

Form 990  
2016Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public  
Inspection

## A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

C Name of organization AMERICAN HOTEL & LODGING ASSOCIATION		D Employer identification number 13-0432130
Doing business as		E Telephone number (202) 289-3100
Number and street (or P O box if mail is not delivered to street address) 1250 I STREET NW NO 1100		Room/suite
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		
F Name and address of principal officer KATHERINE LUGAR 1250 I STREET NW NO 1100 WASHINGTON, DC 20005		G Gross receipts \$ 20,124,055

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 ►

H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

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 ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	76
3 Number of voting members of the governing body (Part VI, line 1a)	4	75
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	31
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	6	75
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 34		

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		357,129	60,280
9 Program service revenue (Part VIII, line 2g)	14,667,526	18,447,672	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163,094	193,428	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	244,491	192,662	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,432,240	18,894,042	

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		1,791,273	1,628,217
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,005,716	5,709,892	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ►0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,461,487	10,918,472	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,258,476	18,256,581	
19 Revenue less expenses Subtract line 18 from line 12	1,173,764	637,461	

Net Assets or Fund Balances	Beginning of Current Year	End of Year
	11,462,453	12,109,138
20 Total assets (Part X, line 16)	6,175,102	6,125,827
21 Total liabilities (Part X, line 26)	5,287,351	5,983,311
22 Net assets or fund balances Subtract line 21 from line 20		

## 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	*****	2017-11-08
	Signature of officer	Date
KATHERINE LUGAR PRESIDENT/CHIEF EXECUTIVE OFFICER		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name DAVID TRIMNER CPA	Preparer's signature DAVID TRIMNER CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00444822
	Firm's name ► CLIFTONLARSONALLEN LLP	Firm's EIN ► 41-0746749			
	Firm's address ► 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203	Phone no (571) 227-9500			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

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 \$  )  
See Additional Data**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
See Additional Data**4c** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$  including grants of \$  ) (Revenue \$  )**4e** **Total program service expenses ►**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes
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	3	Yes
4 <b>Section 501(c)(3) organizations.</b> 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	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
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	6	No
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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	9	No
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	10	No
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	11a	Yes
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	11b	No
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	11c	No
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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
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	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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)	17	No
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	18	No
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	19	No

**Part IV Checklist of Required Schedules (continued)**

**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?

**21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .  
**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .  
**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 . . . . .

**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 25a . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.**  
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  
**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**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 . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**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 . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**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 . . . . .  
**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 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**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 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**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 . . . . .  
**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		
<b>25b</b>		
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>		No
<b>36</b>		
<b>37</b>		No
<b>38</b>	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	65	
<b>b</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>1c</b>		
<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>	31	
<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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<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</b> <b>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</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9b</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10</b> <b>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</b> <b>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</b> <b>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</b> <b>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? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<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 or note to any line 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>		
<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>	No
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990	<b>12a</b>	Yes
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12b</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>12c</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>13</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>14</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>15a</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>15b</b>	Yes
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>16a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>16b</b>	Yes

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

**Section C. Disclosure**

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

**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, address, and telephone number of the person who possesses the organization's books and records  
►MIKE WILLIAMS 1250 I STREET NW SUITE 1100 WASHINGTON, DC 20005 (202) 289-3100

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

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

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

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

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

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

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	2,888,933	0	268,386

**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 ► 14

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

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**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
THE GLOVER PARK GROUP	CONSULTING SERVICES	724,678
1025 F STREET NW 9TH FLOOR WASHINGTON, DC 20004		
RAFFA PC	ACCOUNTING	584,444
1899 L STREET NW WASHINGTON, DC 20036		
DAVIS WRIGHT TREMAINE LLP	LEGAL	450,000
1201 THIRD AVENUE SUITE 2200 SEATTLE, WA 98101		
360 LIVE MEDIA	CONSULTING SERVICES	425,068
1717 RHODE ISLAND AVENUE NW SUITE WASHINGTON, DC 20036		
KALIBRI LABS LLS	CONSULTING SERVICES	396,868
1 CHURCH STREET SUITE 101 ROCKVILLE, MD 20850		

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 ► 27

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<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>	60,280			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . .					
	<b>h Total.</b> Add lines 1a-1f . . . ►		60,280			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEMBERSHIP DUES . . .	900099	12,366,251	12,366,251		
	<b>b</b> CONFERENCES . . .	900099	2,976,503	2,976,503		
	<b>c</b> CERTIFICATION REVENUE . . .	900099	1,422,007	1,422,007		
	<b>d</b> GOVERNMENT AFFAIRS . . .	900099	1,299,601	1,299,601		
	<b>e</b> CONFERENCE SPONSORSHIPS . . .	900099	383,310		383,310	
	<b>f</b> All other program service revenue . . .					
	<b>g Total.</b> Add lines 2a-2f . . . ►		18,447,672			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . ►		104,112		104,112	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ►					
	<b>5</b> Royalties . . . ►		192,290		192,290	
	<b>6a</b> Gross rents . . .	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses . . .					
	<b>c</b> Rental income or (loss) . . .					
	<b>d</b> Net rental income or (loss) . . . ►					
	<b>7a</b> Gross amount from sales of assets other than inventory . . .	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses . . .	1,319,329					
<b>c</b> Gain or (loss) . . .	1,230,013					
<b>d</b> Net gain or (loss) . . . ►	89,316				89,316	
<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 . . . ►						
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . .		372			372	
<b>e Total.</b> Add lines 11a-11d . . . ►		372				
<b>12 Total revenue.</b> See Instructions . . . ►		18,894,042	18,064,362	0	769,400	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,628,217			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,873,670			
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	3,110,596			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	128,845			
9 Other employee benefits	357,903			
10 Payroll taxes	238,878			
11 Fees for services (non-employees)				
a Management	80,000			
b Legal	320,368			
c Accounting	371,557			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	25,264			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,915,442			
12 Advertising and promotion	230,488			
13 Office expenses	497,950			
14 Information technology				
15 Royalties				
16 Occupancy	561,716			
17 Travel	404,674			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,427,137			
20 Interest	2,444			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	199,354			
23 Insurance	53,928			
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	1,492,619			
b CERTIFICATION EXPENSE	620,250			
c TEMP AGENCY	300,822			
d SUBSCRIPTION AND DUES	213,348			
e All other expenses	201,111			
25 Total functional expenses. Add lines 1 through 24e	18,256,581			
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 or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,532,991	1	1,910,163
	2 Savings and temporary cash investments	1,163,469	2	1,062,035
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,192,975	4	1,381,826
	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	626,434	9	340,944
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,138,511		
	b Less accumulated depreciation	10b 623,543	1,470,360	10c 1,514,968
	11 Investments—publicly traded securities		11	5,407,309
	12 Investments—other securities See Part IV, line 11	26,366	12	26,366
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	361,281	15	465,527
	16 Total assets Add lines 1 through 15 (must equal line 34)	11,462,453	16	12,109,138
Liabilities	17 Accounts payable and accrued expenses	1,401,789	17	2,021,000
	18 Grants payable		18	
	19 Deferred revenue	2,955,346	19	1,969,637
	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	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,817,967	25	2,135,190
	26 Total liabilities Add lines 17 through 25	6,175,102	26	6,125,827
Net Assets or Fund Balances	<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	5,098,671	27	5,794,633
	28 Temporarily restricted net assets	188,680	28	188,678
	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	5,287,351	33	5,983,311
	34 Total liabilities and net assets/fund balances	11,462,453	34	12,109,138

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	18,894,042
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	18,256,581
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	637,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	5,287,351
5	Net unrealized gains (losses) on investments . . . . .	5	58,499
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	5,983,311

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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		
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		
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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-0432130

**Name:** AMERICAN HOTEL & LODGING ASSOCIATION

Form 990 (2016)

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### **Form 990, Part III, Line 4a:**

GOVERNMENT AFFAIRS AMERICAN HOTEL AND LODGING ASSOCIATION (AH&LA)'S NATIONAL ADVOCACY AGENDA AND WORK IS FOCUSED ON TARGETED POLICY AREAS PROTECTING OUR GUESTS AND IMPROVING THE GUEST EXPERIENCE, REINING IN ILLEGAL HOTELS, SUPPORTING THE INDUSTRY'S WORKFORCE, AND PROMOTING TRAVEL AND TOURISM

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## **Form 990, Part III, Line 4b:**

INDUSTRY RELATIONS HELPING STUDENTS ACHIEVE THE AMERICAN DREAM AND FINANCE THEIR FUTURE, THE ASSOCIATION CONTINUES TO MAKE SIGNIFICANT CONTRIBUTIONS TO STUDENTS AROUND THE COUNTRY. THE DEVELOPMENT OF YOUTH AND THE NEXT GENERATION OF HOTEL EMPLOYEES IS CENTRAL TO THE ASSOCIATION. IN 2016, AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION (AH&LEF) AWARDED ACADEMIC SCHOLARSHIPS TO 380 PROMISING HOSPITALITY MANAGEMENT STUDENTS ATTENDING 98 COLLEGES AND UNIVERSITIES ACROSS THE COUNTRY. ADDITIONALLY, 16 HOTEL EMPLOYEES RECEIVED PROFESSIONAL DEVELOPMENT SCHOLARSHIPS FOR CERTIFICATION AND DISTANCE LEARNING. TEN SCHOLARSHIP RECIPIENTS WERE SELECTED TO ATTEND THE 2016 LODGING CONFERENCE TO NETWORK WITH INDUSTRY LEADERS AND LEARN ABOUT IMPORTANT INDUSTRY ISSUES. THESE SCHOLARSHIPS HELP PROVIDE MUCH NEEDED RESOURCES TO STUDENTS WHO SEEK A LIFE-LONG CAREER IN THE HOSPITALITY INDUSTRY. WITH A MISSION DEDICATED TO HELPING PEOPLE BUILD CAREERS THAT IMPROVE THEIR LIVES AND STRENGTHEN THE LODGING INDUSTRY, THE FOUNDATION HAS DISBURSED MORE THAN \$20 MILLION THROUGH ITS PROGRAMS SINCE ITS INCEPTION. IN 2016, THE FOUNDATION AWARDED MORE THAN \$1.25 MILLION TOWARD SCHOLARSHIPS, EDUCATIONAL PROGRAMMING, WORKFORCE/PROFESSIONAL DEVELOPMENT, CUTTING-EDGE RESEARCH PROJECTS AND GRANTS.

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## **Form 990, Part III, Line 4c:**

COMMITTEES AND CONTRIBUTIONS AMERICAN HOTEL AND LODGING ASSOCIATION (AH&LA)CONTINUES TO EVALUATE OUR COMMITTEE STRUCTURE TO ENSURE THAT WE HAVE FACILITATING AN ENVIRONMENT WHERE PEER GROUPS CAN GATHER TO EXPLORE THE PRESSING ISSUES IN THE HOSPITALITY INDUSTRY CURRENTLY OUR COMMITTEES INCLUDE RESORT, SUSTAINABILITY, AND INDUSTRY ADVOCACY AH&LA HAS SIX COUNCILS THAT PROVIDE MEMBERS WITH OPPORTUNITIES FOR NETWORKING AND INFORMATION AND IDEA SHARING WITH COLLEAGUES FROM THEIR SPECIFIC INDUSTRY SEGMENTS THESE ARE THE BRANDS COUNCIL (COMPRISED OF HOTEL COMPANIES THAT OWN AND/OR MARKET BRANDS, INCLUDING THOSE THAT GRANT FRANCHISES FOR HOTEL BRANDS), OWNERS COUNCIL (COMPRISED OF HOTEL COMPANIES THAT OWN HOTELS), MANAGEMENT COMPANIES COUNCIL (COMPRISED OF HOTEL COMPANIES THAT OPERATE OR MANAGE HOTELS), INDEPENDENT HOTELS COUNCIL (COMPRISED OF HOTELS THAT ARE NOT BRANDED), PSA COUNCIL (COMPRISED OF THE PARTNER STATE ASSOCIATIONS), AND ALLIED COUNCIL (COMPRISED OF COMPANIES WHO DO BUSINESS WITH THE LODGING INDUSTRY) BESIDES THE COUNCILS, AH&LA AND ITS AFFILIATES OFFER MORE THAN 20 COMMITTEES

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

(Code	(Expenses \$	including grants of \$	(Revenue \$	)
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UNDER 30 GATEWAY FOSTERING THE NEXT GENERATION OF HOSPITALITY EMPLOYEES, THE UNDER 30 GATEWAY IS AMERICAN HOTEL AND LODGING ASSOCIATION (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 AH&LA HAS WORKED TO MORE CLOSELY INTEGRATE THE STUDENT CHAPTER AND UNDER 30 GATEWAY PROGRAMS TO PROVIDE A SEAMLESS TRANSITION FROM ONE MEMBERSHIP CATEGORY TO THE NEXT

(Code	(Expenses \$	including grants of \$	(Revenue \$	)
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WOMEN IN LODGING WOMEN IN LODGING (WIL) IS THE FIRST INDUSTRY-WIDE FORUM FOR FEMALE HOSPITALITY PROFESSIONALS CONNECTING THE INDUSTRY'S TOP LEADERS AND PROVIDING OPPORTUNITIES TO GAIN A STRONGER FOOTING IN THE BUSINESS, WIL'S PURPOSE IS TO PROMOTE AND DEVELOP WOMEN INTO SENIOR EXECUTIVE ROLES IN THE INDUSTRY WITH MORE THAN 2,000 PARTICIPANTS, WIL SEEKS TO EXPAND ITS MEMBERSHIP GOING FORWARD AND CONTRIBUTE TO THE GROWTH OF PROFESSIONAL WOMEN THROUGHOUT THE INDUSTRY WITH THE VISION OF THE ALLOWING THE BEST LEADERS TO LEAD

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

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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STUDENT CHAPTERS LAUNCHED IN 2009, THE AMERICAN HOTEL AND LODGING ASSOCIATION (AH&LA) STUDENT CHAPTER PROGRAM HAS CONTINUED TO THRIVE AND GROW THERE ARE 25 OFFICIAL CHAPTERS WITH ALMOST 2,000 MEMBERS THESE CHAPTERS ALLOW STUDENTS TO NETWORK AND GET A GOOD GLIMPSE OF OUR INDUSTRY BY DELVING INTO THE WORLD OF BEFORE RECEIVING A DIPLOMA OR CERTIFICATION STUDENT MEMBERS ARE PART OF A NETWORK OF INDUSTRY EXECUTIVES AND INVITED TO ATTEND AH&LA CONFERENCES AND EVENTS, WHERE THEY CAN MEET POTENTIAL EMPLOYERS FACE-TO-FACE ONGOING WORK AIMS TO PROVIDE STUDENTS WITH THE LATEST HOSPITALITY NEWS, INFORMATION, AND EDUCATION RESOURCES, SO THAT THEY CAN STAY ON TOP OF THE TRENDS AND BEST PRACTICES OF THE INDUSTRY AND SET THEMSELVES APART FROM THE COMPETITION WHEN GRADUATION DAY FINALLY ARRIVES

**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)				(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 Or Director	Individual trustee	Institutional trustee	Key employee Officer			
JAMES ABRAHAMSON	1 00					0	0	0
CHAIR OF THE BOARD	..... 2 00	X		X				
MARK CARRIER	1 00					0	0	0
VICE CHAIR	.....	X		X				
GEOFF BALLOTTI	1 00					0	0	0
SECRETARY/TREASURER	..... 2 00	X		X				
ALAN FUERSTMAN	1 00					0	0	0
DIRECTOR	.....	X						
ALEX CABANAS	1 00					0	0	0
DIRECTOR	.....	X						
ALFRED YOUNG JR	1 00					0	0	0
DIRECTOR	.....	X						
AMANDA HITE	1 00					0	0	0
DIRECTOR	.....	X						
ANGELO LOMBARDI	1 00					0	0	0
DIRECTOR	.....	X						
BARRY WALLACE	1 00					0	0	0
DIRECTOR	.....	X						
BILL DEFORREST	1 00					0	0	0
DIRECTOR	.....	X						

**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
		Individual trustee Or director	Institutional trustee	Former highest compensated employee			
BILL SIMPSON DIRECTOR	1 00	X			0	0	0
BIMAL PATEL DIRECTOR	1 00	X			0	0	0
BOB HABEEB DIRECTOR	1 00	X			0	0	0
BOB HERMANY DIRECTOR	1 00	X			0	0	0
BOB SMITH DIRECTOR	1 00	X			0	0	0
BRIAN QUINN DIRECTOR	1 00	X			0	0	0
BUGGSI PATEL DIRECTOR	1 00	X			0	0	0
DANIEL HANSEN DIRECTOR	1 00	X			0	0	0
DAVE JOHNSON DIRECTOR	1 00 2 00	X			0	0	0
DAVID GRISSEN DIRECTOR	1 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
DJ RAMA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
DOUG DREHER CHA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GEORGE MARKANTONIS DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GERRY CHASE DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GLENDAL MCNEAL DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GREG DUGAL DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GREG MILLER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GREGORY MARCUS DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
HERVE HOUDRE DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
JAMES MILES DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		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
JAMIE SABATIER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JAVIER ROSENBERG DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JAY SHAH DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JEFFREY BROWN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JEREMY WELTER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JIM AMOROSIA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JIM HOLTHouser DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JOEL EISEMANN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JOEL GRIFFIN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JOHN ARABIA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	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
JOHN BELDEN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JOHN FITZPATRICK DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JOHN MURRAY DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JON BORTZ DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JUSTIN KNIGHT DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
KATHRYN BURTON DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
KEITH OVERTON DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
KIRK KINSELL DIRECTOR	1 00 2 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
LEA ANN KISH DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
LEN WOLMAN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	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	Highest compensated employee	
MARC J GORDON	1 00						0
DIRECTOR	.....	X					0
MIKE DEITEMEYER	1 00						0
DIRECTOR	.....	X					0
MIKE MCILWAIN	1 00						0
DIRECTOR	.....	X					0
MICHAEL MEDZIGIAN	1 00						0
DIRECTOR	.....	X					0
MINAZ ABJI	1 00						0
DIRECTOR	.....	X					0
PATTI COLLEY	1 00						0
DIRECTOR	.....	X					0
PAUL KIRWIN	1 00						0
DIRECTOR	.....	X					0
PAUL SACCO	1 00						0
DIRECTOR	.....	X					0
PRATIK PATEL	1 00						0
DIRECTOR	.....	X					0
PREM DEVADAS	1 00						0
DIRECTOR	.....	X					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
RENA REISS DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
RICHARD KELLEHER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
RICHARD TAKACH JR DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
ROBERT ALTER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
ROB SNYDER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
RON POHL DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
ROSS BIERKAN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
SCOTT JOSLOVE DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
STEPHEN BARTOLIN JR DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0
TERRI HAACK DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors** (C) | (D) |

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(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
MATTHEW L MACLAREN ..... SR VP, MEMBER RELATIONS	40 00 .....			X		251,100	0	35,501
BRIAN CRAWFORD ..... VP, GOVERNMENT & POLITICAL AFFAIRS	40 00 .....			X		232,435	0	15,831
MARYAM KHAN COPE ..... VP, GOVERNMENT & POLITICAL AFFAIRS	40 00 .....			X		206,704	0	31,131
CRAIG KALKUT ..... VP, GOVERNMENT & POLITICAL AFFAIRS	40 00 .....			X		187,494	0	29,748

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization AMERICAN HOTEL & LODGING ASSOCIATION	Employer identification number 13-0432130
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**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	► \$ 25,000
2 Political expenditures	
3 Volunteer hours	

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

1 Enter the amount of any excise tax incurred by the organization under section 4955	► \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	► \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<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	► \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	► \$ 25,000
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	► \$ 25,000
4 Did the filing organization file Form 1120-POL for this year?	<input checked="" 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-
(1) REPUBLICAN GOVERNORS ASSOCIATION	1010 WISCONSIN AVENUE NW SUITE 57 WASHINGTON, DC 20007	11-3655877	25,000	
2				
3				
4				
5				
6				

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

**A** Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ►  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes  No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

	(a)		(b)
	Yes	No	Amount
1			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
2a			
b			
c			
d			

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

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1	1	No
2	2	No
3	3	Yes

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

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a Current year

b Carryover from last year

c Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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 Taxable amount of lobbying and political expenditures (see instructions)

1	12,366,251
2a	2,432,079
2b	-2,225,584
2c	206,495
3	4,451,850
4	
5	-4,245,355

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART I-A, LINE 1	PROVIDED AMERICAN HOTEL AND LODGING ASSOCIATION WITH ACCESS TO REPUBLICAN GOVERNORS

2016

Open to Public  
InspectionSCHEDULE D  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization AMERICAN HOTEL & LODGING ASSOCIATION	Employer identification number 13-0432130
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  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" on 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) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

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

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

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

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

- a Board designated or quasi-endowment ►
- b Permanent endowment ►
- c Temporarily restricted endowment ►

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

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

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings				
c Leasehold improvements		1,147,589	199,959	947,630
d Equipment . . . . .		990,922	423,584	567,338
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►				1,514,968

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 )**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
DEFERRED RENT CREDIT	2,042,778	
DUE TO AFFILIATED ASSOCIATIONS	92,412	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )		2,135,190

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (*continued*)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-0432130

**Name:** AMERICAN HOTEL & LODGING ASSOCIATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	AMERICAN HOTEL & LODGING ASSOCIATION (AH&LA) IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. AH&LA EVALUATED ITS TAX POSITION AND DETERMINED THAT ITS POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION. AH&LA'S 2012 THROUGH 2015 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS.

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service

OMB No 1545-0047

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016**Open to Public  
InspectionName of the organization  
AMERICAN HOTEL & LODGING ASSOCIATION

Employer 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 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
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

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

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

8

2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S CHIEF FINANCIAL OFFICER (CFO) IS ALSO CFO OF AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION AND CFO OF AMERICAN HOTEL & LODGING EDUCATIONAL INSTITUTE 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 AMERICAN HOTEL AND LODGING ASSOCIATION GRANT FUNDING WHICH DETAILS HOW THE FUNDS ARE TO BE USED

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-0432130

**Name:** AMERICAN HOTEL & LODGING ASSOCIATION

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 & LODGING EDUCATIONAL FOUNDATION 1250 I STREET NW SUITE 1100 WASHINGTON, DC 20005	13-6095316	501(C)(3)	897,610				SCHOLARSHIP/RESEARCH CONTRIBUTION
AMERICAN HOTEL & LODGING EDUCATIONAL INSTITUTE 800 NORTH MAGNOLIA AVENUE SUITE 300 300 ORLANDO, FL 32803	38-1557821	501(C)(3)	448,805				RESEARCH CONTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND 2016 HOST COMMITTEE INC 334 EUCLID AVENUE CLEVELAND, OH 44114	47-1304221	501(C)(3)	50,000				SPONSORSHIP
COMMITTEE FOR EQUAL APP OF LAWS			20,000				SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONUMENTAL SCHOLARS FUND 104 HUME AVENUE ALEXANDRIA, VA 22301	47-3018272	501(C)(3)	10,000			SPONSORSHIP	
NATIONAL CONSUMERS LEAGUE 1701 K STREET NW WASHINGTON, DC 20006	52-0242038	501(C)(3)	5,000			SPONSORSHIP	

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONEORLANDO FUND PO BOX 4990 ORLANDO, FL 32802	27-1964941	501(C)(3)	5,000				SPONSORSHIP
PHILADELPHIA 2016 HOST COMMITTEE 200 SOUTH BROAD STREET SUITE 420 PHILADELPHIA, PA 19102	47-2620788	501(C)(3)	50,000				SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REAL ESTATE INFORMATION SHARING AND ANALYSIS CENTER 801 PENNSYLVANIA AVENUE NW SUITE 720 WASHINGTON, DC 20004	76-0734271	501(C)(6)	20,000				RESEARCH
THE BRYCE HARLOW FOUNDATION 1700 NEW YORK AVENUE NW SUITE 40 WASHINGTON, DC 20006	52-1266620	501(C)(3)	5,000				SPONSORSHIP

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue  
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN HOTEL &amp; LODGING ASSOCIATION

Employer identification number

13-0432130

**Part I Questions Regarding Compensation****Yes****No****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**1b** Yes**2** Yes**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 type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**4a** No**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4b** No**c** Participate in, or receive payment from, an equity-based compensation arrangement?**4c** No

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**5a****5b****a** The organization?**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**6a****6b****a** The organization?**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**7****8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**8****9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHERINE LUGAR PRESIDENT & CHIEF EXECUTIVE OFFICER	(i) 639,351	150,000	4,081	15,900	30,910	840,242	0
	(ii) 0	0	0	0	0	0	0
2 JOORI JEON VICE PRESIDENT & CFO	(i) 369,039	30,000	0	15,900	26,253	441,192	0
	(ii) 0	0	0	0	0	0	0
3 SUSAN K MILES SR VP, INDUSTRY RELATIONS	(i) 212,352	10,000	0	12,625	10,246	245,223	0
	(ii) 0	0	0	0	0	0	0
4 VANESSA G SINDERS SR VP, DEPT HEAD FOR GOVT	(i) 287,132	25,000	0	15,900	18,981	347,013	0
	(ii) 0	0	0	0	0	0	0
5 ROSANNA MAIETTA SR VP, OF MARKETING/COMMUNICATION	(i) 264,245	20,000	0	6,177	3,283	293,705	0
	(ii) 0	0	0	0	0	0	0
6 MATTHEW L MACLAREN SR VP, MEMBER RELATIONS	(i) 231,100	20,000	0	13,590	21,911	286,601	0
	(ii) 0	0	0	0	0	0	0
7 BRIAN CRAWFORD VP, GOVERNMENT & POLITICAL AFFAIRS	(i) 222,435	10,000	0	11,660	4,171	248,266	0
	(ii) 0	0	0	0	0	0	0
8 MARYAM KHAN COPE VP, GOVERNMENT & POLITICAL AFFAIRS	(i) 205,204	1,500	0	12,082	19,049	237,835	0
	(ii) 0	0	0	0	0	0	0
9 CRAIG KALKUT VP, GOVERNMENT & POLITICAL AFFAIRS	(i) 185,994	1,500	0	11,481	18,267	217,242	0
	(ii) 0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES KATHERINE LUGAR - \$4,081 - INCLUDED IN TAXABLE INCOME

## Additional Data

### 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 and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHERINE LUGAR PRESIDENT & CHIEF EXECUTIVE OFFICER	(i) 639,351 - 0	(ii) 150,000 - 0	(iii) 4,081 - 0	(C) 15,900 - 0	(D) 30,910 - 0	(E) 840,242 - 0	(F) 0 - 0
1 JOORI JEON VICE PRESIDENT & CFO	(i) 369,039 - 0	(ii) 30,000 - 0	(iii) 0 - 0	(C) 15,900 - 0	(D) 26,253 - 0	(E) 441,192 - 0	(F) 0 - 0
2 SUSAN K MILES SR VP, INDUSTRY RELATIONS	(i) 212,352 - 0	(ii) 10,000 - 0	(iii) 0 - 0	(C) 12,625 - 0	(D) 10,246 - 0	(E) 245,223 - 0	(F) 0 - 0
3 VANESSA G SINDERS SR VP, DEPT HEAD FOR GOVT	(i) 287,132 - 0	(ii) 25,000 - 0	(iii) 0 - 0	(C) 15,900 - 0	(D) 18,981 - 0	(E) 347,013 - 0	(F) 0 - 0
4 ROSANNA MAIETTA SR VP, OF MARKETING/COMMUNICATION	(i) 264,245 - 0	(ii) 20,000 - 0	(iii) 0 - 0	(C) 6,177 - 0	(D) 3,283 - 0	(E) 293,705 - 0	(F) 0 - 0
5 MATTHEW L MACLAREN SR VP, MEMBER RELATIONS	(i) 231,100 - 0	(ii) 20,000 - 0	(iii) 0 - 0	(C) 13,590 - 0	(D) 21,911 - 0	(E) 286,601 - 0	(F) 0 - 0
6 BRIAN CRAWFORD VP, GOVERNMENT & POLITICAL AFFAIRS	(i) 222,435 - 0	(ii) 10,000 - 0	(iii) 0 - 0	(C) 11,660 - 0	(D) 4,171 - 0	(E) 248,266 - 0	(F) 0 - 0
7 MARYAM KHAN COPE VP, GOVERNMENT & POLITICAL AFFAIRS	(i) 205,204 - 0	(ii) 1,500 - 0	(iii) 0 - 0	(C) 12,082 - 0	(D) 19,049 - 0	(E) 237,835 - 0	(F) 0 - 0
8 CRAIG KALKUT VP, GOVERNMENT & POLITICAL AFFAIRS	(i) 185,994 - 0	(ii) 1,500 - 0	(iii) 0 - 0	(C) 11,481 - 0	(D) 18,267 - 0	(E) 217,242 - 0	(F) 0 - 0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

AMERICAN HOTEL &amp; LODGING ASSOCIATION

OMB No 1545-0047

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

13-0432130

**990 Schedule O, Supplemental Information**

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 ORGANIZATION'S ENTITIES. ALL ACTIONS OF THE EXECUTIVE COMMITTEE MUST BE REVIEWED AND RATIFIED BY THE BOARD BY THE NEXT MEETING.

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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 BYLAW CHANGES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 CHIEF FINANCIAL OFFICER (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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL EMPLOYEES ARE GIVEN THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO SIGN THE 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 COMPLETEING 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/CHIEF EXECUTIVE DIRECTOR AND/OR THE BOARD OF DIRECTORS AND DISCUSSED WITH AMERICAN HOTEL AND LODGING ASSOCIATION'S COUNSEL THE POLICY IS ALSO INCLUDED IN THE BOARD AGENDA ALONG WITH THE ANTI-TRUST LAW AS A REMINDER OF THE POLICY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE MADE UP OF THE CHAIR, VICE CHAIR, IMMEDIATE PAST CHAIR, AND TREASURER/SECRETARY OF AMERICAN HOTEL AND LODGING ASSOCIATION (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 & CHIEF EXECUTIVE DIRECTOR (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 2014.

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES 3,892,904 PENSION SERVICES 10,200 PAYROLL SERVICES 6,984 PERSONNEL RECRUITMENT 5,354

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## AMERICAN HOTEL & LODGING ASSOCIATION

**Employer identification number**

13-043213

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)AMERICAN HOTEL AND LODGING EDUCATIONAL FOUNDATION INC 1250 I STREET NW 1100  WASHINGTON, DC 20005 13-6095316	CREATE AND GRANT AWARDS FOR HOSPITALITY INDUSTRY	NY	501(C)(3)	LINE 12A, I	AMERICAN HOTEL & LODGING ASSOCIATION	Yes	
(2)AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE 800 NORTH MAGNOLIA AVENUE SUITE 300  ORLANDO, FL 32803 38-1557821	DEVELOP INSTRUCTIONAL MATERIAL FOR HOSPITALITY INDUSTRY	MI	501(C)(3)	LINE 12A, I	AMERICAN HOTEL & LODGING ASSOCIATION	Yes	

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

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

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

**Part VII      Supplemental Information**

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

Return Reference	Explanation
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## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-0432130

**Name:** AMERICAN HOTEL & LODGING ASSOCIATION

### Form 990, Schedule R, Part V - Transactions With Related Organizations

	<b>(a) Name of related organization</b>	<b>(b) Transaction type(a-s)</b>	<b>(c) Amount Involved</b>	<b>(d) Method of determining amount involved</b>
<b>(1)</b>	AMERICAN HOTEL & LODGING EDU FOUNDATION	B	897,610	CASH
<b>(1)</b>	AMERICAN HOTEL & LODGING EDU FOUNDATION	J	500,107	CASH
<b>(2)</b>	AMERICAN HOTEL & LODGING EDU FOUNDATION	O	212,893	CASH
<b>(3)</b>	AMERICAN HOTEL & LODGING EDU FOUNDATION	Q	239,932	CASH
<b>(4)</b>	AMERICAN HOTEL & LODGING EDU INSTITUTE	B	448,805	CASH
<b>(5)</b>	AMERICAN HOTEL & LODGING EDU INSTITUTE	O	169,816	CASH
<b>(6)</b>	AMERICAN HOTEL & LODGING EDU INSTITUTE	Q	676,812	CASH
<b>(7)</b>	AMERICAS LODGING INVESTMENT SUMMIT LLC	S	2,375,933	CASH