2,130						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 193,605						
	10	Grants and similar amounts paid (list in Schedule O)	10 300						
	11	Benefits paid to or for members	11 0						
es	12	Salaries, other compensation, and employee benefits	12 77,549						
Expenses	13	Professional fees and other payments to independent contractors	13 52,329						
g	14	Occupancy, rent, utilities, and maintenance	14 0						
Ш	15	Printing, publications, postage, and shipping	15 0						
	16	Other expenses (describe in Schedule O) .See Schedule O, Statement 3	16 47,854						
	17	Total expenses. Add lines 10 through 16	17 178,032						
S	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 15,573						
šet	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							
4ss		end-of-year figure reported on prior year's return)	19 34,044						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20 3,282						
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 52.899						

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Pa	rt II	Balance Sheets (see the instructions f	or Part II)				
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🔽
					(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments		[34,044	22	52,019
23		d and buildings			0	23	0
24	Othe	er assets (describe in Schedule O)			0	24	880
25					34,044	25	52,899
26		al liabilities (describe in Schedule O)			0	26	0
27		assets or fund balances (line 27 of column	(B) must agree with	n line 21)	34,044	27	52,899
Par	t III	Statement of Program Service Accom					
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III	/5	Expenses
Wha	t is the	organization's primary exempt purpose?	See Schedule O, Sta	tement 4			quired for section (c)(3) and 501(c)(4)
as m	neasure	ne organization's program service accomplised by expenses. In a clear and concise manefited, and other relevant information for eactions.	anner, describe the			orga	anizations; optional foers.)
28		2, Travel Unity worked with 130 students from		L-25 Those students	experienced		
		orld of travel through virtual programs, in-pers					
		inued on Schedule O, Statement 5)	on your summes or	workforce readines	s programs. III		
	(Grant		includes foreign gra	nts check here		28a	51,919
29	<u>, </u>	2022, Travel Unity continued to expand its nation				200	31,919
23		ht leader on DEI in the travel industry. Some of	-				
			the events we were	leatured at III 2022 I	iciude GSTC		
	(Grant	inued on Schedule O, Statement 6)	includes foreign gra	nte chock horo		298	24 540
30	<u>, </u>	•		*		290	34,540
30		Unity held two regional Summits - Southeast,					
		nd 100 industry attendees came from many stat	les of their respective	regions to come to	gerner around		
	(Grant	inued on Schedule O, Statement 7)	includes foreign gra	nte chock horo		30a	40.224
21	<u> </u>	program services (describe in Schedule O)				302	40,336
31	(Grant		includes foreign gra			31a	
32		program service expenses (add lines 28a t				32	
Par		List of Officers, Directors, Trustees, and Key					,
гаі	LIV	Check if the organization used Schedule			•	istru	
		Officer if the organization used Schedule					· · · · <u></u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	deferred compensation	``	Estimated amount of other compensation
Roni	Weiss		40.00	49,71	1	0	0
Exec	utive D	oriector					
Krist	in Lam	oureux	2.00)	0	0
Pres	ident						
Ryar	n Bak		2.00			0	0
	surer						
Est.	n Gelbe	<u></u>					0
Etna			2.00			0	•
	etary		2.00			0	· ·
Secr	etary n Kuhl		2.00			0	0
Secr	n Kuhl						-
Secr Kare Direc	n Kuhl ctor			(-
Secr Kare Direc	n Kuhl ctor y Vand	enBosch	1.00	(0	0	0
Secr Kare Direc Cind	n Kuhl ctor y Vand ctor	enBosch	1.00		0	0	0
Secr Kare Direc Cind Direc Rom	n Kuhl ctor y Vand ctor	enBosch angvilay	1.00			0	0
Secr Kare Direc Cind Direc Rom Past	n Kuhl etor y Vand etor ey Lou Presid	enBosch angvilay ent	1.00			0	0
Secr Kare Direc Cind Direc Rom Past Jean	n Kuhl ctor y Vand ctor ey Lou Presid	enBosch angvilay ent	1.00			0 0	0
Secr Kare Direc Cind Direc Rom Past Jean Past	n Kuhl ctor y Vand ctor ey Lou Presidente C	enBosch angvilay ent Ceja resident	1.00 1.00 1.00			0 0 0	0 0
Secr Kare Direc Cind Direc Rom Past Jean Past Sopl	n Kuhl ctor y Vand ctor ey Lou Presid nette C Vice P hia Hyd	enBosch angvilay ent ceja resident er Hock	1.00			0 0	0
Secr Kare Direc Cind Direc Rom Past Jean Past Soph Past	n Kuhl ctor y Vand ctor ey Lou Presid nette C Vice P hia Hyd Treasu	enBosch angvilay ent Ceja resident er Hock	1.00 1.00 1.00 1.00			0 0 0 0 0	0 0 0
Secr Kare Direct Cind Direct Rom Past Jean Past Sopl Past	n Kuhl ctor y Vand ctor ey Lou Presid nette C Vice P nia Hyd Treasu ien Duc	enBosch angvilay ent Ceja resident er Hock	1.00 1.00 1.00			0 0 0	0 0
Secr Kare Direc Cind Direc Rom Past Jean Past Soph Past	n Kuhl ctor y Vand ctor ey Lou Presid nette C Vice P nia Hyd Treasu ien Duc	enBosch angvilay ent Ceja resident er Hock	1.00 1.00 1.00 1.00			0 0 0 0 0	0 0 0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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 change on Schedule O. See instructions	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
		35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	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		/
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7
41	List the states with which a copy of this return is filed: NY	100		
42a		212-92	3-7704	4
	710.4	10!	570	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
4.4			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		>
b	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 Form 990-F7. See instructions	1Eh		.,

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2022)						Р	age -
							Yes	No
	the organization engage, directly or in							
	andidates for public office? If "Yes," o		, Part I			. 46		/
Part VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations		etione 17_10h and	d 52 and co	omolete th	a tables f	or line	26
	50 and 51.	s must answer que	3110113 41 -430 and	J JZ, and G	Jilibiere ili	e lables it	יווו וכ	50
	Check if the organization used Sch	nedule () to respond	to any question in	thic Dart VI				
	Check if the organization used Sci	ledule O to respond	to any question in	uns Fait Vi		· · · ·	Yes	No
47 Did	the organization engage in lobbying	activities or have a s	section 501(h) elect	ion in effect	during the	tax	103	140
	? If "Yes," complete Schedule C, Part					. 47		~
-	e organization a school as described in		i)? If "Yes " complete	Schedule F		. 48		・
	the organization make any transfers to							・
	es," was the related organization a se							
	plete this table for the organization's						es, an	d ke
	loyees) who each received more than							
		(b) Average	(c) Reportable	(d) Healt	h benefits,			
(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC		s to employee , and deferred	(e) Estimate other com		
		devoted to position	1099-NEC)		ensation	other com	iperisat	IOH
None								
	Il number of other employees paid over							
	pplete this table for the organization'			nt contractor	s who each	ı received	more	thar
\$100	0,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)) Compensation	on	
Mana								
None			-					
			1					
			1					
d Tota	Il number of other independent contra	ctors each receiving	over \$100,000 .		-			
52 Did	the organization complete Schedu	ile A? Note: All se	ection 501(c)(3) org	anizations i	nust attacl	 า a		
	pleted Šchedule A					. 🗹 Yes		lo
Under penaltie	s of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and state	ments, and to th	e best of my ki	nowledge and	belief,	it is
true, correct, a	nd complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	r has any knowl	edge.			
Sign	Signature of officer			Da	te			
Here	Roni Weiss, Executive Director							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Preparer					self-emplo			
Use Only				Fir	m's EIN			
	Firm's address			Ph	one no.			
May the IRS	S discuss this return with the preparer	shown above? See i	nstructions			. Tyes		lo.

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

TRAVEL UNITY INC 81-2999166 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

0

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	4,750	7,500	11,243	21,011	132,638	177,142
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	886	657	850	35,609	60,967	98,969
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	5,636	8,157	12,093	56,620	102 405	274 111
7a	Amounts included on lines 1, 2, and 3	5,030	6,137	12,073	30,020	193,605	276,111
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						276,111
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	5,636	8,157	12,093	56,620	193,605	276,111
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
L	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)			2,900		2,130	5,030
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	5,636	8,157	14,993	56,620	195,735	281,141
14	First 5 years. If the Form 990 is for the	•			-		
Cooti	organization, check this box and stop he						
15	on C. Computation of Public Support Public support percentage for 2022 (line to			12 column (f)		15	00.21.06
16	Public support percentage from 2021 Sch		•			16	98.21 % 100 %
	on D. Computation of Investment In			<u> </u>	<u></u>	10	100 70
17	Investment income percentage for 2022 (oy line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 202			=		18	0 %
19a	331/3% support tests—2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organi	ization qualifies	as a publicly s	upported organ	ization . \Box
20	Private foundation. If the organization di	d not check a l	box on line 14	. 19a. or 19b. o	heck this box	and see instru	ctions .

Schedule A (Form 990) 2022 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	INO
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4h		
С	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
Ū	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If</i> "Yes," <i>provide detail in Part VI</i> .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	. 54		

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Scheau	le A (Form 990) 2022			Page C
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ons A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III support	ting organization

Schedule A (Form 990) 2022 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part III, Line 12 - 2020 - \$2900 for EIDL and COVID loan (which Travel Unity returned, due to lack of clarity on if we were qualified to receive it) 2022 - \$2130 of other income is from Reimbursements and Redeposit of Petty Cash

SCHEDULE O (Form 990)

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 Form 990-EZ.

2022

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

TRAVEL UNITY INC	81-2999166					
Form 990-EZ, Header, Line B - In error, we filed a 990-N, but have since determined that we need to file a 9	90-EZ for 2022.					
Form 990-EZ, Part I, Line 10 - Grants to awardees through the Discover Your World Scholarship, which was open to anyone anywhere in						
the world to receive \$100 to have a travel experience that they wouldn't otherwise be able to have						
Form 200 F7 Part Line 20. To unite off unrecolved reconciliation items nor the attached arread about 5	Doctor 2/12/22 IF dotted in 2022					
Form 990-EZ, Part I, Line 20 - To write off unresolved reconciliation items per the attached spread sheet. Fast the items are from 2022. A bank beginning balance of \$23,523.38 was posted to opening balance equity						
entry should go to the same place. \$1,244.48. PLus an Adjustment for credit card account not added to 20						
Form 990-EZ, Part II, Line 24 - Payments to deposit						
Form 990-EZ, Part II, Line 26 - Credit Card Balance						

Schedule O, Statement 1 TRAVEL UNITY INC

Form: Form 990-EZ (2022) EIN: 81-2999166

Page: 1 Header Section

Reasonable Cause Explanations

Explanation

This is a refiling, as we filed the postcard. It was only after realizing that our accounts were imported incorrectly as we transitioned into QuickBooks online that we discerned that our average revenue over a three year period was over \$50,000, thereby requiring the 990-EZ.

Schedule O, Statement 2 TRAVEL UNITY INC

Form: **Form 990-EZ (2022)** EIN: **81-2999166**

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
Reimbursements to Travel Unity	1,925
Redeposits of petty cash	205
Total:	2,130

Schedule O, Statement 3 TRAVEL UNITY INC

Form: Form 990-EZ (2022)

EIN: **81-2999166**Part I, Line 16

Page: 1

Other Expenses Structured Explanation

Description	Amount
Bank fees, service charges, and merchant account fees	1,386
Memberships, subscriptions, and external conference admission costs	1,170
Other office expenses, including software	5,593
Expenses to run TU events	20,412
Insurance	340
Travel Expenses	13,358
Youth and Collegiate Program Costs	5,595
Total:	47,854

Schedule O, Statement 4 TRAVEL UNITY INC

Form: Form 990-EZ (2022) EIN: 81-2999166

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Travel Unity is focused on making the world of travel welcoming to people of all backgrounds and identities.

Schedule O, Statement 5 TRAVEL UNITY INC

Form: Form 990-EZ (2022) EIN: 81-2999166
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

addition to the Youth Summits, Travel Unity worked with youth both in-person and online, as well as providing travel scholarships to international youth. (IN-PERSON) Through a grant from MMGY Global, Travel Unity was able to provide opportunities for youth to learn more about Asian culture and cuisine, including culinary experiences in DC and Atlanta. (ONLINE) In 2022, over 50 students participated in our Youth Volunteer Program (YVP). YVP participants discussed the travel industry, careers in the industry, and various topics about identity and culture. Participants worked with peers to create social content relating to travel and DEI and/or focuses on creating educational materials to share with peers and promote learning about travel, travel careers, and DEI. In addition, 17 students completed the Global Scholars Program in Fall 2022, where they met peers and industry professionals from around the world, learning about how travel can be a part of their lives, no matter who they are, and how to make the world more inclusive and equitable. (SCHOLARSHIPS) Through a grant from Hospitalented, Travel Unity was able to give \$100 travel scholarships to "anyone, anywhere". The recipients were youth from Brazil, India, and Nigeria.

Schedule O, Statement 6 TRAVEL UNITY INC

Form: Form 990-EZ (2022) EIN: 81-2999166

Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

Description

(in Sevilla, Spain), TTRA (in Victoria, BC), and Arival (in San Diego). (ii) Over the course of 17 months, Travel Unity worked with special events and sports experts to hone in on best practices for DEI in events. The three Pillars of Travel Unity's DEI Standards for Special Events & Sports are Purpose & Logistics, Visitorship, and Community Impact. The release of the new Standards was announced at the GSTC Conference in Sevilla, Spain in Dec. 2022.

Schedule O, Statement 7 TRAVEL UNITY INC

Form: Form 990-EZ (2022) EIN: 81-2999166

Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Description

discussions related to diversity, equity, and inclusion (DEI) in the travel industry. Both Summits also had a youth component. In Brookhaven, 20 students from Georgia, North Carolina, and Alabama came to Brookhaven, GA, to learn about the area and engage with industry professionals from one of four tracks: Culinary Arts, Government/Public Policy, Hospitality/Lodging, or Tour Operation. On the final day of the conference, every youth participant in each track helped in the creation of a final project to synthesize the passions they brought into the event with their learnings from over the course of the Youth Summit. In Auburn, Travel Unity hosted 31 high school students from the Auburn public school district, where four college student leaders led activities and discussions around identity, travel experiences, and travel sector careers. Students met the local DMO, Tour Cayuga, and learned what a DMO does and what locations in the area were being highlighted. Students then created a day trip in the Auburn area and shared their personal experiences in these locations with family and friends. The college students who led the high school programming stayed for the weekend to explore historic Auburn, NY, and network with some industry professionals. They visited The Seward House, the Equal Rights Heritage Center, Harriet Tubman's Home, and the Gravesite of Harriet Tubman. They connected with a local county legislator Brian Muldrow, met the Executive Director of Tour Cayuga, and even discussed with a local community leader and business owner what they thought the area needed to welcome more diverse tourists.