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Form 990

Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

C Name of organization
AMERICAN HOTEL & LODGING ASSOCIATION

D Employer identification number

13-0432130

Address change

Doing Business As

E Telephone number

(202) 289-3100

Name change

Number and street (or P O box if mail is not delivered to street address) Room/suite
1201 NEW YORK AVENUE NW NO 600

Initial return

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

Terminated

F Name and address of principal officer
JOSEPH A MCINERNEY
1201 NEW YORK AVENUE NW NO 600
WASHINGTON, DC 20005H(a) Is this a group return for affiliates?
 Yes NoI Tax-exempt status 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

J Website: ► WWW AHLA COM

H(c) Group exemption number ►

K Form of organization Corporation Trust Association Other ► L Year of formation 1937 M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE ASSOCIATION IS THE VOICE OF THE LODGING INDUSTRY, AN ADVOCATE, AND RESOURCE FOR THE SECTOR

2 Check this box ► 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 76

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 75

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 35

6 Total number of volunteers (estimate if necessary)

6 75

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	112,541	289,045
9 Program service revenue (Part VIII, line 2g)	7,258,412	7,908,399
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,412	133,976
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	248,256	151,602
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,734,621	8,483,022

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	953,362	1,035,589
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)	3,719,975	3,786,659
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,175,330	3,780,715
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,848,667	8,602,963
19 Revenue less expenses Subtract line 18 from line 12	-114,046	-119,941

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,927,242	6,558,563
21 Total liabilities (Part X, line 26)	3,087,479	2,942,682
22 Net assets or fund balances Subtract line 21 from line 20	3,839,763	3,615,881

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	2012-11-14
	JOSEPH A MCINERNEY PRESIDENT & CEO Type or print name and title	Date

Paid Preparer's Use Only	Preparer's signature KAREN GRIES	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00078514
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTONLARSONALLEN LLP 4250 N FAIRFAX DRIVE SUITE 1020 ARLINGTON, VA 22203	EIN ► 41-0746749	Phone no ► (571) 227-9500	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

TO SERVE THE LODGING INDUSTRY BY PROVIDING REPRESENTATION AT THE NATIONAL LEVEL IN GOVERNMENTAL AFFAIRS, EDUCATION, RESEARCH, COMMUNICATION, DIVERSITY AND VALUE-ADDED SERVICES

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 and section 4947(a)(1) trusts 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 \$)

GOVERNMENT AFFAIRS KEY ISSUES THE ASSOCIATION FOCUSED ON DURING THE YEAR INCLUDE ADA, H2B VISA RELIEF, AND POSSIBLE ONLINE TRAVEL LEGISLATION, AND INCREASING NUMBER OF VISA WAIVER COUNTRIES, AND LABOR RELATIONS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

INDUSTRY RELATIONS MEMBERS RECEIVE RESOURCES, BENEFITS, AND NETWORKING OPPORTUNITIES LAST YEAR MEMBERSHIP GREW BY 1 05 PERCENT

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

UNDER 30 GATEWAY THE UNDER 30 GATEWAY IS AH&LA'S FIRST-EVER PROGRAM DEDICATED TO ADDRESSING THE PERSONAL AND PROFESSIONAL NEEDS OF YOUNG HOSPITALITY PROFESSIONALS GATEWAY MEMBERSHIP IS OPEN TO ALL HOSPITALITY PROFESSIONALS WORKING IN ANY CAPACITY

(Code) (Expenses \$ including grants of \$) (Revenue \$)
COMMITTEES AND CONTRIBUTIONS THE ASSOCIATION CONTINUED TO MAKE SIGNIFICANT FINANCIAL CONTRIBUTIONS IN THE AMOUNT OF \$1 1M FOR INDUSTRY RELATED SCHOLARSHIPS, RESEARCH AND EDUCATION RELATED PUBLICATION DEVELOPMENT WOMEN IN LODGING CONNECT WIL CONNECT IS EXCLUSIVELY FOR FEMALE HOSPITALITY PROFESSIONALS TO CONNECT WITH THE INDUSTRY'S TOP PROFESSIONALS AND GAIN CAREER MOMENTUM WIL FUELS THE MISSION TO PROMOTE WOMEN'S LEADERSHIP INTO EXECUTIVE POSITIONS WITHIN THE LODGING INDUSTRY AND CONTRIBUTE TO BUSINESS DEVELOPMENT EFFORTS, INCLUDING WOMEN'S MARKETS MEMBERSHIP IS FREE TO ALL WOMEN EMPLOYED AT AH&LA MEMBER ORGANIZATIONS CURRENTLY THERE ARE 25 STATE CHAPTERS STUDENT CHAPTERS LAUNCHED IN 2009, THERE ARE NOW 14 OFFICIAL CHAPTERS**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1		No
2	Yes	
3		No
4		
5	Yes	
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27	No	
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, or key employee? If "Yes," complete Schedule L, Part IV		28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a	No	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29
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	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	35
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
7	Organizations that may receive deductible contributions under section 170(c).	7a	
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter	12a	
a	Gross income from members or shareholders	12b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13c	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14a	No
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	14b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question 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	1a	76
b Enter the number of voting members included in line 1a, above, who are independent	1b	75
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?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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?	10a	No
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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	15a	Yes
b Other officers or key employees of the organization	15b	No
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?	16a	Yes
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?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
THE ORGANIZATION
1201 NEW YORK AVENUE NW 600
WASHINGTON, DC 20005
(202) 289-3100

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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 **►9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	Yes
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>	5	No

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
BURSON - MARSTELLER PO BOX 101880 ATLANTA, GA 30392	GOVERNMENT AFFAIRS	349,985
OUTSOURCE PARTNERS INTERNATIONAL 280 PARK AVE 38TH FLOOR NEW YORK, NY 10017	ACCOUNTING/FINANCE	334,785
VENABLE LLP PO BOX 630798 BALTIMORE, MD 21263	GOVERNMENT AFFAIRS	200,000

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a 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	289,045				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		289,045				
Program Service Revenue	Business Code						
			2a MEMBERSHIP DUES	900099	4,720,675	4,720,675	
			b CONFERENCES	900099	2,001,401	2,001,401	
			c GOVERNMENT AFFIARS	900099	815,687	815,687	
			d CONFERENCE SPONSORSHIP	900099	337,687	337,687	
			e LEGISLATIVE READINESS	900099	32,949	32,949	
			f All other program service revenue				
	g Total. Add lines 2a-2f		7,908,399				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)						
			103,636		103,636		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		158,890		158,890		
	6a Gross rents	(I) Real					
		340,248					
	b Less rental expenses	(II) Personal					
		347,887					
c Rental income or (loss)		-7,639					
d Net rental income or (loss)			-7,639		-7,639		
7a Gross amount from sales of assets other than inventory	(I) Securities						
	377,025						
b Less cost or other basis and sales expenses	(II) Other						
	346,685						
c Gain or (loss)		30,340					
d Net gain or (loss)			30,340		30,340		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
b Less direct expenses	b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19							
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	351		351		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		351					
12 Total revenue. See Instructions		8,483,022	7,908,399	0	285,578		

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	1,035,589			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,360,568			
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	1,913,846			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,899			
9 Other employee benefits	217,219			
10 Payroll taxes	198,127			
11 Fees for services (non-employees)				
a Management	80,000			
b Legal	155,402			
c Accounting	30,410			
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees	21,172			
g Other	146,085			
12 Advertising and promotion	68,131			
13 Office expenses	284,431			
14 Information technology				
15 Royalties				
16 Occupancy	834,761			
17 Travel	278,976			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	538,801			
20 Interest	4,261			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,237			
23 Insurance	44,267			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a GOVERNMENT AFFAIRS	912,398			
b TEMP AGENCY	337,713			
c SUBSCRIPTION AND DUES	61,964			
d REPAIRS AND MAINTENANCE	44,007			
e				
f All other expenses	-153,301			
25 Total functional expenses. Add lines 1 through 24f	8,602,963			
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	350,806	1 220,459
	2 Savings and temporary cash investments	1,761,660	2 1,946,186
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	1,134,614	4 910,025
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	60,548	9 73,103
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,231,533	
	10b Less accumulated depreciation	10a 1,054,686	210,658 10c 176,847
	11 Investments—publicly traded securities	2,903,488	11 2,820,576
	12 Investments—other securities See Part IV, line 11	26,366	12 26,366
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	479,102	15 385,001
	16 Total assets. Add lines 1 through 15 (must equal line 34)	6,927,242	16 6,558,563
Liabilities	17 Accounts payable and accrued expenses	998,673	17 837,538
	18 Grants payable	18	
	19 Deferred revenue	1,483,640	19 1,573,120
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	12,836	24 24,391
	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	592,330	25 507,633
	26 Total liabilities. Add lines 17 through 25	3,087,479	26 2,942,682
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	3,438,607	27 3,350,446
	28 Temporarily restricted net assets	401,156	28 265,435
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	3,839,763	33 3,615,881
	34 Total liabilities and net assets/fund balances	6,927,242	34 6,558,563

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,483,022
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,602,963
3	Revenue less expenses Subtract line 2 from line 1	3	-119,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,839,763
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-103,941
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,615,881

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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? . . .	2a	No
2b	Were the organization's financial statements audited by an independent accountant? . . .	2b	Yes
2c	If "Yes," to 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 in Schedule O . . .	2c	Yes
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
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? . . .	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	3b	

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****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. ► See separate instructions.

**Open to Public
Inspection**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization AMERICAN HOTEL & LODGING ASSOCIATION	Employer identification number 13-0432130
--	--

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 on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours

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-

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 (grass roots 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			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

	(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? If "Yes," describe in Part IV				
j Total 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?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

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

1 Dues, assessments and similar amounts from members	1	4,720,675
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)	2a	799,178
a Current year	2b	
b Carryover from last year	2c	799,178
c Total	3	944,135
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	-144,957
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization
AMERICAN HOTEL & LODGING ASSOCIATION**Employer identification number**

13-0432130

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ►
 b Permanent endowment ►
 c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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		368,255	269,747	98,508	
d Equipment		863,278	784,939	78,339	
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				176,847	

Part VII Investments—Other Securities. 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		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	286,898
(2) DUE FROM AFFILIATED ENTITIES	98,103
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	385,001

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT CREDIT	341,964
DUE TO AFFILIATED ASSOCIATIONS	165,669
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	507,633

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net) Add lines 4 - 8	9
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	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 XIV)	4b
c Add lines 4a and 4b	4c
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AH&LA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. THE AMERICAN HOTEL ASSOCIATION DIRECTORY CORPORATION IS A FOR-PROFIT CORPORATION SUBJECT TO FEDERAL AND STATE INCOME TAX. AH&LA EVALUATED ITS TAX POSITION AND DETERMINED THAT ITS POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION. AH&LA'S 2008 THROUGH 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS

**Schedule I
(Form 990)****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Name of the organization
AMERICAN HOTEL & LODGING ASSOCIATIONEmployer identification number
13-0432130**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION1201 NEW YORK AVENUE NW SUITE 600 WASHINGTON, DC 20005	13-6095316	501(C)3	531,322	0			GENERAL PROGRAMS AND INITIATIVES
(2) THE EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL & LODGING ASSOCIATION 800 N MAGNOLIA AVE SUITE 300 ORLANDO, FL 32803	38-1557821	501(C)3	531,322	0			GENERAL PROGRAMS AND INITIATIVES
(3) COALITION FOR DEMOCRATIC WORKFORCEASSOCIATED BUILDERS AND CONTRACTORS4250 N FAIRFAX DRIVE 9TH FLOOR ARLINGTON, VA 22203	52-0579380	501(C)6	5,000	0			GENERAL PROGRAMS AND INITIATIVES
(4) INTERNATIONAL SOCIETY OF HOTEL ASSOCIATION EXECUTIVES 374 MARLBOROUGH STREET BOSTON, MA 02115	52-1228591	501(C)6	5,000	0			GENERAL PROGRAMS AND INITIATIVES
(5) RETAIL INDUSTRY LEADERS ASSOCIATION INC1700 NORTH MOORE STREET SUITE 2250 ARLINGTON, VA 22209	04-2395151	501(C)6	5,000	0			GENERAL PROGRAMS AND INITIATIVES
(6) THE REAL ESTATE ROUNDTABLE801 PENNSYLVANIA AVENUE NW SUITE 720 WASHINGTON, DC 20004	52-1128863	501(C)6	12,500	0			GENERAL PROGRAMS AND INITIATIVES
(7) REAL ESTATE ISAC801 PENNSYLVANIA AVENUE NW SUITE 720 WASHINGTON, DC 20004	76-0734271	501(C)6	15,000	0			GENERAL PROGRAMS AND INITIATIVES
(8) EDUCATIONAL FOUNDATION OF TEXAS HOTEL & LODGING ASSOCIATION1701 WEST AVENUE AUSTIN, TX 78701	74-2543670	501(C)3	5,000	0			GENERAL PROGRAMS AND INITIATIVES
(9) US CHAMBER OF COMMERCE1615 H STREET NW WASHINGTON, DC 20062	53-0456720	501(C)6	6,000	0			GENERAL PROGRAMS AND INITIATIVES
(10) US TRAVEL ASSOCIATION1100 NEW YORK AVENUE NW SUITE 450 WASHINGTON, DC 20005	53-0231139	501(C)6	8,400	0			GENERAL PROGRAMS AND INITIATIVES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. ► 3

3 Enter total number of other organizations listed in the line 1 table. ► 7

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S CFO IS ALSO PRESIDENT OF AH&LEF AND CFO OF AH&LEI AND THEREFORE IS ABLE TO MONITOR HOW AND WHERE SUCH GRANTS ARE DISBURSED THROUGH EACH OF THE RELATED ORGANIZATION'S PROGRAMS. EACH OF THE RECIPIENT ORGANIZATIONS BUDGET THE AH&LA GRANT FUNDING WHICH DETAILS HOW THE FUNDS ARE TO BE USED

Software ID:**Software Version:****EIN:** 13-0432130**Name:** AMERICAN HOTEL & LODGING ASSOCIATION**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION 1201 NEW YORK AVENUE NW SUITE 600 WASHINGTON, DC 20005	13-6095316	501(C)3	531,322	0			GENERAL PROGRAMS AND INITIATIVES
THE EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL & LODGING ASSOCIATION 800 N MAGNOLIA AVE SUITE 300 ORLANDO, FL 32803	38-1557821	501(C)3	531,322	0			GENERAL PROGRAMS AND INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR DEMOCRATIC WORKFORCE ASSOCIATED BUILDERS AND CONTRACTORS 4250 N FAIRFAX DRIVE 9TH FLOOR ARLINGTON, VA 22203	52-0579380	501(C)6	5,000	0			GENERAL PROGRAMS AND INITIATIVES
INTERNATIONAL SOCIETY OF HOTEL ASSOCIATION EXECUTIVES 374 MARLBOROUGH STREET BOSTON, MA 02115	52-1228591	501(C)6	5,000	0			GENERAL PROGRAMS AND INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETAIL INDUSTRY LEADERS ASSOCIATION INC 1700 NORTH MOORE STREET SUITE 2250 ARLINGTON, VA 22209	04-2395151	501(C)6	5,000	0			GENERAL PROGRAMS AND INITIATIVES
THE REAL ESTATE ROUNDTABLE801 PENNSYLVANIA AVENUE NW SUITE 720 WASHINGTON, DC 20004	52-1128863	501(C)6	12,500	0			GENERAL PROGRAMS AND INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL ESTATE ISAC 801 PENNSYLVANIA AVENUE NW SUITE 720 WASHINGTON, DC 20004	76- 0734271	501(C)6	15,000	0			GENERAL PROGRAMS AND INITIATIVES
EDUCATIONAL FOUNDATION OF TEXAS HOTEL & LODGING ASSOCIATION 1701 WEST AVENUE AUSTIN, TX 78701	74- 2543670	501(C)3	5,000	0			GENERAL PROGRAMS AND INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US CHAMBER OF COMMERCE 1615 H STREET NW WASHINGTON, DC 20062	53-0456720	501(C)6	6,000	0			GENERAL PROGRAMS AND INITIATIVES
US TRAVEL ASSOCIATION 1100 NEW YORK AVENUE NW SUITE 450 WASHINGTON, DC 20005	53-0231139	501(C)6	8,400	0			GENERAL PROGRAMS AND INITIATIVES

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

AMERICAN HOTEL & LODGING ASSOCIATION

Employer identification number

13-0432130

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 in 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 checked="" 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 checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input 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 in 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in 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," to line 5a or 5b, describe in Part III

6 For persons listed in 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," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL FOR COMPANIONS JOSEPH A MCINERNEY \$3,537 INCLUDED IN INCOME JOORI JEON \$247 INCLUDED IN INCOME HEALTH OR SOCIAL CLUB DUES JOSEPH A MCINERNEY \$5,760 INCLUDED IN INCOME
	PART I, LINE 4B	10% OF JOSEPH A MCINERNEY'S BASE COMPENSATION (WITHOUT BONUS) WAS ACCRUED AS DEFERRED COMPENSATION EVERY YEAR

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**

Name of the organization

AMERICAN HOTEL & LODGING ASSOCIATION

Employer identification number

13-0432130

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD IS COMPOSED OF 11 INDIVIDUALS WHICH INCLUDES 4 CURRENT ELECTED OFFICERS, PRESIDENT OF THE ASSOCIATION, ONE REPRESENTATIVE FRO THE PROPERTIES, ALLIED, AND HOTEL COMPANIES MEMBERS, TWO REPRESENTATIVES FROM THE PARTNER STATE LODGING ASSOCIATIONS, AND ONE REPRESENTATIVE FROM THE AUDIT COMMITTEE. THE EXECUTIVE COMMITTEE SHALL CONDUCT THE NECESSARY BUSINESS OF THE ORGANIZATION BETWEEN MEETINGS OF THE BOARD OF DIRECTORS INCLUDING REGULAR OVERSIGHT OF ALL THE ORGANIZATION'S ENTITIES. ALL ACTIONS OF THE EXECUTIVE COMMITTEE MUST BE REVIEWED AND RATIFIED BY THE BOARD BY THE NEXT MEETING AS THE PRESIDENT AND CEO OF THE ORGANIZATION ALSO SERVES ON THE BOARD. AHLA DOES NOT CONSIDER HIM TO BE INDEPENDANT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBER TYPES OF THE ASSOCIATION INCLUDE PARTNER STATE, PROPERTY OWNER, CORPORATE/MULTIUNIT OWNER, INTERNATIONAL, FACULTY, STUDENT, ALLIED, WOMEN IN LODGING CONNECT AND UNDER 30 GATEWAY MEMBERS HOTELS, HOTEL COMPANIES, ALLIED COMPANIES AND INDIDIVIDUALS CAN BE MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER OF THE ASSOCIATION HAS A VOICE IN THE GOVERNANCE OF THE ORGANIZATION BY VIRTUE OF BEING ENTITLED TO VOTE AT THE MEETINGS OF THE MEMBERS. MEMBERS GENERALLY VOTE ON OFFICERS, BOARD MEMBERS AND BY-LAW CHANGES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS IS PROVIDED ACCESS TO A DRAFT COPY OF FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. THE BOARD OF DIRECTORS DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT AND CERTIFICATION & CREDENTIALS COMMITTEE (ACC) BEFORE FILING. A DRAFT OF FORM 990 IS POSTED ON A SECURED WEBSITE MADE AVAILABLE TO THE ACC FOR REVIEW. THE ACC REVIEWS THE ENTIRE RETURN AND DIRECTS ANY QUESTIONS TO THE CFO OF THE ASSOCIATION. QUESTIONS ARE COMMUNICATED TO THE CFO OF THE ASSOCIATION THAT MAY LEAD TO REVISIONS TO THE RETURN BEFORE IT IS FINALIZED AND FILED WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL EMPLOYEES ARE GIVEN THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO SIGN THE ACKNOWLEDGMENT FORM INDICATING THAT THEY HAVE READ AND UNDERSTAND THE POLICY AND GUIDELINES. ADDITIONALLY, THE POLICY IS IN THE EMPLOYEE HANDBOOK THAT THEY, ON AN ANNUAL BASIS, MUST REVIEW AND SIGN. SHOULD A CONFLICT OF INTEREST BE BROUGHT TO THE ASSOCIATION'S ATTENTION, ALL LEGAL GUIDELINES WILL BE FOLLOWED ACCORDING TO THE POLICY SET FORTH IN THE EMPLOYEE HANDBOOK. BOARD MEMBERS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THIS PROCESS INCLUDES REVIEWING AND COMPLETING A DISCLOSURE STATEMENT. ADDITIONALLY, THE DUTY TO DISCLOSE CONFLICTS OF INTEREST IS AN ONGOING ONE, AND ANY NEW INFORMATION SHOULD BE REPORTED PROMPTLY TO THE PRESIDENT/CEO OF AH&LA AND/OR TO THE BOARD OF AH&LA AND DISCUSSED WITH AH&LA COUNSEL. THE POLICY IS ALSO INCLUDED IN THE BOARD AGENDA ALONG WITH THE ANTI-TRUST LAW AS A REMINDER OF THE POLICY.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	A COMMITTEE MADE UP OF THE CHAIR, VICE CHAIR, IMMEDIATE PAST CHAIR, AND TREASURER/SECRETARY OF AH&LA REVIEWS THE "ASSOCIATION EXECUTIVE COMPENSATION & BENEFITS STUDY" PUBLISHED BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES THIS STUDY EXAMINES THE SALARIES AND EMPLOYMENT BENEFITS OF CHIEF EXECUTIVE OFFICERS ON NON-PROFIT ORGANIZATIONS, AS WELL AS OTHER KEY POSITIONS THE STUDY IS BROKEN DOWN INTO GEOGRAPHIC LOCATION OF NON-PROFIT ORGANIZATIONS AND BUDGET SIZE THE COMPENSATION AND BENEFITS OF THE CEO ARE MEASURED AGAINST THE RESULTS OF THE STUDY ADDITIONALLY, THE BOARD OF DIRECTOS GIVES ITS FINAL APPROVAL IN HIRING THE CEO AND DETERMINES HIS/HER COMPENSATION WITH RESPECT TO THE OTHER KEY EMPLOYEES OF AH&LA, THE CEO SETS THEIR COMPENSATION THE KEY EMPLOYEES OF AH&LA RECEIVE THE SAME BENEFITS AS THE ENTIRE STAFF THIS PROCESS WAS LAST COMPLETED IN 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AMERICAN HOTEL & LODGING ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
EXPLANATION OF HOURS WORKED	PART VII	JOSEPH MCINERNEY, CEO OF AMERICAN HOTEL & LODGING ASSOCIATION, AND JOORI JEON, EXECUTIVE VICE PRESIDENT AND CFO OF AMERICAN HOTEL & LODGING ASSOCIATION, PERFORMED SERVICES AS OFFICERS FOR THE FOLLOWING THREE RELATED ORGANIZATIONS AND ALLOCATED AN AVERAGE OF 40 HOURS PER WEEK AS FOLLOWS JOSEPH MCINERNEY AMERICAN HOTEL & LODGING ASSOCIATION - 26 HOURS AMERICAN HOTEL & LODGING EDUCATIONAL INSTITUTE - 10 AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION - 4 HOURS JOORI JEON AMERICAN HOTEL & LODGING ASSOCIATION - 26 HOURS AMERICAN HOTEL & LODGING EDUCATIONAL INSTITUTE - 10 AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION - 4 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -103,941

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

AMERICAN HOTEL & LODGING ASSOCIATION

Employer identification number

13-0432130

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

(a) Name, address, and EIN 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

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 organization	
						Yes	No
(1) AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION INC 1201 NEW YORK AVENUE NW SUITE 600 WASHINGTON, DC 20005 13-6095316	CREATE AND GRANTS AWARDS FOR HOSPITALITY INDUSTRY	NY	501(C)(3)	11A			No
(2) AMERICAN HOTEL & LODGING EDUCATIONAL INSTITUTE 800 N MAGNOLIA AVE SUITE 300 ORLANDO, FL 32803 38-1557821	DEVELOPS INSTRUCTIONAL MATERIAL FOR HOSPITALITY INDUSTRY	MI	501(C)(3)	11A			No

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.)

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
(1) AMERICAN HOTEL & LODGING ASSOCIATION DIRECTORY CORPORATION 1201 NEW YORK AVE NW SUITE 600 WASHINGTON, DC 20005 13-0432100	PUBLISHER	NY		C	-1,008	10,428	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r	Yes	

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION	B	531,322	
(2) THE EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL & LODGING ASSOCIATION	B	531,322	
(3) THE AMERICAN HOTEL & LODGING EDUCATION FOUNDATION	K	741,000	
(4) THE EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL & LODGING ASSOCIATION	K	293,000	
(5) THE AMERICAN HOTEL & LODGING EDUCATION FOUNDATION	Q	454,000	
(6)			

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.

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-0432130
Name: AMERICAN HOTEL & LODGING ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ including grants of \$) (Revenue \$)

COMMITTEES AND CONTRIBUTIONS THE ASSOCIATION CONTINUED TO MAKE SIGNIFICANT FINANCIAL CONTRIBUTIONS IN THE AMOUNT OF \$1 1M FOR INDUSTRY RELATED SCHOLARSHIPS, RESEARCH AND EDUCATION RELATED PUBLICATION DEVELOPMENT WOMEN IN LODGING CONNECT WIL CONNECT IS EXCLUSIVELY FOR FEMALE HOSPITALITY PROFESSIONALS TO CONNECT WITH THE INDUSTRY'S TOP PROFESSIONALS AND GAIN CAREER MOMENTUM WIL FUELS THE MISSION TO PROMOTE WOMEN'S LEADERSHIP INTO EXECUTIVE POSITIONS WITHIN THE LODGING INDUSTRY AND CONTRIBUTE TO BUSINESS DEVELOPMENT EFFORTS, INCLUDING WOMEN'S MARKETS MEMBERSHIP IS FREE TO ALL WOMEN EMPLOYED AT AH&LA MEMBER ORGANIZATIONS CURRENTLY THERE ARE 25 STATE CHAPTERS STUDENT CHAPTERS LAUNCHED IN 2009, THERE ARE NOW 14 OFFICIAL CHAPTERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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	Office	Key employee	Highest compensated employee			
JOSEPH A MCINERNEY PRESIDENT AND CHIEF EXECUTIVE OFFICER	40 00	X		X			447,476	0	32,325
NANCY JOHNSON CHA CHAIR OF THE BOARD	1 00	X		X			0	0	0
RONALD L VLASIC VICE-CHAIR	1 00	X		X			0	0	0
JOHN FITZPATRICK SECRETARY/TREASURER	1 00	X		X			0	0	0
JOHN R CAMPBELL IMMEDIATE PAST CHAIR	1 00	X					0	0	0
ALEXANDRA JARITZ DIRECTOR	1 00	X					0	0	0
AMAR PANDEY DIRECTOR	1 00	X					0	0	0
ANN MALETZKE DIRECTOR	1 00	X					0	0	0
BETH B BRISINGER DIRECTOR	1 00	X					0	0	0
BILL KOHL DIRECTOR	1 00	X					0	0	0
BILL LIEDHOLM DIRECTOR	1 00	X					0	0	0
BOB SMITH DIRECTOR	1 00	X					0	0	0
BRIAN JOHNSON DIRECTOR	1 00	X					0	0	0
BRUCE CRAUL DIRECTOR	1 00	X					0	0	0
CHANDLER WIENS-THAYER DIRECTOR	1 00	X					0	0	0
DALE HANEY CHA DIRECTOR	1 00	X					0	0	0
DAN NADEAU DIRECTOR	1 00	X					0	0	0
DAN PIRRALLO DIRECTOR	1 00	X					0	0	0
FRANK I WOLFE CAE DIRECTOR	1 00	X					0	0	0
FRANK J WELTON DIRECTOR	1 00	X					0	0	0
GENE RUPNIK DIRECTOR	1 00	X					0	0	0
GEOFF FEINGOLD MHS DIRECTOR	1 00	X					0	0	0
GEORGE FISCHER DIRECTOR	1 00	X					0	0	0
GLENN NAKAMURA CHA DIRECTOR	1 00	X					0	0	0
JEFF KMIEC DIRECTOR	1 00	X					0	0	0

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		Individual trustee Or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
JEFFERY BROWN DIRECTOR	1 00	X					0	0	0
JIM SPROUSE CAE DIRECTOR	1 00	X					0	0	0
JOHN EASTMAN DIRECTOR	1 00	X					0	0	0
JOHN MUNRO DIRECTOR	1 00	X					0	0	0
JOHN PHARR DIRECTOR	1 00	X					0	0	0
JOHN SHAKE CHA DIRECTOR	1 00	X					0	0	0
JON DAVIDSON CHA DIRECTOR	1 00	X					0	0	0
K WILLIAM GUNTHER MS CHA DIRECTOR	1 00	X					0	0	0
KATIE DOHERTY DIRECTOR	1 00	X					0	0	0
KEITH PIERCE CHA DIRECTOR	1 00	X					0	0	0
LORI E RALEIGH DIRECTOR	1 00	X					0	0	0
LYNN MOHRFELD CAE IOM DIRECTOR	1 00	X					0	0	0
LYNNE DOUGHTERY DIRECTOR	1 00	X					0	0	0
MARK BURDEN DIRECTOR	1 00	X					0	0	0
MARK RUCKER DIRECTOR	1 00	X					0	0	0
MAYUR CHHEDA CPA CHA CHO DIRECTOR	1 00	X					0	0	0
MICHAEL DOWNING CHA DIRECTOR	1 00	X					0	0	0
MO KENNEDY MHS DIRECTOR	1 00	X					0	0	0
PATTI COLLEY IOM CMP DIRECTOR	1 00	X					0	0	0
PAUL KIRWIN DIRECTOR	1 00	X					0	0	0
PEDRO MANDOKI DIRECTOR	1 00	X					0	0	0
PEGGY MOSLEY DIRECTOR	1 00	X					0	0	0
PENNIE BEACH CHA DIRECTOR	1 00	X					0	0	0
PERRY PATEL DIRECTOR	1 00	X					0	0	0
PETER MASON CHA DIRECTOR	1 00	X					0	0	0

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		Individual trustee Or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
PHIL HICKEY DIRECTOR	1 00	X					0	0	0
PRAT PATEL DIRECTOR	1 00	X					0	0	0
RAMESH GOKAL DIRECTOR	1 00	X					0	0	0
RENE BOSKOFF DIRECTOR	1 00	X					0	0	0
RENEE DRAVES DIRECTOR	1 00	X					0	0	0
RICK WINN DIRECTOR	1 00	X					0	0	0
ROBERT E SLATER CHA DIRECTOR	1 00	X					0	0	0
ROBERT GILBERT CHME CHA DIRECTOR	1 00	X					0	0	0
ROBERT HABEEB DIRECTOR	1 00	X					0	0	0
ROBERT WATSON DIRECTOR	1 00	X					0	0	0
ROBERT WOOLRIDGE DIRECTOR	1 00	X					0	0	0
RON PINCUS DIRECTOR	1 00	X					0	0	0
SCOTT JOSLOVE DIRECTOR	1 00	X					0	0	0
SCOTT KRAUSE DIRECTOR	1 00	X					0	0	0
SCOTT LUNT CHA DIRECTOR	1 00	X					0	0	0
SHANNON BOWLES DIRECTOR	1 00	X					0	0	0
STEVE ROBERTS DIRECTOR	1 00	X					0	0	0
STEVE WAHRLICH DIRECTOR	1 00	X					0	0	0
TAMMY GRIFFIN DIRECTOR	1 00	X					0	0	0
TED SCHROEDER DIRECTOR	1 00	X					0	0	0
TERRI HAACK DIRECTOR	1 00	X					0	0	0
THOMAS J LOUGHLIN DIRECTOR	1 00	X					0	0	0
TRISHA PUGAL CAE DIRECTOR	1 00	X					0	0	0
VIJAY DANDAPANI DIRECTOR	1 00	X					0	0	0
VIJAY PATEL DIRECTOR	1 00	X					0	0	0

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		Individual trustee or director	Institutional Trustee	Official	Key employee	Highest compensated employee			
WILLIAM BILL FOLKERTS DIRECTOR	1 00	X					0	0	0
MARLENE M COLUCCI EXECUTIVE VICE PRESIDENT FOR PUBLIC POLICY	40 00			X			305,250	0	26,591
PAM INMAN EXECUTIVE VICE PRESIDENT	40 00			X			246,832	0	22,980
JOORI JEON EXECUTIVE VICE PRESIDENT & CFO	40 00			X			245,476	0	33,638
LISA GREENHAUS VICE PRESIDENT, GOVERNMENTAL AFFAIRS	40 00				X		120,987	0	12,507
KEVIN L MAHER SENIOR VICE PRESIDENT, GOVERNMENTAL AFFAIRS	40 00				X		133,275	0	25,698
SHAWN MCBURNEY SENIOR VICE PRESIDENT, GOVERNMENTAL AFFAIRS	40 00				X		170,855	0	21,912
SUSAN K MILES SENIOR VICE PRESIDENT, INDUSTRY RELATIONS	40 00				X		134,373	0	18,473
KATHRYN C POTTER SENIOR VICE PRESIDENT, MARKETING & COMMUNICATIONS	40 00				X		129,304	0	11,828