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Form 990

## Return of Organization Exempt From Income Tax

2012

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 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
AMERICAN HOTEL & LODGING ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1201 NEW YORK AVENUE NW NO 600City or town, state or country, and ZIP + 4  
WASHINGTON, DC 20005

D Employer identification number

13-0432130

E Telephone number

(202) 289-3100

G Gross receipts \$ 9,716,628

F Name and address of principal officer  
KATHERINE LUGAR  
1201 NEW YORK AVENUE NW NO 600  
WASHINGTON, DC 20005

H(a) Is this a group return for affiliates?

 Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( 6 ) ► (insert no)  4947(a)(1) or  527

J Website: ► WWW AHLA COM

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 2012 (Part V, line 2a)	5	32
6 Total number of volunteers (estimate if necessary)	6	76
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)	289,045	419,837	
9 Program service revenue (Part VIII, line 2g)	7,908,399	8,191,142	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	133,976	128,294	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,602	179,806	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,483,022	8,919,079	

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,035,589	1,487,120	
9 Program service revenue (Part VIII, line 2g)	0	0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,786,659	3,737,776	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,780,715	3,723,596	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,602,963	8,948,492	
14 Benefits paid to or for members (Part IX, column (A), line 4)	-119,941	-29,413	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses Subtract line 18 from line 12			

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,558,563	6,514,408
21 Total liabilities (Part X, line 26)	2,942,682	2,797,073
22 Net assets or fund balances Subtract line 21 from line 20	3,615,881	3,717,335

## 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 KATHERINE LUGAR, PRESIDENT & CEO Type or print name and title	2013-11-12 Date
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Paid Preparer Use Only	Print/Type preparer's name KAREN GRIES	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00078514
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749	
	Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020 ARLINGTON, VA 22203			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 Accomplishments**Check 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 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 PASSING THE TRAVEL PROMOTION ACT, ADA, H2B VISA RELIEF, AND POSSIBLE ONLINE TRAVEL LEGISLATION, AND INCREASING NUMBER OF VISA WAIVER COUNTRIES**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
INDUSTRY RELATIONS IN ADDITION TO A COMPREHENSIVE ONLINE GREEN RESOURCE AREA, AH&LA COORDINATED AN INDUSTRY CHALLENGE TO GREEN OPERATIONS, EXPANDED AND ADDED TO THE AH&LA GREEN GUIDELINES, AND SECURED A MEMBER DISCOUNT FOR GREEN KEY GLOBAL. IT ALSO COORDINATED BEDBUG, ADA AND HEALTHCARE SEMINARS**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 (WIL) 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. IT WORKED TOWARD CREATING WIL CHAPTERS IN EVERY PARTNER STATE 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .

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 XI  . . . . .

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

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

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, Parts I and IV . . . . .

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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) . . . . .

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 hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

	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 any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
25b	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)	28a		
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
28d	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 direct or indirect 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	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	
	<b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b> 44		
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 32		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b> Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b>	No
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b> Yes	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		<b>7a</b>	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7b</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7c</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7d</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		<b>7e</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7f</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7g</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7h</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>8</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>9a</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		<b>9b</b>	
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter		<b>10a</b>	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter		<b>11a</b>	
<b>a</b> Gross income from members or shareholders	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		<b>13a</b>	
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<b>14b</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	76		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	75		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	No	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</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?	<b>16b</b>	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  Other (explain in Schedule O)
- 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 during the tax year
- 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 (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 VIII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

Organization, more than \$10,000 of reportable compensation from the organization and any related organizations  
List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

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

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**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 **10**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>	No
<b>4</b> 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>	<b>4</b>	Yes
<b>5</b> 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>	<b>5</b>	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
OUTSOURCE PARTNERS INTERNATIONAL 280 PARK AVENUE 38TH FLOOR NEW YORK NY 10017	ACCOUNTING/FINANCE	659,640
BURSON - MARSTELLER PO BOX 101880 ATLANTA GA 30392	LEGAL	280,605
MCDERMOTT WILL & EMERY PO BOX 7247-6755 PHILADELPHIA PA 19170	LEGAL	168,777
SEYFARTH SHAW LLP 3807 COLLECTIONS CENTER DRIVE CHICAGO IL 60693	LEGAL	135,886
KORN & FERRY INTERNATIONAL 1700 K STREET NW SUITE 700 WASHINGTON DC 20006	RECRUITING	101,975
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than		

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 ►5

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	419,837		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		419,837		
<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP DUES	Business Code 900099	4,842,315	4,842,315	
	<b>b</b> CONFERENCES	900099	2,411,678	2,411,678	
	<b>c</b> GOVERNMENT AFFIARS	900099	538,245	538,245	
	<b>d</b> CONFERENCE SPONSORSHIP	900099	290,875	290,875	
	<b>e</b> LEGISLATIVE READINESS	900099	108,029	108,029	
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		8,191,142		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		105,447		105,447
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .		175,862		175,862	
<b>6a</b> Gross rents	(i) Real 343,746				
<b>b</b> Less rental expenses	(ii) Personal 339,834				
<b>c</b> Rental income or (loss)	3,912				
<b>d</b> Net rental income or (loss) . . . . .		3,912		3,912	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 478,886	(ii) Other 1,676			
<b>b</b> Less cost or other basis and sales expenses	457,715	0			
<b>c</b> Gain or (loss)	21,171	1,676			
<b>d</b> Net gain or (loss) . . . . .		22,847		22,847	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code			
<b>11a</b> MISCELLANEOUS	900099	32		32	
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		32			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		8,919,079	8,191,142	0	308,100

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,487,120			
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	1,431,070			
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	1,862,018			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,035			
9 Other employee benefits	154,555			
10 Payroll taxes	192,098			
11 Fees for services (non-employees)				
a Management	80,000			
b Legal	156,624			
c Accounting	26,913			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	20,704			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	231,419			
12 Advertising and promotion	73,478			
13 Office expenses	294,507			
14 Information technology				
15 Royalties				
16 Occupancy	839,401			
17 Travel	284,607			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	658,592			
20 Interest	2,242			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,762			
23 Insurance	45,619			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GOVERNMENT AFFAIRS	685,079			
b TEMP AGENCY	437,521			
c SUBSCRIPTION AND DUES	51,551			
d REPAIRS AND MAINTENANCE	33,352			
e All other expenses	-256,775			
25 Total functional expenses. Add lines 1 through 24e	8,948,492			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	220,459	<b>1</b> 425,792
2	Savings and temporary cash investments	1,946,186	<b>2</b> 1,435,832
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	910,025	<b>4</b> 1,078,064
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	73,103	<b>9</b> 127,273
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	1,222,829
b	Less accumulated depreciation	<b>10b</b>	1,098,622
		176,847	<b>10c</b> 124,207
11	Investments—publicly traded securities	2,820,576	<b>11</b> 2,863,483
12	Investments—other securities See Part IV, line 11	26,366	<b>12</b> 26,366
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	385,001	<b>15</b> 433,391
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,558,563	<b>16</b> 6,514,408
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	837,538	<b>17</b> 887,081
18	Grants payable	18	
19	Deferred revenue	1,573,120	<b>19</b> 1,430,806
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
22	Loans and other payables to 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	24,391	<b>24</b> 9,969
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	25	507,633 469,217
26	<b>Total liabilities.</b> Add lines 17 through 25	26	2,942,682 2,797,073
<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	3,350,446	<b>27</b> 3,472,078
28	Temporarily restricted net assets	265,435	<b>28</b> 245,257
29	Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
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	3,615,881	<b>33</b> 3,717,335
34	<b>Total liabilities and net assets/fund balances</b>	6,558,563	<b>34</b> 6,514,408

**Part XI Reconciliation of Net Assets**Check 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	8,919,079
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,948,492
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-29,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	3,615,881
5	Net unrealized gains (losses) on investments . . . . .	5	130,867
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,717,335

**Part XII Financial Statements and Reporting**Check 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 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	3a	No
	3b	

## Additional Data

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

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
JOSEPH A MCINERNEY PRESIDENT & CHIEF EXECUTIVE OFFICER	26 00 14 00	X		X					448,552	0 52,375
NANCY JOHNSON CHA CHAIR OF THE BOARD	1 00 2 00	X		X					0	0 0
RONALD L VLASIC VICE-CHAIR	1 00 0 00	X		X					0	0 0
JOHN FITZPATRICK SECRETARY/TREASURER	1 00 0 00	X		X					0	0 0
JOHN R CAMPBELL IMMEDIATE PAST CHAIR	1 00 2 00	X		X					0	0 0
PENNIE BEACH CHA DIRECTOR	1 00 0 00	X							0	0 0
RENE BOSKOFF DIRECTOR	1 00 0 00	X							0	0 0
SHANNON BOWLES DIRECTOR	1 00 0 00	X							0	0 0
BANKS BROWN ESQ DIRECTOR	1 00 0 00	X							0	0 0
JEFFERY BROWN DIRECTOR	1 00 0 00	X							0	0 0
MARK BURDEN DIRECTOR	1 00 0 00	X							0	0 0
MAYUR CHHEDA CPA CHA CHO DIRECTOR	1 00 0 00	X							0	0 0
PATTI COLLEY IOM CMP DIRECTOR	1 00 0 00	X							0	0 0
BRUCE CRAUL DIRECTOR	1 00 0 00	X							0	0 0
JON DAVIDSON CHA DIRECTOR	1 00 0 00	X							0	0 0
VIJAY DANDAPANI DIRECTOR	1 00 0 00	X							0	0 0
KATIE DOHERTY DIRECTOR	1 00 0 00	X							0	0 0
LYNNE DOUGHTERY DIRECTOR	1 00 0 00	X							0	0 0
MICHAEL DOWNING CHA DIRECTOR	1 00 0 00	X							0	0 0
RENEE DRAVES DIRECTOR	1 00 0 00	X							0	0 0
JOHN EASTMAN DIRECTOR	1 00 0 00	X							0	0 0
GEOFF FEINGOLD MHS DIRECTOR	1 00 0 00	X							0	0 0
GEORGE FISCHER DIRECTOR	1 00 0 00	X							0	0 0
WILLIAM BILL FOLKERTS DIRECTOR	1 00 0 00	X							0	0 0
ROBERT GILBERT CHME CHA DIRECTOR	1 00 0 00	X							0	0 0

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer Or director	Individual trustee	Institutional Trustee	Key employee			
RAMESH GOKAL DIRECTOR	1 00 0 00	X				0	0	0
TAMMY GRIFFIN DIRECTOR	1 00 0 00	X				0	0	0
K WILLIAM GUNTHER MS CHA DIRECTOR	1 00 0 00	X				0	0	0
TERRI HAACK DIRECTOR	1 00 0 00	X				0	0	0
ROBERT HABEEB DIRECTOR	1 00 0 00	X				0	0	0
DALE HANEY CHA DIRECTOR	1 00 0 00	X				0	0	0
PHIL HICKEY DIRECTOR	1 00 0 00	X				0	0	0
ALEXANDRA JARITZ DIRECTOR	1 00 0 00	X				0	0	0
BRIAN JOHNSON DIRECTOR	1 00 0 00	X				0	0	0
SCOTT JOSLOVE DIRECTOR	1 00 0 00	X				0	0	0
MO KENNEDY MHS DIRECTOR	1 00 0 00	X				0	0	0
PAUL KIRWIN DIRECTOR	1 00 0 00	X				0	0	0
JEFF KMIEC DIRECTOR	1 00 0 00	X				0	0	0
BILL KOHL DIRECTOR	1 00 0 00	X				0	0	0
SCOTT KRAUSE DIRECTOR	1 00 0 00	X				0	0	0
BILL LIEDHOLM DIRECTOR	1 00 0 00	X				0	0	0
THOMAS J LOUGHLIN DIRECTOR	1 00 0 00	X				0	0	0
SCOTT LUNT CHA DIRECTOR	1 00 0 00	X				0	0	0
ANN MALETZKE DIRECTOR	1 00 0 00	X				0	0	0
PEDRO MANDOKI DIRECTOR	1 00 0 00	X				0	0	0
PETER MASON CHA DIRECTOR	1 00 0 00	X				0	0	0
LYNN MOHRFELD CAE IOM DIRECTOR	1 00 0 00	X				0	0	0
PEGGY MOSLEY DIRECTOR	1 00 0 00	X				0	0	0
JOHN MUNRO DIRECTOR	1 00 0 00	X				0	0	0
DAN NADEAU DIRECTOR	1 00 0 00	X				0	0	0

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer Or director	Individual trustee	Institutional Trustee	Key employee			
GLENN NAKAMURA CHA DIRECTOR	1 00 0 00	X				0	0	0
AMAR PANDEY DIRECTOR	1 00 0 00	X				0	0	0
PERRY PATEL DIRECTOR	1 00 0 00	X				0	0	0
PRAT PATEL DIRECTOR	1 00 0 00	X				0	0	0
VIJAY PATEL DIRECTOR	1 00 0 00	X				0	0	0
JOHN PHARR DIRECTOR	1 00 0 00	X				0	0	0
KEITH PIERCE CHA DIRECTOR	1 00 0 00	X				0	0	0
RON PINCUS DIRECTOR	1 00 0 00	X				0	0	0
DAN PIRRALLO DIRECTOR	1 00 0 00	X				0	0	0
TRISHA PUGAL CAE DIRECTOR	1 00 0 00	X				0	0	0
LORI E RALEIGH DIRECTOR	1 00 0 00	X				0	0	0
BETH B RISINGER DIRECTOR	1 00 0 00	X				0	0	0
STEVE ROBERTS DIRECTOR	1 00 0 00	X				0	0	0
MARK RUCKER DIRECTOR	1 00 0 00	X				0	0	0
GENE RUPNIK DIRECTOR	1 00 0 00	X				0	0	0
TED SCHROEDER DIRECTOR	1 00 0 00	X				0	0	0
JOHN SHAKE CHA DIRECTOR	1 00 0 00	X				0	0	0
ROBERT E SLATER CHA DIRECTOR	1 00 0 00	X				0	0	0
BOB SMITH DIRECTOR	1 00 0 00	X				0	0	0
JIM SPOUSE CAE DIRECTOR	1 00 0 00	X				0	0	0
STEVE WAHRLICH DIRECTOR	1 00 0 00	X				0	0	0
ROBERT WATSON DIRECTOR	1 00 0 00	X				0	0	0
FRANK J WELTON DIRECTOR	1 00 0 00	X				0	0	0
CHANDLER WIENS-THAYER DIRECTOR	1 00 0 00	X				0	0	0
RICK WINN DIRECTOR	1 00 0 00	X				0	0	0

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
FRANK I WOLFE CAE DIRECTOR	1 00 0 00	X					0	0	0
ROBERT WOOLRIDGE DIRECTOR	1 00 0 00	X					0	0	0
MARLENE M COLUCCI EXECUTIVE VICE PRESIDENT FOR PUBLIC POLICY	40 00 0 00			X			312,903	0	34,714
PAM INMAN EXECUTIVE VICE PRESIDENT	40 00 0 00			X			252,977	0	28,674
JOORI JEON EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER	26 00 14 00			X			252,993	0	47,881
LISA GREENHAUS VICE PRESIDENT, GOVT AFFAIRS	40 00 0 00				X		122,989	0	38,420
KEVIN L MAHER SENIOR VICE PRESIDENT, GOVT AFFAIRS	40 00 0 00				X		138,612	0	39,644
SHAWN MCBURNEY SENIOR VICE PRESIDENT, GOVT AFFAIRS	40 00 0 00				X		175,138	0	42,641
SUSAN K MILES SENIOR VICE PRESIDENT, INDUSTRY RELATIONS	40 00 0 00				X		136,695	0	26,167
KATHRYN C POTTER SENIOR VICE PRESIDENT, MKTNG & COMMUN	40 00 0 00				X		132,541	0	39,194

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2012****Open to Public  
Inspection****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.

**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, Part V, 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 in Part IV

2 Political expenditures	► \$ 0
3 Volunteer hours	0

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$ 0
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	► \$ 0
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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2009</b>	<b>(b) 2010</b>	<b>(c) 2011</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	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 carry over lobbying and political expenditures from the prior year?	3	No

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

1 Dues, assessments and similar amounts from members	1	4,842,315
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	828,892
a Current year	2b	
b Carryover from last year	2c	828,892
c Total	3	677,924
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	150,968
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	
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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
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**SCHEDULE D**

(Form 990)

OMB No 1545-0047

**Supplemental Financial Statements****2012**

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

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

4 Describe in Part XIII 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
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .		368,255	299,224	69,031	
<b>d</b> Equipment . . . . .		854,574	799,398	55,176	
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				124,207	

**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		
<b>Total.</b> (Column (b) must 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

**Part XI 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 XIII ) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIII ) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5

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

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

**Part XIII Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 2009 THROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS

**Schedule I  
(Form 990)****2012**Open to Public  
InspectionDepartment 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. Part II can be duplicated 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) AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION 1201 NEW YORK AVENUE NW SUITE 600 WASHINGTON, DC 20005	13-6095316	501(C)(3)	664,699	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(2) EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL & LODGING ASSOCIATION 800 NORTH MAGNOLIA AVENUE SUITE 300 300 ORLANDO, FL 32803	38-1557821	501(C)(3)	664,699	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(3) DEMOCRATIC GOVERNORS ASSOCIATION 1401 K STREET NW WASHINGTON, DC 20005	52-1304889	527	22,500	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(4) COALITION FOR DEMOCRATIC WORKFORCE ASSOCIATED BUILDERS AND CONTRACTORS 4250 NORTH FAIRFAX DRIVE NINTH FLOOR ARLINGTON, VA 22203	52-0579380	501(C)(6)	50,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(5) IMMIGRATION WORKS USA 737 EIGHTH STREET SE SUITE 201 WASHINGTON, DC 20003	26-2033929	501(C)(3)	6,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(6) INTERNATIONAL SOCIETY OF HOTEL ASSOCIATION EXECUTIVES 374 MARLBOROUGH STREET BOSTON, MA 02115	52-1228591	501(C)(6)	5,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(7) NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS 1325 G STREET NW SUITE 1000 WASHINGTON, DC 20005	53-0188893	501(C)(6)	5,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(8) NEW YORK UNIVERSITY 7 EAST 12TH STREET FOURTH FLOOR NEW YORK, NY 10003	13-5562308	501(C)(3)	5,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(9) US CHAMBER OF COMMERCE 1615 H STREET NW WASHINGTON, DC 20062	53-0456720	501(C)(6)	5,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(10) CAPITAL HILL PUBLISHING CORPORATION 1625 K STREET NW SUITE 900 WASHINGTON, DC 20006	11-3217916		30,000	N/A	N/A	GENERAL PROGRAMS AND INITIATIVES	
(11) TEXAS HOTEL AND LODGING ASSOCIATION 1701 WEST AVENUE AUSTIN, TX 787011036	74-2543670	501(C)(6)	5,000			GENERAL PROGRAMS AND INITIATIVES	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 4

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.  
 Part III can be duplicated 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, Part III, column (b), 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 ORGANIZATIONS' 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
AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION1201 NEW YORK AVENUE NW SUITE 600 WASHINGTON, DC 20005	13-6095316	501(C)(3)	664,699		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL & LODGING ASSOCIATION800 NORTH MAGNOLIA AVENUE SUITE 300 300 ORLANDO, FL 32803	38-1557821	501(C)(3)	664,699		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
DEMOCRATIC GOVERNORS ASSOCIATION1401 K STREET NW WASHINGTON, DC 20005	52-1304889	527	22,500		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
COALITION FOR DEMOCRATIC WORKFORCEASSOCIATED BUILDERS AND CONTRACTORS4250 NORTH FAIRFAX DRIVE NINTH FLOOR ARLINGTON, VA 22203	52-0579380	501(C)(6)	50,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
IMMIGRATIONWORKS USA 737 EIGHTH STREET SE SUITE 201 WASHINGTON, DC 20003	26-2033929	501(C)(3)	6,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
INTERNATIONAL SOCIETY OF HOTEL ASSOCIATION EXECUTIVES374 MARLBOROUGH STREET BOSTON, MA 02115	52-1228591	501(C)(6)	5,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS1325 G STREET NW SUITE 1000 WASHINGTON, DC 20005	53-0188893	501(C)(6)	5,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
NEW YORK UNIVERSITY7 EAST 12TH STREET FOURTH FLOOR NEW YORK, NY 10003	13-5562308	501(C)(3)	5,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
US CHAMBER OF COMMERCE 1615 H STREET NW WASHINGTON, DC 20062	53-0456720	501(C)(6)	5,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
CAPITAL HILL PUBLISHING CORPORATION1625 K STREET NW SUITE 900 WASHINGTON, DC 20006	11-3217916		30,000		N/A	N/A	GENERAL PROGRAMS AND INITIATIVES
TEXAS HOTEL AND LODGING ASSOCIATION 1701 WEST AVENUE AUSTIN, TX 787011036	74-2543670	501(C)(6)	5,000				GENERAL PROGRAMS AND INITIATIVES

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

OMB No 1545-0047

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.**

**2012****Open to Public Inspection**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 of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<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 Regulations 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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH A MCINERNEY PRESIDENT & CHIEF EXECUTIVE OFFICER	(i) 372,330 (ii) 0	(i) 55,849 (ii) 0	(i) 20,373 (ii) 0	(i) 15,000 (ii) 0	(i) 37,375 (ii) 0	(i) 500,927 (ii) 0	(i) 0 (ii) 0
(2) MARLENE M COLUCCI EXECUTIVE VICE PRESIDENT FOR PUBLIC	(i) 312,603 (ii) 0	(i) 0 (ii) 0	(i) 300 (ii) 0	(i) 15,000 (ii) 0	(i) 19,714 (ii) 0	(i) 347,617 (ii) 0	(i) 0 (ii) 0
(3) PAM INMAN EXECUTIVE VICE PRESIDENT	(i) 250,585 (ii) 0	(i) 0 (ii) 0	(i) 2,392 (ii) 0	(i) 11,702 (ii) 0	(i) 16,972 (ii) 0	(i) 281,651 (ii) 0	(i) 0 (ii) 0
(4) JOORI JEON EXECUTIVE VICE PRESIDENT & CHIEF FIN	(i) 252,585 (ii) 0	(i) 0 (ii) 0	(i) 408 (ii) 0	(i) 15,000 (ii) 0	(i) 32,881 (ii) 0	(i) 300,874 (ii) 0	(i) 0 (ii) 0
(5) LISA GREENHAUS VICE PRESIDENT, GOVT AFFAIRS	(i) 122,689 (ii) 0	(i) 0 (ii) 0	(i) 300 (ii) 0	(i) 7,361 (ii) 0	(i) 31,059 (ii) 0	(i) 161,409 (ii) 0	(i) 0 (ii) 0
(6) KEVIN L MAHER SENIOR VICE PRESIDENT, GOVT AFFAIRS	(i) 136,312 (ii) 0	(i) 0 (ii) 0	(i) 2,300 (ii) 0	(i) 8,299 (ii) 0	(i) 31,345 (ii) 0	(i) 178,256 (ii) 0	(i) 0 (ii) 0
(7) SHAWN MCBURNEY SENIOR VICE PRESIDENT, GOVT AFFAIRS	(i) 174,838 (ii) 0	(i) 0 (ii) 0	(i) 300 (ii) 0	(i) 10,490 (ii) 0	(i) 32,151 (ii) 0	(i) 217,779 (ii) 0	(i) 0 (ii) 0
(8) SUSAN K MILES SENIOR VICE PRESIDENT, INDUSTRY RELA	(i) 136,395 (ii) 0	(i) 0 (ii) 0	(i) 300 (ii) 0	(i) 8,184 (ii) 0	(i) 17,983 (ii) 0	(i) 162,862 (ii) 0	(i) 0 (ii) 0
(9) KATHRYN C POTTER SENIOR VICE PRESIDENT, MKTNG & COMMU	(i) 132,241 (ii) 0	(i) 0 (ii) 0	(i) 300 (ii) 0	(i) 7,934 (ii) 0	(i) 31,260 (ii) 0	(i) 171,735 (ii) 0	(i) 0 (ii) 0

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL FOR COMPANIONS JOSEPH A MCINERNEY - \$6,844 - INCLUDED IN TAXABLE INCOME JOORI JEON - \$108 - INCLUDED IN TAXABLE INCOME HEALTH OR SOCIAL CLUB DUES JOSEPH A MCINERNEY - \$4,530 - INCLUDED IN TAXABLE INCOME

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH A MCINERNEY	(i) 372,330 (ii) 0	55,849 0	20,373 0	15,000 0	37,375 0	500,927 0	0 0
MARLENE M COLUCCI	(i) 312,603 (ii) 0	0 0	300 0	15,000 0	19,714 0	347,617 0	0 0
PAM INMAN	(i) 250,585 (ii) 0	0 0	2,392 0	11,702 0	16,972 0	281,651 0	0 0
JOORI JEON	(i) 252,585 (ii) 0	0 0	408 0	15,000 0	32,881 0	300,874 0	0 0
LISA GREENHAUS	(i) 122,689 (ii) 0	0 0	300 0	7,361 0	31,059 0	161,409 0	0 0
KEVIN L MAHER	(i) 136,312 (ii) 0	0 0	2,300 0	8,299 0	31,345 0	178,256 0	0 0
SHAWN MCBURNEY	(i) 174,838 (ii) 0	0 0	300 0	10,490 0	32,151 0	217,779 0	0 0
SUSAN K MILES	(i) 136,395 (ii) 0	0 0	300 0	8,184 0	17,983 0	162,862 0	0 0
KATHRYN C POTTER	(i) 132,241 (ii) 0	0 0	300 0	7,934 0	31,260 0	171,735 0	0 0

**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.

**2012****Open to Public  
Inspection**

Name of the organization

AMERICAN HOTEL &amp; 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 FOUR CURRENT ELECTED OFFICERS, PRESIDENT OF THE ASSOCIATION, ONE REPRESENTATIVE FROM 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 ORGANIZATIONS 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, AH&LA DOES NOT CONSIDER HIM TO BE INDEPENDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBER TYPES OF THE ASSOCIATION INCLUDE PARTNER STATE, PROPERTY OWNER, CORPORATE/MULTI-UNIT OWNER, INTERNATIONAL, FACULTY, STUDENT, ALLIED, AND UNDER 30 GATEWAY MEMBERS HOTELS, HOTEL COMPANIES, ALLIED COMPANIES AND INDIVIDUALS 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	<p>ON AN ANNUAL BASIS ALL EMPLOYEES ARE GIVEN THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO SIGN THE ACKNOWLEDGEMENT 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 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 AND/OR THE BOARD OF DIRECTORS AND DISCUSSED WITH AH&amp;LA LEGAL COUNSEL. THE POLICY IS ALSO INCLUDED IN THE BOARD AGENDA ALONG WITH THE ANTI-TRUST LAW AS A REMINDER OF THE POLICY</p>

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 PRESIDENT & CEO ARE MEASURED AGAINST THE RESULTS OF THE STUDY ADDITIONALLY, THE BOARD OF DIRECTORS GIVES ITS FINAL APPROVAL IN HIRING THE PRESIDENT & CEO AND DETERMINES HIS/HER COMPENSATION WITH RESPECT TO THE OTHER OFFICERS OF AH&LA, THE PRESIDENT & CEO SETS THE COMPENSATION FOR THESE POSITIONS THE OTHER OFFICERS OF AH&LA RECEIVE THE SAME BENEFITS AS THE ENTIRE STAFF THIS PROCESS WAS LAST COMPLETED IN 2012

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

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## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
  
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
  
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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
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**Software ID:****Software Version:****EIN:** 13-0432130**Name:** AMERICAN HOTEL & LODGING ASSOCIATION**--> Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION	B	664,699	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	B	664,699	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION	O	733,000	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION	R	341,000	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION	Q	390,000	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	O	294,000	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	Q	289,000	CASH
AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	R	321,000	CASH