

2019 Tax Return(s)

Prepared for GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.
CLIENT CODE: 064-167306-00

Account Number 131839
Release Number 2019.05000

Prepared by CLIFTONLARSONALLEN LLP
901 N. GLEBE ROAD, SUITE 200
ARLINGTON, VA
22203

571-227-9500

Processing Date: 11/14/2020
Time: 16:12:04

**Special
Instructions**

Messages

Return Information

CAUTION

- Form 990. Page 5, Part V, Line 4a. The question pertaining to foreign accounts has been answered "Yes". It will also be necessary to separately file FinCEN Form 114 (FBAR). Use the 114/8938 - ForeignBank and Financial Account Information worksheet, in the 'Foreign' tab to prepare FinCEN Form 114. Refer to the official instructions for Form 990 and Form FinCEN 114 for additional information regarding filing requirements. (20006)

Signed-off by Park45047 11/13/2020 11:50 AM EST

- Form 990-T. Page 2, Part VI. Either or both questions pertaining to foreign accounts and/or trusts have been answered "Yes." It may also be necessary to file FinCEN Form 114 (FBAR) and Forms 3520, 3520-A and/or 926. Use the 114/8938 - ForeignBank and Financial Account Information worksheet, in the 'Foreign' tab to prepare FinCEN Form 114. Refer to the official instructions for Form 990-T and FinCEN Form 114 for additional information regarding filing requirements. (20002)

Signed-off by Park45047 11/13/2020 11:50 AM EST

- Virginia. The Virginia Department of Taxation has mandated tax due, estimated and extension payments be made electronically. Taxpayers can review the payment options at: <https://www.tax.virginia.gov/payments>. (24042)

Signed-off by Park45047 11/6/2020 2:20 PM EST

INFORMATIONAL

- Form 990. Page 4, Part V, line 1c. An amount is present on line 1a for the total number of forms (1098, 1099, W2-G, etc.,) reported on Form 1096. The corresponding back-up withholding question on line 1c has been left blank. If back-up withholding rules applied to the organization the question on line 1c must be answered accordingly. This should be reviewed and corrected, if applicable. (36289)

Signed-off by Park45047 11/5/2020 3:41 PM EST

- Form 990, Page 11, Line 11b. If the organization is reporting publicly traded stock for which the organization holds 5% or more of the outstanding shares of the same class or publicly traded stock in a corporation that comprises more than 5% of the organization's total assets it should be reported on line 12 of the balance sheet as "Other Securities". (32999)

Signed-off by Park45047 11/5/2020 3:41 PM EST

Return Information

- Form 990. Schedule D, Page 3, Part IX. The amount of Other Assets on Form 990, Page 11, Part X, line 15 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently, in accordance with IRS instructions Schedule D, Part IX has been left blank. (36035)

Signed-off by Park45047 11/5/2020 4:08 PM EST

- Form 990-T. Charitable contributions have exceeded the allowable limit and consequently have been limited to 10% of the unrelated business taxable income. (30172)

Signed-off by Park45047 11/5/2020 4:43 PM EST

- Form 8868. Form 8868 has been prepared to request an extension of time to file Form 990-T. Form 8868 must be filed by July 15, 2020.

If Form 8868 is NOT being filed electronically.

Mail Form 8868 to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

Note that specific extension filing instructions may be prepared by making the appropriate entry on the Letters and Filing Instructions worksheet, Filing Instructions and Cover Letter section, Extension filing instructions field and/or the Letters and Filing Instructions worksheet, Transmittal Letter section, Extension transmittal letter field. (30120)

Signed-off by Park45047 11/5/2020 3:30 PM EST

- Electronic Filing. The ERO signature has been printed on Form 8879-EO for Form 990. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)
- Electronic Filing. Form 8868 has been prepared for Form 990-T for electronic filing. The filing due date (07/15/20) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (30269)

Signed-off by Park45047 11/5/2020 4:43 PM EST

- Electronic Filing Extension. Form 8868 for Form 990-T has been selected for electronic filing. Since there is no payment due with the electronically filed Form 8868, Form 8879-EO is not required for signature authorization. The printing of Form 8879-EO, for Form 8868 will be suppressed. (36370)

Signed-off by Park45047 11/5/2020 4:43 PM EST

Return Information

- Electronic Filing. The following EFIN 549881 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Signed-off by Park45047 11/6/2020 11:26 AM EST

- Electronic Filing. The following Name Control GLOB has been computed and is being used to electronically file Form 990 for Global Business Travel Association (GBTA), Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026)

Signed-off by Park45047 11/5/2020 4:10 PM EST

- Electronic Filing Extension. Form 8868 for Form 990-T has been selected for electronic filing. If a printed copy of the extension is generated and electronic processing is completed, do not mail the printed copy of the extension to the IRS. (37219)

Signed-off by Park45047 11/5/2020 4:44 PM EST

- Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. Please note that Form 990-T is also present and must be filed by conventional paper filing. (39495)

Signed-off by Park45047 11/5/2020 4:44 PM EST

- Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before July 15, 2020. Form 990-T is being prepared as a corporation and is also allowed one automatic 6-month extension. The extension for Form 990-T must be requested by filing Form 8868 on or before July 15, 2020. (34478)

Signed-off by Park45047 11/5/2020 3:33 PM EST

Return Information

- Federal Form 990-T. Form 990-T has been prepared but is not available for electronic filing with the IRS. Form 990-T has been included in the printed government copy; please separately mail this form and all corresponding supporting forms and attachments to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027 (37200)

Signed-off by Park45047 11/6/2020 11:26 AM EST

- Virginia. Form VA-8879C or Form VA-8453C has been prepared but is not available for electronic filing with the state. The form has been included in the printed government copy; please review the form's printed instructions for proper filing of this form. (32903)

Signed-off by Park45047 11/13/2020 11:50 AM EST

ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM 990	QUALIFIED	READY TO RELEASE BY CUSTOMER	11/14/2020
FEDERAL EXTENSION (FORM 990-T)	QUALIFIED		05/29/2020
FEDERAL 8868 (FORM 990)	PREV EXPORTED		05/29/2020
FEDERAL FORM 990-T	NOT ALLOWED		
VIRGINIA FORM 500	QUALIFIED	READY TO RELEASE BY CUSTOMER	11/14/2020

Tax Return Carryovers to 2020

NAME: GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.

ID Number: 23-7058143

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
SCHC	REASONABLE ESTIMATE OF NEXT YEAR NONDEDUCTIBLE LOBBYING EXPENSES	SCHC			317,482.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2020

Name GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Employer Identification Number 23-7058143
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS - ADVERTISING	163,618.
FEDERAL NET OPERATING LOSS	247,657.
FEDERAL CONTRIBUTION - 50% CASH	400,000.
FEDERAL CONTRIBUTION CARRYOVER HAS BEEN ADJUSTED DUE TO NET OPERATING LOSS CARRYOVER PER INCOME	
TAX REGULATIONS SEC. 1.170A-11(C)(2) AS FOLLOWS:	
CONTRIBUTION DEDUCTION BEFORE NOL	410.
LESS CONTRIBUTION DEDUCTION AFTER NOL	0.
ADJUSTMENT TO CONTRIBUTION CARRYOVER	410.

SCHEDULE M - NOL CARRYOVERS

CARRYOVER DATA TO 2020

Name GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Employer Identification Number 23-7058143
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Schedule M Entity No.	Description of Trade or Business	Net Operating Loss Carryover
1	ADVERTISING	72,287.

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R.....	23,105,366
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Section: Prior Year Expenses

Total expenses - O/R.....	22,969,873
Revenue less expenses - O/R.....	135,493

Section: Statement of Functional Expenses

Officer comp - program service.....	1,326,985
Depreciation - prog services.....	413,388

Worksheet: Form 990-T Exempt Organization Business Income Tax Return

Section: Other Deductions

Specific deduction - O/R.....	1,000
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Worksheet: VA General

Section: Basic Data

Six-digit NAICS.....	541,800
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Worksheet: State and City Common Data

Section: General Information

Principal activity - override.....	ADVERTISING
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Worksheet: Info Rtn of U.S. Persons w/Res to Certain FDE's (Form 8858)

Section: Form 8858

Gross sales - US dollar O/R.....	369,778
Total ded - US dollar O/R.....	662,081
Net inc p/b - US dollar O/R.....	-292,303
Current E&P/taxable income O/R.....	-292,303

Section: Form 8858

Gross sales - US dollar O/R.....	2,873,998
Total ded - US dollar O/R.....	2,283,525
Net inc p/b - US dollar O/R.....	590,473
Current E&P/taxable income O/R.....	590,473

Section: Form 8858

Gross sales - US dollar O/R.....	586
Total ded - US dollar O/R.....	95,428
Net inc p/b - US dollar O/R.....	-94,842
Current E&P/taxable income O/R.....	-94,842

Section: Form 8858

Gross sales - US dollar O/R.....	344
Total ded - US dollar O/R.....	46,685
Net inc p/b - US dollar O/R.....	-46,341
Current E&P/taxable income O/R.....	-46,341

Section: Form 8858

Gross sales - US dollar O/R.....	1,078,671
Total ded - US dollar O/R.....	746,332
Net inc p/b - US dollar O/R.....	332,365
Current E&P/taxable income O/R.....	322,365

2019 Return Summary

GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

23-7058143

FORM 990:

TOTAL REVENUE	24,617,285.
TOTAL EXPENSES	23,004,986.
EXCESS <DEFICIT>	1,612,299.
BEGINNING NET ASSETS	3,136,671.
CHANGES IN NET ASSETS	470,374.
ENDING NET ASSETS (1)	5,219,344.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	11,894,546.
ENDING TOTAL LIABILITIES	6,675,202.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	5,219,344.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

FORM 990-T:

TAXABLE INCOME	0.
TAX	0.
TOTAL DUE <REFUND>	0.

2019 Return Summary

GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

23-7058143

VIRGINIA FORM 500:

TAXABLE INCOME
TOTAL TAX

0.
0.

2019 Return Summary

GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

23-7058143

	FEDERAL	FEDERAL
FORM NAME	990	990-T
E-FILE REQUESTED	YES	NO **
DUE DATE	07/15/20	07/15/20
EXTENDED DUE DATE	11/16/20	11/16/20
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	11/14/20	11/14/20
TIME CALCULATED	16:08:44	16:08:44
RELEASE VERSION	2019.05000	2019.05000
DATE EXPORTED	11/14/20	
TIME EXPORTED	16:09:35	
EXPORT VERSION	2019.05000	

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

2019 Return Summary

GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

23-7058143

	990 EXTN	990-T EXTN
FORM NAME	8868	8868
E-FILE REQUESTED	NO	YES
DUE DATE	07/15/20	07/15/20
EXTENDED DUE DATE	11/16/20	11/16/20
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	11/14/20	11/14/20
TIME CALCULATED	16:08:44	16:08:44
RELEASE VERSION	2019.05000	2019.05000
DATE EXPORTED		05/29/20
TIME EXPORTED		09:33:22
EXPORT VERSION		2019.05000

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

2019 Return Summary

GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

23-7058143

	VIRGINIA
FORM NAME	FORM 500
E-FILE REQUESTED	YES
DUE DATE	06/15/20
EXTENDED DUE DATE	12/15/20
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	11/14/20
TIME CALCULATED	16:08:44
RELEASE VERSION	2019.05000
DATE EXPORTED	11/14/20
TIME EXPORTED	16:09:35
EXPORT VERSION	2019.05000

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED



CLA (CliftonLarsonAllen LLP)
CLAconnect.com

Global Business Travel Association
(GBTA), Inc.
1101 King Street No. 500
Alexandria, VA 22314

Global Business Travel Association (GBTA), Inc.:

Enclosed are the organization's 2019 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by November 16, 2020 the filing deadline.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before November 16, 2020.

Mail to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Sincerely,

Michaela J. Cromar, CPA



CLA (CliftonLarsonAllen LLP)
CLAconnect.com

Global Business Travel Association
(GBTA), Inc.
1101 King Street No. 500
Alexandria, VA 22314

Global Business Travel Association (GBTA), Inc.:

We have prepared and enclosed your 2019 Virginia return.

VIRGINIA FORM 500 RETURN:

The Virginia Form 500 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return VA-8879C to our office. We will then transmit the return electronically to the VADOT. Do not mail the paper copy of the return to the VADOT.

No payment is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Michaela J. Cromar, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Global Business Travel Association
(GBTA), Inc.
1101 King Street No. 500
Alexandria, VA 22314

Prepared By:

CLIFTONLARSONALLEN LLP
901 N. GLEBE ROAD, SUITE 200
ARLINGTON, VA 22203

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Global Business Travel Association
(GBTA), Inc.
1101 King Street No. 500
Alexandria, VA 22314

Prepared By:

CLIFTONLARSONALLEN LLP
901 N. GLEBE ROAD, SUITE 200
ARLINGTON, VA 22203

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Return Must be Mailed On or Before:

November 16, 2020

Special Instructions:

The return should be signed and dated.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Employer identification number 23-7058143
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Name and title of officer
**DAVID L. PORTER
SENIOR VP & CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>24,617,285.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54988112345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CLIFTONLARSONALLEN LLP Date ▶ 11/14/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

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

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.		D Employer identification number 23-7058143
	Doing business as		E Telephone number 703-684-0836
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 24,617,285.
	1101 KING STREET	500	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DAVE HILLFMAN SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.GBTA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1968 M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EXCHANGE OF INFORMATION & ENHANCING THE EDUCATIONAL ADVANCEMENT & IMAGE OF THE PROFESSION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	91
	6 Total number of volunteers (estimate if necessary)	6	105
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	488,351.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	22,486,140.	24,015,399.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,151.	124,452.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	511,075.	477,434.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,105,366.	24,617,285.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,831,365.	8,594,313.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,138,508.	14,410,673.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,969,873.	23,004,986.	
19 Revenue less expenses. Subtract line 18 from line 12	135,493.	1,612,299.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,673,269.	End of Year 11,894,546.
	21 Total liabilities (Part X, line 26)	6,536,598.	6,675,202.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,136,671.	5,219,344.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DAVID L. PORTER, SENIOR VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAELA J. CROMAR, CPA	Preparer's signature MICHAELA J. CROMAR,	Date 11/14/20	Check if self-employed <input type="checkbox"/>	PTIN P00895728
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. 571-227-9500		
	Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA) IS THE WORLD'S PREMIER BUSINESS TRAVEL AND MEETINGS TRADE ORGANIZATION. GBTA'S MISSION IS TO BE THE LEADING SOURCE OF BUSINESS TRAVEL KNOWLEDGE WORLDWIDE. THIS KNOWLEDGE IS CREATED THROUGH EDUCATION, RESEARCH, NETWORKING AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
U.S. CONVENTION: THE GBTA CONVENTION WITH OVER 7,000 ATTENDEES, IS THE LARGEST, MOST COMPREHENSIVE ANNUAL GATHERING OF BUSINESS TRAVEL, MEETING MANAGERS, MEETING PLANNERS, PROCUREMENT PROFESSIONALS AND SUPPLIERS ANYWHERE IN THE WORLD. THE BUSINESS TRAVEL EVENT OF THE YEAR FEATURES: OVER 80 INDUSTRY LEADING EDUCATION SESSIONS ORGANIZED INTO 20+ SPECIALIZED TRACKS GEARED TO SPECIFIC LEVELS OF EXPERIENCE AND A VARIETY OF DISCIPLINES; A 400+ COMPANY EXPOSITION SHOWCASING MARKET CHOICES NOT AVAILABLE AT OTHER INDUSTRY GATHERINGS; SESSIONS FEATURING WORLD-RENOWNED SPEAKERS AND INDUSTRY LEADERS; A WIDE SELECTION OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND MUCH MORE. FOR MORE INFORMATION ON THE GBTA CONVENTION, PLEASE VISIT WWW.GBTA.ORG/CONVENTION.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
OTHER EVENTS & GLOBAL CONFERENCES: IN ADDITION TO THE ANNUAL GBTA CONVENTION, GBTA PRODUCES FIRST-CLASS WORLDWIDE EVENTS THROUGHOUT THE YEAR INCLUDING CONFERENCES, SYMPOSIUMS, WORKSHOPS AND WEBINARS, PROVIDING BUSINESS TRAVEL INDUSTRY PROFESSIONALS ACROSS THE GLOBE WITH UNPARALLELED EDUCATION, NETWORKING AND BUSINESS OPPORTUNITIES.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
MEMBERSHIP: GBTA'S 9,000 PLUS MEMBERS MANAGE MORE THAN \$345 BILLION OF GLOBAL BUSINESS TRAVEL AND MEETINGS EXPENDITURES ANNUALLY. GBTA DELIVERS WORLD-CLASS EDUCATION, EVENTS, RESEARCH, ADVOCACY AND MEDIA TO A GROWING GLOBAL NETWORK OF MORE THAN 28,000 TRAVEL PROFESSIONALS AND 125,000 ACTIVE CONTACTS. GBTA PRIDES ITSELF ON CREATING OPPORTUNITIES TO ADDRESS THE DEMANDING AND EVOLVING NEEDS OF OUR BUSINESS TRAVEL PROFESSIONALS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶**

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
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 "Yes," complete Schedule D, Part II</i>	7	X
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	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	93
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		91
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
DAVID L. PORTER - 703-684-0263
1101 KING STREET, NO. 500, ALEXANDRIA, VA 22314

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

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

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. See instructions for the order in which to list the persons above.

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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL MCCORMICK EXECUTIVE DIRECTOR - LEFT APRIL 2019	40.00 0.00			X			839,552.	0.	41,362.	
(2) SCOTT SOLOMBRINO CHIEF OPERATING OFFICER	40.00 5.00			X			630,435.	0.	133,418.	
(3) HEMALI SHAH SVP, FINANCE UNTIL 9/2019	40.00 3.00			X			274,400.	0.	23,662.	
(4) EDWARD BARRETT SVP, MARKETING & MEMBERSHIP - LEFT O	40.00 0.00				X		228,572.	0.	20,274.	
(5) ELISABETH HUH SVP, GLOBAL OPERATIONS	40.00 0.00				X		219,169.	0.	22,756.	
(6) SHANTEL GOODMAN SVP, MARKETING AND RESEARCH	40.00 0.00					X	168,569.	0.	19,576.	
(7) MARGARET DOLPHIN SVP, SALES - AMERICAS	40.00 0.00					X	157,520.	0.	17,481.	
(8) AMIR BAHMANI VP, INFORMATION TECHNOLOGY	40.00 0.00					X	161,650.	0.	12,316.	
(9) KEVIN MAGUIRE REGIONAL VP, LATAM	40.00 0.00					X	153,486.	0.	19,316.	
(10) SEHRAB GREWAL VP, WINIT BY GBTA	40.00 0.00					X	168,211.	0.	3,898.	
(11) DAVID PORTER SVP & CFO AS OF 10/2019	40.00 5.00			X			119,773.	0.	5,354.	
(12) BHART SARIN PRESIDENT	4.00 1.00	X		X			0.	0.	0.	
(13) DENISE TRUSO VICE PRESIDENT	4.00 0.00	X		X			0.	0.	0.	
(14) CHRISTLE JOHNSON CHAIRMAN	3.00 1.00	X		X			0.	0.	0.	
(15) DOROTHY DOWLING PRESIDENT, ALLIED LEADERSHIP COUNCIL	3.00 0.00	X					0.	0.	0.	
(16) JAKE CEFOLIA VICE PRESIDENT, ALLIED LEADERSHIP CO	1.00 0.00	X					0.	0.	0.	
(17) MARK ZIEGLER CHAPTER PRESIDENTS COUNCIL PRESIDENT	1.00 0.00	X					0.	0.	0.	

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

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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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TRICIA ALSUP GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) KATHY BRISKI GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) GLORIA GONZALEZ GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) DOUG PAYNE GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) WILL PINNELL GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) ERIN WILK GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) RITA VISSER GBTA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) SCOTT SOLOMBRINO PRESIDENT, ALC - LEFT MAY 2019	3.00 0.00	X						0.	0.	0.
1b Subtotal								3,121,337.	0.	319,413.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,121,337.	0.	319,413.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN & FREEMAN AV P.O. BOX 650036, DALLAS, TX 75265	ANNUAL CONVENTION	2,545,321.
SAVOR MCCORMICK PLACE P.O. BOX 71976, CHICAGO, IL 60694	ANNUAL CONVENTION	854,901.
CVENT P.O. BOX 822699, PHILADELPHIA, PA 19182	EVENTS REGISTRATION	328,028.
KUSHNER & ASSOCIATES, 24003A VENTURA BLVD, SUITE 100, CALABASAS, CA 91302	EVENT BUS SHUTTLE	247,776.
CORNERSTONE GOVERNMENT AFFAIRS 800 MAINE AVENUE, SW, WASHINGTON, DC 20024	GOVERNMENT AFFAIRS/LOBBYING	194,809.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **18**

Form **990** (2019)

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Form 990 (2019)

23-7058143 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a CONFERENCE & SEMINARS	Business Code					
		900099	22,420,748.	22,380,748.	40,000.		
	b MEMBERSHIP DUES	900099	1,444,079.	1,444,079.			
	c EDUCATION PROGRAMS	900099	150,572.	150,572.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		24,015,399.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		122,050.			122,050.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,402.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	2,402.				
	d Net gain or (loss)		2,402.			2,402.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADVERTISING	Business Code					
		541800	448,351.		448,351.		
	b _____						
	c _____						
	d All other revenue	900099	29,083.			29,083.	
e Total. Add lines 11a-11d		477,434.					
12 Total revenue. See instructions		24,617,285.	23,975,399.	488,351.	153,535.		

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Form 990 (2019)

23-7058143 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,326,985.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,098,048.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,030.			
9 Other employee benefits	528,456.			
10 Payroll taxes	497,794.			
11 Fees for services (nonemployees):				
a Management	656,673.			
b Legal	392,640.			
c Accounting	101,564.			
d Lobbying	208,000.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,408,408.			
12 Advertising and promotion	225,228.			
13 Office expenses	274,483.			
14 Information technology	1,287,039.			
15 Royalties				
16 Occupancy	490,598.			
17 Travel	1,237,161.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,891,572.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	413,388.			
23 Insurance	80,431.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STAGING AND PRODUCTION	1,615,072.			
b FOOD & BEVERAGE	1,138,673.			
c FEES & OTHER EXPENSES	358,375.			
d OTHER PERSONNEL COSTS	345,453.			
e All other expenses	285,915.			
25 Total functional expenses. Add lines 1 through 24e	23,004,986.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Form 990 (2019)

23-7058143 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year			(B) End of year	
Assets	1 Cash - non-interest-bearing	1,929,969.	1		2,737,886.	
	2 Savings and temporary cash investments	121,142.	2		77,106.	
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	1,156,041.	4		392,352.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	156,069.	9		253,493.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,386,470.				
	b Less: accumulated depreciation	2,540,121.				
	11 Investments - publicly traded securities	1,969,961.	10c		1,846,349.	
	12 Investments - other securities. See Part IV, line 11	3,297,485.	11		5,792,114.	
	13 Investments - program-related. See Part IV, line 11		12			
	14 Intangible assets	491,500.	13			
	15 Other assets. See Part IV, line 11	551,102.	14		491,500.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,673,269.	15		303,746.		
		16		11,894,546.		
Liabilities	17 Accounts payable and accrued expenses	2,830,146.	17		2,392,721.	
	18 Grants payable		18			
	19 Deferred revenue	2,536,856.	19		2,973,567.	
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23 Secured mortgages and notes payable to unrelated third parties	16,350.	23		12,932.	
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,153,246.	25		1,295,982.	
	26 Total liabilities. Add lines 17 through 25	6,536,598.	26		6,675,202.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	3,136,671.	27		5,219,344.	
	28 Net assets with donor restrictions		28			
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	3,136,671.	32		5,219,344.	
	33 Total liabilities and net assets/fund balances	9,673,269.	33		11,894,546.	

Form **990** (2019)

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	24,617,285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,004,986.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,612,299.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,136,671.
5	Net unrealized gains (losses) on investments	5	470,374.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,219,344.

Part XII Financial Statements and Reporting

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

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

Form **990** (2019)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **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 Tax) (see separate instructions), then

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

Name of organization GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Employer identification number 23-7058143
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

GLOBAL BUSINESS TRAVEL ASSOCIATION

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

GLOBAL BUSINESS TRAVEL ASSOCIATION

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	1,232,011.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	208,000.
b Carryover from last year	2b	355,884.
c Total	2c	563,884.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	246,402.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	317,482.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC. **Employer identification number** 23-7058143

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

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,004,416.	150,243.	854,173.
d Equipment		2,343,914.	1,635,534.	708,380.
e Other		1,038,140.	754,344.	283,796.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,846,349.

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASE INCENTIVE	677,873.
(3) DEFERRED DUES	547,169.
(4) DEFERRED OTHER	70,940.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,295,982.

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

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT THE POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION FILES AS A TAX EXEMPT ORGANIZATIONS; SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization
**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Employer identification number
23-7058143

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	7	PROGRAM SERVICES	EDUCATION, EVENTS	2,283,525.
EAST ASIA & THE PACIFIC	0	1	PROGRAM SERVICES	EDUCATION, EVENTS	46,685.
CENTRAL AMERICA & CARIBBEAN	1	8	PROGRAM SERVICES	EDUCATION, EVENTS	757,509.
NORTH AMERICA	0	4	PROGRAM SERVICES	EDUCATION, EVENTS	746,332.
3 a Subtotal	1	20			3,834,051.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	20			3,834,051.

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

GLOBAL BUSINESS TRAVEL ASSOCIATION

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.** Employer identification number **23-7058143**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2019

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Schedule J (Form 990) 2019

23-7058143

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL MCCORMICK EXECUTIVE DIRECTOR - LEFT APRIL 2019	(i)	839,552.	0.	0.	28,108.	13,254.	880,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT SOLOMBRINO CHIEF OPERATING OFFICER	(i)	630,435.	0.	0.	130,774.	2,644.	763,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEMALI SHAH SVP, FINANCE UNTIL 9/2019	(i)	252,581.	21,819.	0.	8,071.	15,591.	298,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EDWARD BARRETT SVP, MARKETING & MEMBERSHIP - LEFT O	(i)	210,217.	18,355.	0.	7,140.	13,134.	248,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELISABETH HUH SVP, GLOBAL OPERATIONS	(i)	202,758.	16,411.	0.	9,845.	12,911.	241,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHANTEL GOODMAN SVP, MARKETING AND RESEARCH	(i)	156,429.	12,140.	0.	9,726.	9,850.	188,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARGARET DOLPHIN SVP, SALES - AMERICAS	(i)	137,333.	20,187.	0.	8,847.	8,634.	175,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMIR BAHMANI VP, INFORMATION TECHNOLOGY	(i)	151,240.	10,410.	0.	3,451.	8,865.	173,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KEVIN MAGUIRE REGIONAL VP, LATAM	(i)	153,486.	0.	0.	10,122.	9,194.	172,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SEHRAB GREWAL VP, WINIT BY GBTA	(i)	168,211.	0.	0.	2,298.	1,600.	172,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

LINE 4A - MICHAEL MCCORMICK - RECEIVED SEVERENCE PAYMENT OF \$501,640

LINE 4B - MICHAEL MCCORMICK - PARTICIPATED IN 457(B), NON-QUALIFIED

RETIREMENT PLAN BUT DID NOT RECEIVE PAYMENT IN 2019.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.

Employer identification number
23-7058143

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

GLOBAL BUSINESS TRAVEL ASSOCIATION

Schedule L (Form 990 or 990-EZ) 2019 (GBTA), INC.

23-7058143 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SCOTT SOLOMBRINO, FORMER C	FORMER BOARD MEMBER	19,287.	EXPENSE - C		X
SCOTT SOLOMBRINO, FORMER C	FORMER BOARD MEMBER	55,500.	REVENUE FOR		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

SCOTT SOLOMBRINO, FORMER CEO DAV EL/BOSTON COACH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 19,287.

(D) DESCRIPTION OF TRANSACTION: EXPENSE - CAR SERVICE FOR BOARD OF DIRECTORS & EXECUTIVE DIRECTOR

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

SCOTT SOLOMBRINO, FORMER CEO DAV EL/BOSTON COACH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 55,500.

(D) DESCRIPTION OF TRANSACTION: REVENUE FOR EVENTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

PART IV

SCOTT SOLOMBRINO WAS A BOARD MEMBER AT GBTA AND EMPLOYED AT DAV

Schedule L (Form 990 or 990-EZ) 2019

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

EL/BOSTON COACH PRIOR TO HIS HIRE AS EXECUTIVE DIRECTOR AND COO AT
GBTA IN APRIL 2019.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Employer identification number	23-7058143
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY DELIVERED ON DEMAND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WINIT, WOMEN IN TRAVEL, WAS ACQUIRED BY GBTA IN AUGUST 2018. WINIT MEMBERS BENEFIT WITH EXPANDED REACH AT GBTA EVENTS, EDUCATION OFFERINGS, AND CONFERENCES GLOBALLY. AT THE SAME TIME, GBTA IS ABLE TO LEVERAGE THE WINIT BRAND AND PROGRAMS FOCUSED ON GENDER EQUALITY, WHICH COMPLEMENTS GBTA EDUCATIONAL INITIATIVES.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CANADA, MEXICO, UNITED KINGDOM, HONG KONG,
BRAZIL

FORM 990, PART VI, SECTION A, LINE 6:

THERE ARE 7 CLASSES OF MEMBERS: DIRECT, ALLIED, INDIRECT, PRESS, ACADEMIC, HONORARY, AND RETIRED.

FORM 990, PART VI, SECTION A, LINE 7A:

THERE ARE 2 CLASSES OF MEMBERS WITH VOTING RIGHTS: DIRECT AND ALLIED MEMBERS. EACH DIRECT MEMBER SHALL HAVE ONE VOTE IN ALL MATTERS TO BE VOTED ON BY THE MEMBERS. EACH ALLIED MEMBER SHALL HAVE ONE VOTE TO ELECT THE 2 ALLIED MEMBERS TO THE BOARD OF DIRECTORS AND TO VOTE ON MATTERS REFERRED BY THE COUNCIL OF ALLIED LEADERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B:

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

Schedule O (Form 990 or 990-EZ) (2019)

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EACH DIRECT MEMBER SHALL HAVE 1 VOTE IN ALL MATTERS TO BE VOTED ON BY THE MEMBERS; EACH ALLIED MEMBER SHALL HAVE 1 VOTE TO ELECT THE 2 ALLIED MEMBERS TO THE BOARD OF DIRECTORS AND TO VOTE ON MATTERS REFERRED BY THE COUNCIL OF ALLIED LEADERSHIP. IN ADDITION, THE BYLAWS MAY BE ALTERED, AMENDED OR REPEALED, OR NEW BYLAWS MAY BE ADOPTED BY 2/3 VOTE OF A QUORUM OF DIRECT MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE AUDIT AND FINANCE COMMITTEE REPORTED VERBALLY ITS ACTIONS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON DATA AND INPUT FROM THE ORGANIZATION. ONCE THE PREPARATION IS COMPLETE, THE ORGANIZATION'S CFO AND OTHER MANAGEMENT OFFICIALS REVIEW THE DOCUMENT BEFORE THE RETURN IS DEEMED TO BE ACCURATE AND COMPLETE. THE RETURN IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTOR'S FOR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY COVERING MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, THE EXECUTIVE DIRECTOR, A COMMITTEE CHAIRPERSON OR COMMITTEE MEMBER, A MEMBER OF ANY COUNCIL OR "KEY EMPLOYEES" AS DEFINED IN THE ORGANIZATION'S COMPENSATION POLICY. KEY EMPLOYEES AS DEFINED BY IRS REGULATIONS ARE ALSO COVERED UNDER THE POLICY.

DETERMINATION OF WHETHER A CONFLICT OF INTEREST DOES EXIST OCCURS AT THE BOARD OF DIRECTOR LEVEL. IF THE BOARD IDENTIFIES AN ACTUAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST, IT MAY TAKE ONE OF THE FOLLOWING ACTIONS TO

Name of the organization	GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Employer identification number	23-7058143
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RESOLVE SUCH CONFLICT:

(1) WAIVE THE CONFLICT OF INTEREST AS UNLIKELY TO AFFECT THE COVERED INDIVIDUAL'S ABILITY TO ACT IN THE BEST INTERESTS OF GBTA;

(2) DETERMINE THAT THE COVERED INDIVIDUAL SHOULD BE RECUSED FROM ALL DELIBERATION AND DECISION-MAKING RELATED TO THE PARTICULAR TRANSACTION OR RELATIONSHIP THAT GIVES RISE TO THE CONFLICT OF INTEREST; OR

(3) DETERMINE THAT THE COVERED INDIVIDUAL MUST RESIGN FROM HIS OR HER SERVICE TO GBTA.

IF THE BOARD APPROVES THE BUSINESS RELATIONSHIP UNDER CONSIDERATION, THE COVERED INDIVIDUAL MAY NOT PARTICIPATE IN ANY PROCESS BY WHICH HIS OR HER PERFORMANCE AS A VENDOR, GRANTEE, OR RECIPIENT IS EVALUATED, OR IN ANY SUCH EVALUATION OF A RELATED PARTY.

FORM 990, PART VI, SECTION B, LINE 15:

FOR THE TOP MANAGEMENT OFFICIAL'S SALARY, THE BOARD RECEIVES INPUT FROM THE PRESIDENT AND SELECT STAFF REGARDING THE EXECUTIVE DIRECTORS' PERFORMANCE. THE BOARD REVIEWS THIS INFORMATION, THE EXECUTIVE DIRECTORS' PERFORMANCE AGAINST OBJECTIVE CRITERIA AND USES OUTSIDE COMPARATIVE DATA IN DETERMINING COMPENSATION. THE BOARD ALSO CONSULTS WITH A THIRD PARTY CONSULTING FIRM WHICH SPECIALIZES IN EXECUTIVE COMPENSATION. THIS FIRM PROVIDES CURRENT MARKETPLACE BENCHMARKING DATA AND RECOMMENDATIONS. THIS WAS MOST RECENTLY DONE DURING 2019.

FOR OTHER KEY EMPLOYEES, THE ORGANIZATION USES COMPARATIVE DATA PROVIDED BY A 3RD PARTY TO DETERMINE SALARY RECOMMENDATIONS, WHICH ARE THEN APPROVED BY TOP MEMBERS OF MANAGEMENT. THIS WAS MOST RECENTLY DONE DURING 2019.

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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER SERVICE FEES	2,408,408.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,408,408.
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PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.** Employer identification number **23-7058143**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GBTA EUROPE LIMITED ST MARYS COURT, THE BROADWAY, AMERSHAM, BUCK UNITED KINGDOM HP 70UT	EDUCATION & CONFERENCES	UNITED KINGDOM	2,873,998.	1,408,362.	GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.
NATIONAL BUSINESS TRAVEL ASSOCIATION - MEXICO, GRAL PABLO DE LA GARZA 35 COL HEROES DE LA REVOLUCION, , NAUCALPAN, MEXICO	EDUCATION & CONFERENCES	MEXICO	368,164.	528,392.	GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.
GBTA ASIA LTD SUITE. 701, TUNG HIP COMMERCIAL BUILDING, #2 DES VOEUX RD. CENTRAL, HONG KONG	EDUCATION & CONFERENCES	HONG KONG	344.	98,592.	GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.
GBTA DO BRASIL LTDA. BRAZIL 318 R CANCIONEIRO DE EVORA, SUITE 132 SAO PAULO-SP, BRAZIL 04708010	EDUCATION & CONFERENCES	BRAZIL	586.	0.	GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GBTA FOUNDATION - 13-3505379 1101 KING STREET, SUITE 500 ALEXANDRIA, VA 22314	EDUCATION, RESEARCH	NEW YORK	501(C)(3)	LINE 12B, II	GLOBAL BUSINESS TRAVEL ASSOCIATION	X	
NBTAPAC - 23-7058143 1101 KING STREET, SUITE 500 ALEXANDRIA, VA 22314	POLITICAL	VIRGINIA	527	N/A	GLOBAL BUSINESS TRAVEL ASSOCIATION	X	

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

Schedule R (Form 990) 2019

SEE PART VII FOR CONTINUATIONS

GLOBAL BUSINESS TRAVEL ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NATIONAL BUSINESS TRAVEL ASSOCIATION CANADA, INC., 105-150 CROWFOOT CRES NW, CALGARY, CANADA	EDUCATION & CONFERENCES	CANADA	GLOBAL BUSINESS TRAVEL		1,078,697.	795,724.	100%		X
GLOBAL BUSINESS TRAVEL ASSOCIATION, INC. 123 N PITT STREET ALEXANDRIA, VA 22314	ASSOCIATION	VA							X
GBTA, INC. 123 N PITT STREET ALEXANDRIA, VA 22314	ASSOCIATION	VA							X
NBTA, INC. 123 N PITT STREET ALEXANDRIA, VA 22314	ASSOCIATION	VA							X
NATIONAL BUSINESS TRAVEL ASSOCIATION, INC. 123 N PITT STREET ALEXANDRIA, VA 22314	ASSOCIATION	VA							X

GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.

Schedule R (Form 990)

23-7058143

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Table with columns (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No). Includes entry for NATIONAL BUSINESS TRAVEL ASSOCIATION (NBTA), INC. with EIN 22314 and domicile VA.

GLOBAL BUSINESS TRAVEL ASSOCIATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

GLOBAL BUSINESS TRAVEL ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

NATIONAL BUSINESS TRAVEL ASSOCIATION - MEXICO
GRAL PABLO DE LA GARZA 35 COL HEROES DE LA REVOLUCION
, NAUCALPAN, MEXICO CP53840

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

NATIONAL BUSINESS TRAVEL ASSOCIATION CANADA, INC.

DIRECT CONTROLLING ENTITY: GLOBAL BUSINESS TRAVEL ASSOCIATION, INC.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1101 KING STREET, NO. 500</p> <p>City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314</p>	<p>D Employer identification number (Employees' trust, see instructions.) 23-7058143</p> <p>E Unrelated business activity code (See instructions.) 541800</p>
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C Book value of all assets at end of year **11,894,546.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **2** Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **DAVID L. PORTER** Telephone number ▶ **703-684-0263**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10 448,350.	198,510.	249,840.
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 448,350.	198,510.	249,840.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	244,239.
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27 SEE STATEMENT 1	1,500.
28 Total deductions. Add lines 14 through 27	28	245,739.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	4,101.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	4,101.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	4,101.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	4,101.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	36	4,101.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 2	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer	_____	Date	_____	Title	SENIOR VP & CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name		MICHAELA J. CROMAR, CPA		Preparer's signature	
Paid Preparer Use Only	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN	41-0746749
	Firm's address	901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203			Phone no.	571-227-9500

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2							
3	Cost of labor	3		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

GLOBAL BUSINESS TRAVEL ASSOCIATION

Form 990-T (2019) (GBTA), INC.

23-7058143

Page 4

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income STMT 5	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5 STMT 6	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) WEB ADS	442,749.	198,510.	244,239.		250,514.	244,239.
(2) ON-LINE						
(3) CAREER CENTER	5,601.		5,601.			
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		448,350.	198,510.			244,239.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Form 990-T (2019)

GLOBAL BUSINESS TRAVEL ASSOCIATION

Form 990-T (2019) (GBTA), INC.

23-7058143

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		1,500.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 2
NAME OF COUNTRY		
AUSTRIA		
CANADA		
MEXICO		
UNITED KINGDOM		
HONG KONG		
BRAZIL		

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	35,515.	35,515.	0.	0.
12/31/15	342,960.	244,357.	98,603.	98,603.
12/31/16	46,200.	0.	46,200.	46,200.
12/31/17	106,545.	0.	106,545.	106,545.
NOL CARRYOVER AVAILABLE THIS YEAR			251,348.	251,348.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014 100,000
 FOR TAX YEAR 2015 200,000
 FOR TAX YEAR 2016 100,000
 FOR TAX YEAR 2017 100,000
 FOR TAX YEAR 2018

TOTAL CARRYOVER 500,000
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 500,000
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 500,000
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 500,000

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH
 PRODUCTION OF UNRELATED BUSINESS INCOME

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
WEB ADS		198,510.	
- SUBTOTAL -	1		198,510.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			198,510.

FORM 990-T SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED STATEMENT 6
 WITH PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
WEB ADS		250,514.	
- SUBTOTAL -	1		250,514.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			250,514.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization **GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.** Employer identification number **23-7058143**

Unrelated Business Activity Code (see instructions) ▶ **541800**

Describe the unrelated trade or business ▶ **ADVERTISING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11 40,000.	112,287.	-72,287.
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 40,000.	112,287.	-72,287.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Depreciation (attach Form 4562)	20			
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			21b
22 Depletion		22		
23 Contributions to deferred compensation plans		23		
24 Employee benefit programs		24		
25 Excess exempt expenses (Schedule I)		25		
26 Excess readership costs (Schedule J)		26		
27 Other deductions (attach schedule)		27		
28 Total deductions. Add lines 14 through 27		28		0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-72,287.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	STMT 7	30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-72,287.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

SCHEDULE M		NET OPERATING LOSS DEDUCTION		STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	91,331.		91,331.	91,331.
NOL CARRYOVER AVAILABLE THIS YEAR			91,331.	91,331.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) CONVENTION						
(2) PROGRAM	40,000.	112,287.	-72,287.			
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	40,000.	112,287.				0.

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2019**, and ending **DEC 31, 2019**

Attachment
Sequence No. **121**

Name of person filing this return GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 1101 KING STREET, NO. 500 City or town, state, and ZIP code ALEXANDRIA, VA 22314 Filer's tax year beginning JAN 1, 2019 , and ending DEC 31, 2019	A Identifying number 23-7058143 B Category of filer (See instructions. Check applicable box(es): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
--	---

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation NATIONAL BUSINESS TRAVEL ASSOCIATION CANADA, IN 105-150 CROWFOOT CRES. NW, CALGARY ALBERTA T3G 3N5 CANADA	b(1) Employer identification number, if any 00-0000000 b(2) Reference ID number (see instructions) 5471001 c Country under whose laws incorporated CANADA
---	--

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
09/08/03	CALGARY CANADA	812990	BUSINESS TRAVEL MGMT	UNITED STATES, DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100	100

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

Table with 5 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period; (e) Pro rata share of Subpart F income. Includes entry for GLOBAL BUSINESS TRAVEL with 100 shares.

Part II Direct Shareholders of Foreign Corporation (see instructions)

Table with 4 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period. Includes entry for GLOBAL BUSINESS TRAVEL with 100 shares.

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	1,078,697.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	1,078,697.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	1,078,697.
	4 Dividends	4	
	5 Interest	5	
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
	7 Net gain or (loss) on sale of capital assets	7	
8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	
	9 Other income (attach statement)	9	
	10 Total income (add lines 3 through 9)	10	1,078,697.
Deductions	11 Compensation not deducted elsewhere	11	
	12a Rents	12a	
	b Royalties and license fees	12b	
	13 Interest	13	
	14 Depreciation not deducted elsewhere	14	
	15 Depletion	15	
	16 Taxes (exclude income tax expense (benefit))	16	
	17 Other deductions (attach statement - exclude income tax expense (benefit)) SEE STATEMENT 8	17	746,332.
18 Total deductions (add lines 11 through 17)	18	746,332.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	332,365.
	20 Unusual or infrequently occurring items	20	
	21a Income tax expense (benefit) - current	21a	
	b Income tax expense (benefit) - deferred	21b	
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	332,365.	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a	
	b Other	23b	
	c Income tax expense (benefit) related to other comprehensive income	23c	
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	427,263.	651,666.
2a Trade notes and accounts receivable	2a		63,026.
b Less allowance for bad debts	2b	()	()
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement)	5	92,834.	4,572.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation	9b	()	()
10a Depletable assets	10a		
b Less accumulated depletion	10b	()	()
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13 Other assets (attach statement)	13	41,014.	76,460.
14 Total assets	14	561,111.	795,724.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	68,889.	-8,302.
16 Other current liabilities (attach statement)	16	124,169.	304,160.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19	201,321.	769.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	166,732.	499,097.
23 Less cost of treasury stock	23	()	()
24 Total liabilities and shareholders' equity	24	561,111.	795,724.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?		X
If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)?		X
If "Yes," complete lines 4b and 4c.		
b Enter the total amount of the base erosion payments		\$ _____
c Enter the total amount of the base erosion tax benefit		\$ _____
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?		X
If "Yes," complete line 5b.		
b Enter the total amount of the disallowed deductions (see instructions)		\$ _____

FORM 5471

OTHER DEDUCTIONS

STATEMENT 8

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PROGRAM			625,358.
MANAGEMENT AND GENERAL			100,319.
MEMBERSHIP SERVICES AND DEVELOPMENT			20,655.
TOTAL TO 5471, SCHEDULE C, LINE 17			746,332.

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES	92,834.	4,572.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	92,834.	4,572.

FORM 5471

OTHER ASSETS

STATEMENT 10

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED REVENUE	19,422.	0.
DUE FROM RELATED ORGANIZATION	21,592.	76,460.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	41,014.	76,460.

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 11

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DEFERRED REVENUE	124,169.	304,160.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	124,169.	304,160.

FORM 5471

OTHER LIABILITIES

STATEMENT 12

<u>DESCRIPTION</u>	<u>BEG. OF ANNUAL ACCOUNTING PERIOD</u>	<u>END OF ANNUAL ACCOUNTING PERIOD</u>
DUE TO RELATED PARTY	201,321.	769.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	201,321.	769.

Schedule G Other Information (continued)

Table with 2 columns: Yes, No. Rows 6a-21 containing tax questions and answers. Includes monetary values and checkboxes for various methods.

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶	
1a Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)		1a
b Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)		1b
c Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)		1c
d Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)		1d
e Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)		1e
f Other subpart F income (see instructions)		1f
2 Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)		2
3 Section 245A eligible dividends (see instructions)		3
4 Factoring income		4
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.		
5 Dividends received (translated at spot rate on payment date under section 989(b)(1))		5
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits		6

	Yes	No
• Was any income of the foreign corporation blocked?		X
• Did any such income become unblocked during the tax year (see section 964(b))?		X

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE H
(Form 5471)**

(December 2018)
Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471
GLOBAL BUSINESS TRAVEL ASSOCIATION

Identifying number
23-7058143

Name of foreign corporation
NATIONAL BUSINESS TRAVEL ASSOCIAT

EIN (if any)
00-0000000

Reference ID number (see instr.)
5471001

a Separate Category (Enter code-see instructions.) ▶ **GEN**

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account			1	332,365.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):				
		Net Additions	Net Subtractions		
a	Capital gains or losses	2a			
b	Depreciation and amortization	2b			
c	Depletion	2c			
d	Investment or incentive allowance	2d			
e	Charges to statutory reserves	2e			
f	Inventory adjustments	2f			
g	Income taxes (see Schedule E, Part I, line 9, column (j))	2g			
h	Foreign currency gains or losses	2h			
i	Other (attach statement)	2i			
3	Total net additions	3			
4	Total net subtractions	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	332,365.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)			5b	
c	Combine lines 5a and 5b			5c	332,365.
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))			5d	332,365.
	Enter exchange rate used for line 5d ▶				

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (12-2018)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

▶ **Attach to Form 5471.**

OMB No. 1545-0704

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471 GLOBAL BUSINESS TRAVEL ASSOCIATION		Identifying number 23-7058143
Name of foreign corporation NATIONAL BUSINESS TRAVEL ASSOCIATIO	EIN (if any) 00-0000000	Reference ID number (see instr.) 5471001
Separate Category (Enter code - see instructions)		▶ GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income	1	1078697.		
2 Exclusions				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (total of lines 2a-2e)	3			
4 Gross income less total exclusions (line 1 minus line 3)	4	1078697.		
5 Deductions properly allocable to amount on line 4	5	746,332.		
6 Tested income (loss) (line 4 minus line 5)	6	332,365.	1.000000	332,365.
7 Tested foreign income taxes	7		.000000	
8 Qualified business asset investment (QBAI)	8		.000000	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		.000000	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

**SCHEDULE J
(Form 5471)**

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Identifying number

23-7058143

Name of foreign corporation

NATIONAL BUSINESS TRAVEL ASSOCIATION CANADA, INC.

EIN (if any)

00-0000000

Reference ID number

5471001

- a** Separate Category (Enter code - see instructions.) ▶ **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders' information to complete amount for columns (e)(i), (e)(ii), (e)(iv), and (e)(x) through (e)(xii) (see instructions).

Important: Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
					(i) Section 965(a) Inclusion (section 959(c)(1)(A))	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
1a Balance at beginning of year (as reported on prior year Schedule J)		1,282,006.				
b Beginning balance adjustments (attach statement) *		-171,569.				
c Adjusted beginning balance (combine lines 1a and 1b)		1,110,437.				
2a Reduction for taxes unsuspending under anti-splitter rules						
b Disallowed deduction for taxes suspended under anti-splitter rules						
3 Current year E&P (or deficit in E&P)	332,365.					
4 E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a E&P carried over in nonrecognition transaction						
b Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6 Other adjustments (attach statement)						
7 Total current and accumulated E&P (combine lines 1c through 6)	332,365.	1,110,437.				
8 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P	-332,365.					
9 Actual distributions						
10 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12 Other adjustments (attach statement)						
13 Hovering deficit offset of undistributed posttransaction E&P (see instructions)						
14 Balance at beginning of next year (combine lines 7 through 13)	0.	1,110,437.				

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

	(e) Previously Taxed E&P (see instructions)							(x) Section 965(a) Inclusion (section 959(c)(2))
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(vi) Section 959(e) (section 959(c)(1)(A))	(vii) Section 964(e)(4) Inclusion (section 959(c)(1)(A))	(viii) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(ix) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	
1a								
b								
c								
2a								
b								
3								
4								
5a								
b								
6								
7								
8								
9								
10								
11								
12								
13								
14								

	(e) Previously Taxed E&P (see instructions)						(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(xvi))
	(xi) Section 965(b)(4)(A) (section 959(c)(2))	(xii) Section 951A Inclusion (section 959(c)(2))	(xiii) Section 245A(e)(2) Inclusion (section 959(c)(2))	(xiv) Section 959(e) (section 959(c)(2))	(xv) Section 964(e)(4) Inclusion (section 959(c)(2))	(xvi) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	
1a							1,282,006.
b							-171,569.
c							1,110,437.
2a							
b							
3							332,365.
4							
5a							
b							
6							
7							1,442,802.
8		332,365.					0.
9							
10							
11							
12		-332,365.					-332,365.
13							
14			0.				1,110,437.

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture)	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2019)

**SCHEDULE J
(Form 5471)**

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

**GLOBAL BUSINESS TRAVEL ASSOCIATION
(GBTA), INC.**

Identifying number

23-7058143

Name of foreign corporation

NATIONAL BUSINESS TRAVEL ASSOCIATION CANADA, INC.

EIN (if any)

00-0000000

Reference ID number

5471001

- a** Separate Category (Enter code - see instructions.) ▶ **951A**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders' information to complete amount for columns (e)(i), (e)(ii), (e)(iv), and (e)(x) through (e)(xii) (see instructions).

Important: Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
					(i) Section 965(a) Inclusion (section 959(c)(1)(A))	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
1a Balance at beginning of year (as reported on prior year Schedule J)						
b Beginning balance adjustments (attach statement) *						
c Adjusted beginning balance (combine lines 1a and 1b)						
2a Reduction for taxes unsuspending under anti-splitter rules						
b Disallowed deduction for taxes suspended under anti-splitter rules						
3 Current year E&P (or deficit in E&P)						
4 E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a E&P carried over in nonrecognition transaction						
b Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6 Other adjustments (attach statement)						
7 Total current and accumulated E&P (combine lines 1c through 6)						
8 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9 Actual distributions						
10 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12 Other adjustments (attach statement)						
13 Hovering deficit offset of undistributed posttransaction E&P (see instructions)						
14 Balance at beginning of next year (combine lines 7 through 13)						

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

	(e) Previously Taxed E&P (see instructions)							(x) Section 965(a) Inclusion (section 959(c)(2))
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(vi) Section 959(e) (section 959(c)(1)(A))	(vii) Section 964(e)(4) Inclusion (section 959(c)(1)(A))	(viii) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(ix) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	
1a								
b								
c								
2a								
b								
3								
4								
5a								
b								
6								
7								
8								
9								
10								
11								
12								
13								
14								

	(e) Previously Taxed E&P (see instructions)						(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(xvi))
	(xi) Section 965(b)(4)(A) (section 959(c)(2))	(xii) Section 951A Inclusion (section 959(c)(2))	(xiii) Section 245A(e)(2) Inclusion (section 959(c)(2))	(xiv) Section 959(e) (section 959(c)(2))	(xv) Section 964(e)(4) Inclusion (section 959(c)(2))	(xvi) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	
1a							
b		171,569.					171,569.
c		171,569.					171,569.
2a							
b							
3							
4							
5a							
b							
6							
7		171,569.					171,569.
8		332,365.					332,365.
9							
10							
11							
12							
13							
14		503,934.					503,934.

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture)	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2019)

**SCHEDULE M
(Form 5471)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Identifying number 23-7058143
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Name of foreign corporation NATIONAL BUSINESS TRAVEL ASSOCIAT	EIN (if any) 00-0000000	Reference ID number 5471001
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Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR** **1.000000**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received ...					
9 Hybrid dividends received (see instr.) ...					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Add lines 1 through 12					
14 Purchases of stock in trade (inventory)					
15 Purchases of tangible property other than stock in trade					
16 Purchases of property rights (patents, trademarks, etc.)					
17 Platform contribution transaction payments paid					
18 Cost sharing transaction payments paid					
19 Compensation paid for technical, managerial, engineering, construction, or like services					
20 Commissions paid					
21 Rents, royalties, and license fees paid					
22 Hybrid dividends paid (see instructions)					
23 Dividends paid (exclude hybrid dividends paid)					
24 Interest paid					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25					
27 Accounts Payable	44,137.				
28 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
29 Accounts Receivable	31,553.				
30 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

FORM 5471 SCH J

BEGINNING BALANCE ADJUSTMENTS

STATEMENT 13

A
TO RECLASS 2018 GILTI

FORM 5471 SCH J

BEGINNING BALANCE ADJUSTMENTS

STATEMENT 14

S
TO RECLASS 2018 GILTI

**SCHEDULE P
(Form 5471)**

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of U.S. shareholder GLOBAL BUSINESS TRAVEL ASSOCIATION		Identifying number 23-7058143
Name of foreign corporation NATIONAL BUSINESS TRAVEL ASSOCIATION CANADA, INC.	EIN (if any) 00-0000000	Reference ID number (see instructions) 5471001
a Separate Category (Enter code - see instructions.) ▶		951A
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶		

Part I Previously Taxed E&P in Functional Currency (see instructions)

		(a) Section 965(a) Inclusion (section 959(c)(1)(A))	(b) Section 965(b)(4)(A) (section 959(c)(1)(A))	(c) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(f) Section 959(e) (section 959(c)(1)(A))	(g) Section 964(e)(4) Inclusion (section 959(c)(1)(A))
1a	Balance at beginning of year (see instructions)							
b	Beginning balance adjustments (attach statement)							
c	Adjusted beginning balance 15 (combine lines 1a and 1b)							
2	Reduction for taxes unsuspended under anti-splitter rules							
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation							
4	Previously taxed E&P carried over in nonrecognition transaction							
5	Other adjustments (attach statement)							
6	Total previously taxed E&P (combine lines 1c through 5)							
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P							
8	Actual distributions of previously taxed E&P ...							
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P							
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) ...							
11	Other adjustments (attach statement) ...							
12	Balance at beginning of next year (combine lines 6 through 11)							

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2019)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(h) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(i) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(j) Section 965(a) Inclusion (section 959(c)(2))	(k) Section 965(b)(4)(A) (section 959(c)(2))	(l) Section 951A Inclusion (section 959(c)(2))	(m) Section 245A(e)(2) Inclusion (section 959(c)(2))	(n) Section 959(e) (section 959(c)(2))	(o) Section 964(e)(4) Inclusion (section 959(c)(2))	(p) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	(q) Total
1a										
b					171,569.					171,569.
c					171,569.					171,569.
2										
3										
4										
5										
6					171,569.					171,569.
7					332,365.					332,365.
8										
9										
10										
11										
12					503,934.					503,934.

Part II Previously Taxed E&P in U.S. Dollars

	(a) Section 965(a) Inclusion (section 959(c)(1)(A))	(b) Section 965(b)(4)(A) (section 959(c)(1)(A))	(c) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))	(f) Section 959(e) (section 959(c)(1)(A))	(g) Section 964(e)(4) Inclusion (section 959(c)(1)(A))
1a Balance at beginning of year (see instructions)							
b Beginning balance adjustments (attach statement)							
c Adjusted beginning balance (combine lines 1a and 1b)							
2 Reduction for taxes unsuspended under anti-splitter rules							
3 Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation							
4 Previously taxed E&P carried over in nonrecognition transaction							
5 Other adjustments (attach statement)							
6 Total previously taxed E&P (combine lines 1c through 5)							
7 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P							
8 Actual distributions of previously taxed E&P							
9 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P							
10 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)							
11 Other adjustments (attach statement)							
12 Balance at beginning of next year (combine lines 6 through 11)							

Schedule P (Form 5471) (Rev. 12-2019)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(h) Section 951(a)(1)(A) Inclusion (section 959(c)(1)(A))	(i) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(j) Section 965(a) Inclusion (section 959(c)(2))	(k) Section 965(b)(4)(A) (section 959(c)(2))	(l) Section 951A Inclusion (section 959(c)(2))	(m) Section 245A(e)(2) Inclusion (section 959(c)(2))	(n) Section 959(e) (section 959(c)(2))	(o) Section 964(e)(4) Inclusion (section 959(c)(2))	(p) Section 951(a)(1)(A) Inclusion (section 959(c)(2))	(q) Total
1a										
b					171,569.					171,569.
c					171,569.					171,569.
2										
3										
4										
5										
6					171,569.					171,569.
7					332,365.					332,365.
8										
9										
10										
11										
12					503,934.					503,934.

FORM 5471 SCH P

BEGINNING BALANCE ADJUSTMENTS EXPLANATION

STATEMENT 15

S
TO RECLASS 2018 GILTI

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Name of person filing this return GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Filer's identifying number 23-7058143
---	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
1101 KING STREET, NO. 500

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

Filer's tax year beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB NAT'L BUS TRAVEL ASSOC NBTA-MEXICO GRAL PABLO DE LA GARZO NO. 35 NAUCALPAN MEXICO 53840	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) 8858002
c For FDE, country(ies) under whose laws organized and entity type under local tax law MEXICO CORPORATION	d Date(s) of organization 07 07 04
	e Effective date as FDE 07/07/04
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MEXICO
	h Principal business activity EDUCATION AND CONFERENCES
	i Functional currency MEXICO, PESO

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1 7,092,679.	369,778.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 7,092,679.	369,778.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 7,092,679.	369,778.
11 Total deductions (exclude income tax expense)	11 9,083,615.	662,081.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 -1,990,936.	-292,303.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.			
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	1,827.	7,350.
2 Other assets	2	649,391.	521,042.
3 Total assets	3	651,218.	528,392.
Liabilities and Owner's Equity			
4 Liabilities	4	1,852,008.	2,021,485.
5 Owner's equity	5	-1,200,790.	-1,493,093.
6 Total liabilities and owner's equity	6	651,218.	528,392.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss ► \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ► \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ► \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ► \$ _____ See Instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ► \$ _____ See Instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-1,990,936.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-1,990,936.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-1,990,936.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-292,303.
8	Enter exchange rate used for line 7		.051954

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		X
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		X
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
STMT 16							
Totals							

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Name of person filing this return GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Filer's identifying number 23-7058143
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
1101 KING STREET, NO. 500

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

Filer's tax year beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB NBTA EUROPE LIMITED WATERS GREEN HOUSE, WATERS GREEN MACCLESFIELD UNITED KINGDOM SK11, 6LF	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) 8858003

c For FDE, country(ies) under whose laws organized and entity type under local tax law UNITED KINGDOM LIMITED COMPANY	d Date(s) of organization 12 23 09	e Effective date as FDE 12/23/09
---	--	--

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted UNITED KINGDOM	h Principal business activity EDUCATION AND CONFERENCES	i Functional currency U.K., POUND
---	--	---	---

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
---	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1 2,250,666.	2,873,998.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 2,250,666.	2,873,998.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 2,250,666.	2,873,998.
11 Total deductions (exclude income tax expense)	11 1,788,259.	2,283,525.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 462,407.	590,473.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3	
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 845,927.	1,155,010.
2 Other assets	2 380,526.	253,352.
3 Total assets	3 1,226,453.	1,408,362.
Liabilities and Owner's Equity		
4 Liabilities	4 1,272,291.	863,727.
5 Owner's equity	5 -45,838.	544,635.
6 Total liabilities and owner's equity	6 1,226,453.	1,408,362.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss ► \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ► \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ► \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ► \$ _____ See Instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ► \$ _____ See Instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	462,407.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	462,407.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	462,407.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	590,473.
8	Enter exchange rate used for line 7 1.276954		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		X
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		X
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
STMT 17							
Totals							

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Name of person filing this return GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Filer's identifying number 23-7058143
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
1101 KING STREET, NO. 500

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

Filer's tax year beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB GBTA DO BRASIL LTDA. BRAZIL 318 R CANCEONEIRO DE EVORA APT 132 SAO PAULO - SP BRAZIL 04708010	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) 8858005
c For FDE, country(ies) under whose laws organized and entity type under local tax law BRAZIL LIMITED COMPANY	d Date(s) of organization 03 20 12
	e Effective date as FDE 03/20/12
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted BRAZIL
	h Principal business activity EDUCATION AND CONFERENCES
	i Functional currency BRAZIL, REAL

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1 2,308.	586.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 2,308.	586.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 2,308.	586.
11 Total deductions (exclude income tax expense)	11 375,827.	95,428.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 -373,519.	-94,842.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3	
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 1,676.	0.
2 Other assets	2 10,026.	0.
3 Total assets	3 11,702.	
Liabilities and Owner's Equity		
4 Liabilities	4 179,501.	261,191.
5 Owner's equity	5 -167,799.	-261,191.
6 Total liabilities and owner's equity	6 11,702.	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss ► \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ► \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ► \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ► \$ _____ See Instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ► \$ _____ See Instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-373,519.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-373,519.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-373,519.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-94,842.
8	Enter exchange rate used for line 7 .253915		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		X
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		X
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
STMT 18							
Totals							

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Name of person filing this return GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Filer's identifying number 23-7058143
---	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
1101 KING STREET, NO. 500

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

Filer's tax year beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB GBTA ASIA LTD STE. 701, TUNG HIP COMM BLDGE 244-2 DES VOEUX RD CENTRAL HONG KONG	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) 8858006

c For FDE, country(ies) under whose laws organized and entity type under local tax law HONG KONG LIMITED COMPANY	d Date(s) of organization 06 01 12	e Effective date as FDE 06/01/12
--	--	--

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted HONG KONG	h Principal business activity EDUCATION AND CONFERENCES	i Functional currency HONG KONG, DOLLAR
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2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
---	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	2,695.	344.
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)	2,695.	344.
4 Dividends		
5 Interest		
6 Gross rents, royalties, and license fees		
7 Gross income from performance of services		
8 Foreign currency gain (loss)		
9 Other income		
10 Total income (add lines 3 through 9)	2,695.	344.
11 Total deductions (exclude income tax expense)	365,802.	46,685.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books	-363,107.	-46,341.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB		
2 Section 987 gain (loss) recognized by recipient		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)		
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	119,466.	77,106.
2	Other assets	95,609.	21,486.
3	Total assets	215,075.	98,592.
Liabilities and Owner's Equity			
4	Liabilities	812,706.	742,564.
5	Owner's equity	-597,631.	-643,972.
6	Total liabilities and owner's equity	215,075.	98,592.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss ► \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ► \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ► \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ► \$ _____ See Instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ► \$ _____ See Instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-363,107.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-363,107.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-363,107.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-46,341.
8	Enter exchange rate used for line 7 ▶		.127624

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

	Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		X
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		X
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
STMT 19							
Totals							

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Name of person filing this return GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Filer's identifying number 23-7058143
---	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
1101 KING STREET, NO. 500

City or town, state, and ZIP code
ALEXANDRIA, VA 22314

Filer's tax year beginning **JAN 1**, 20**19**, and ending **DEC 31**, 20**19**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB NAT'L BUS TRAVEL ASSOC (ASIA PACIFI PO BOX 424 BEROWRA NSW AUSTRALIA 2081	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) 8858001

c For FDE, country(ies) under whose laws organized and entity type under local tax law AUSTRALIA LIMITED COMPANY	d Date(s) of organization 05 01 10	e Effective date as FDE
--	--	-------------------------

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted AUSTRALIA	h Principal business activity EDUCATION AND CONFERENCES	i Functional currency AUSTRALIA, DOLLAR
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2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
---	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	
13	13	
14	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1	1	
2	2	
3	3	
4	Were all remittances from the FDE or FB treated as made to the direct owner?	Yes No
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	
2	Other assets	2	
3	Total assets	3	
Liabilities and Owner's Equity			
4	Liabilities	4	
5	Owner's equity	5	
6	Total liabilities and owner's equity	6	

Schedule G Other Information

	Yes	No
1		X
2		X
3		X
4		X
5		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b If "Yes," enter the amount of the dual consolidated loss ► \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit ► \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ► \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ► \$ _____ See Instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ► \$ _____ See Instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	
8	Enter exchange rate used for line 7 ▶		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		X
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		X
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
STMT 20							
Totals							

FORM 8858

SCHEDULE J INCOME TAXES PAID OR ACCRUED

STATEMENT 16

COUNTRY/POSSESSION: MEXICO
 FOREIGN TAX YEAR: 2019-12-31

FOREIGN INCOME TAXES			FOREIGN TAX CREDIT SEPARATE CATEGORIES			
FOREIGN CURRENCY	CONVERSION RATE	U.S. DOLLAR	FOREIGN BRANCH	PASSIVE	GENERAL	OTHER

FORM 8858

SCHEDULE J INCOME TAXES PAID OR ACCRUED

STATEMENT 17

COUNTRY/POSSESSION: UNITED KINGDOM
 FOREIGN TAX YEAR: 2019-12-31

FOREIGN INCOME TAXES			FOREIGN TAX CREDIT SEPARATE CATEGORIES			
FOREIGN CURRENCY	CONVERSION RATE	U.S. DOLLAR	FOREIGN BRANCH	PASSIVE	GENERAL	OTHER

FORM 8858

SCHEDULE J INCOME TAXES PAID OR ACCRUED

STATEMENT 18

COUNTRY/POSSESSION: BRAZIL
 FOREIGN TAX YEAR: 2019-12-31

FOREIGN INCOME TAXES			FOREIGN TAX CREDIT SEPARATE CATEGORIES			
FOREIGN CURRENCY	CONVERSION RATE	U.S. DOLLAR	FOREIGN BRANCH	PASSIVE	GENERAL	OTHER

FORM 8858

SCHEDULE J INCOME TAXES PAID OR ACCRUED

STATEMENT 19

COUNTRY/POSSESSION: HONG KONG
 FOREIGN TAX YEAR: 2019-12-31

FOREIGN INCOME TAXES			FOREIGN TAX CREDIT SEPARATE CATEGORIES			
FOREIGN CURRENCY	CONVERSION RATE	U.S. DOLLAR	FOREIGN BRANCH	PASSIVE	GENERAL	OTHER

FORM 8858

SCHEDULE J INCOME TAXES PAID OR ACCRUED

STATEMENT 20

COUNTRY/POSSESSION: AUSTRALIA
 FOREIGN TAX YEAR: 2019-12-31

FOREIGN INCOME TAXES			FOREIGN TAX CREDIT SEPARATE CATEGORIES			
FOREIGN CURRENCY	CONVERSION RATE	U.S. DOLLAR	FOREIGN BRANCH	PASSIVE	GENERAL	OTHER

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	Taxpayer identification number (TIN) 23-7058143
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 KING STREET, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID L. PORTER

- The books are in the care of ▶ **1101 KING STREET, NO. 500 - ALEXANDRIA, VA 22314**
Telephone No. ▶ **703-684-0263** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Global Business Travel Association
(GBTA), Inc.
1101 King Street No. 500
Alexandria, VA 22314

Prepared By:

CLIFTONLARSONALLEN LLP
901 N. GLEBE ROAD, SUITE 200
ARLINGTON, VA 22203

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return VA-8879C to our office. We will then transmit your return electronically to the VADOT. Do not mail the paper copy of the return to the VADOT.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

**2019 Virginia Corporation
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 SHORT Year Filer: Beginning Date _____; Ending Date _____
 Short Year Return Change in Accounting Period

Official Use Only

FEIN 23-7058143	Name GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change
Mailing Address 1101 KING STREET, NO. 500			
City or Town ALEXANDRIA	State VA	ZIP Code 22314	
Physical Address (if different from Mailing Address)		Entity Type Code NP	
Physical City or Town		State	ZIP Code 541800
Date Incorporated 11/07/1968	State or Country of Incorporation NEW YORK	Description of Business Activity ADVERTISING	

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed <input type="checkbox"/> Combined - Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed Enter number of affiliates _____	<input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective	Enter amount from Form 500T, Line 7: _____ .00 <hr/> Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 <hr/> Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 <hr/> Home Service Contract Provider Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00
Amended Return (Do not file this form to carry back a net operating loss. Use Form 500NOLD) <input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes <input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.		

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.
 Enter exception amount from Schedule 500AB, Line 8. **A.** _____ **.00**

B. Coalfield Employment Enhancement Tax Credit earned from 2019 Form 306, Line 11. **B.** _____ **.00**

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
(1) Year of Loss _____
(2) Federal NOL _____
(3) Percent of federal NOL used this year _____ %

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **SEE STATEMENT 1**
D. _____

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).
 Year **E.** _____
 Year _____
 Year _____

F. Location of corporation's books _____

Contact for corporation's books **DAVID L. PORTER** Contact Phone Number **703-684-0263**

**2019 Virginia
Form 500**

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FEIN
23-7058143



INCOME

1. Federal taxable income (from enclosed federal return)	1.	0 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2019 estimated Virginia income tax payments including overpayment credit from 2018	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2020 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		SENIOR VP & CFO
Printed Name of Officer		Phone Number
DAVID L. PORTER		
Print Preparer's Name and Firm Name		Preparer Phone Number
MICHAELA J. CROMAR, CPA CLIFTONLARSONALLEN LLP		571-227-9500
Date	Individual or Firm, Signature of Preparer	Address of Preparer
11/14/20		901 N. GLEBE ROAD, SUITE 2 ARLINGTON, VA 22203
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
41-0746749	1019	

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

VA 500

NOL CARRYFORWARD ADJUSTMENT

STATEMENT 1

YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	NET VIRGINIA MODIFICATION	PERCENT OF FEDERAL NOL UTILIZED THIS YEAR
12/31/14	35,515.	0.	0.	0.	1.0000
12/31/15	342,960.	0.	0.	0.	.0000
12/31/16	46,200.	0.	0.	0.	.0000
12/31/17	106,545.	0.	0.	0.	.0000
NET VIRGINIA MODIFICATION				0.	

**2019 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **GLOBAL BUSINESS TRAVEL ASSOCIATION (GB** FEIN **23-7058143**

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	_____	.00
2. Net Operating Loss Deduction	2.	4101	.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	_____	.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	_____	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	_____	.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.	_____	.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.	_____	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	_____	.00
10. Property subject to 168(f)(1) election	10.	_____	.00
11. Other depreciation	11.	_____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-up)	12.	_____	.00
13. Total: Dividends (Gross-up)	13.	_____	.00
14. Total: Inclusions (Exclude Gross-up)	14.	_____	.00
15. Total: Inclusions (Gross-up)	15.	_____	.00
16. Total: Interest	16.	_____	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	_____	.00
18. Total: Gross Income from Performance of Services	18.	_____	.00
19. Total: Other	19.	_____	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	_____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.	_____	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.	_____	.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.	_____	.00
24. Total: Allocable - Other Allocable Deductions	24.	_____	.00
25. Total: Total Allocable Deductions	25.	_____	.00
26. Total: Apportioned Share of Deductions	26.	_____	.00
27. Total: Net Operating Loss Deduction	27.	_____	.00
28. Total: Total Deductions	28.	_____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.	_____	.00
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DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number
GLOBAL BUSINESS TRAVEL ASSOCIATION (GBTA), INC.	23-7058143

Part I Tax Return Information

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2019 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

Officer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN 12345 as my signature on the corporation's 2019 electronic Virginia corporation income tax return.
Do not enter all zeros

CLIFTONLARSONALLEN LLP

ERO Firm Name

I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54988112345
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature CLIFTONLARSONALLEN LLP Date 11/14/20