

Form **990**  
Department 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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

**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

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1250 I STREET NW NO 1100

City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 20005

**D** Employer identification number  
13-0432130

**E** Telephone number  
(202) 289-3100

**G** Gross receipts \$ 35,858,732

**F** Name and address of principal officer  
KEVIN CAREY  
1250 I STREET NW NO 1100  
WASHINGTON, DC 20005

**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)

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

**J** Website: ▶ WWW AHLA COM

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1925

**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 A RESOURCE FOR THE SECTOR

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	62
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	61
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	43
<b>6</b> Total number of volunteers (estimate if necessary)	65
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	50,056

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	344,300	979,375
<b>9</b> Program service revenue (Part VIII, line 2g)	17,732,878	20,095,596
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,397,263	344,197
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252,219	587,108
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,726,660	22,006,276
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,129,424	122,154
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,496,001	6,894,801
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,531,593	16,951,077
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,157,018	23,968,032
<b>19</b> Revenue less expenses Subtract line 18 from line 12	16,569,642	-1,961,756
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	29,393,129	26,101,824
<b>21</b> Total liabilities (Part X, line 26)	6,485,454	6,420,823
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	22,907,675	19,681,001

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2019-10-09  
KEVIN CAREY CHIEF OPERATING OFFICER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: CLIFTONLARSONALLEN LLP  
Preparer's signature: [Signature]  
Date: [Date]  
Check  if self-employed  
PTIN: P01689888  
Firm's EIN: 41-0746749  
Firm's address: 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203  
Phone no: (571) 227-9500

**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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

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

Check if Schedule O contains a response 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 . . . . .	1a	66
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	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? . . . . .	1c	



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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (62); 1b Enter the number of voting members included in line 1a, above, who are independent (61); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (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? (No); 16b 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-A 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 [x] 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
▶ KEVIN CAREY 1250 I STREET NW SUITE 1100 WASHINGTON, DC 20005 (202) 289-3100





**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>	979,375		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		979,375			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEMBERSHIP DUES		900099	12,885,956	12,885,956		
<b>b</b> GOVERNMENT AFFAIRS		900099	5,509,088	5,509,088			
<b>c</b> CERTIFICATION REVENUE		900099	880,962	880,962			
<b>d</b> CONFERENCES		900099	519,590	519,590			
<b>e</b> PARTNERSHIP PROGRAM		900099	300,000	300,000			
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			20,095,596				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			371,824			371,824
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .			186,439			186,439
	<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				
		13,823,479	1,350				
	<b>b</b> Less cost or other basis and sales expenses						
		13,852,456	0				
	<b>c</b> Gain or (loss)						
		-28,977	1,350				
	<b>d</b> Net gain or (loss) . . . . .				-27,627		-27,627
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> RESTRUCTURING	900099		356,946			356,946	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .			43,723			43,723	
<b>e Total.</b> Add lines 11a-11d . . . . .			400,669				
<b>12 Total revenue.</b> See Instructions . . . . .			22,006,276	20,095,596	0	931,305	

**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>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	122,154			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,196,699			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	2,866,628			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	117,590			
<b>9</b> Other employee benefits.	398,632			
<b>10</b> Payroll taxes.	315,252			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	366,212			
<b>c</b> Accounting.	350,463			
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	50,923			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,321,777			
<b>12</b> Advertising and promotion.	284,103			
<b>13</b> Office expenses.	1,234,105			
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	691,174			
<b>17</b> Travel.	396,902			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,468,762			
<b>20</b> Interest.	10,544			
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	302,542			
<b>23</b> Insurance.	77,910			
<b>24</b> 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.)				
<b>a</b> ISSUE RESPONSE FUND	1,115,239			
<b>b</b> RESEARCH	642,554			
<b>c</b> RESTRUCTURING	398,089			
<b>d</b> POLITICAL CONTRIBUTIONS	42,850			
<b>e</b> All other expenses	196,928			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	23,968,032			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,057,705	<b>1</b>	2,487,470
	<b>2</b> Savings and temporary cash investments . . . . .	5,657,375	<b>2</b>	544,362
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	3,897,057	<b>4</b>	3,092,385
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	850,722	<b>9</b>	348,196
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,759,483		
	<b>b</b> Less accumulated depreciation	1,216,756	<b>10c</b>	1,542,727
	<b>11</b> Investments—publicly traded securities . . . . .	15,563,522	<b>11</b>	17,650,488
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	26,366	<b>12</b>	26,366
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	576,148	<b>15</b>	409,830
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	29,393,129	<b>16</b>	26,101,824	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,179,384	<b>17</b>	1,938,019
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,060,815	<b>19</b>	2,401,723
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	2,245,255	<b>25</b>	2,081,081
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,485,454	<b>26</b>	6,420,823
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	22,855,597	<b>27</b>	19,356,001
	<b>28</b> Temporarily restricted net assets . . . . .	52,078	<b>28</b>	325,000
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	22,907,675	<b>33</b>	19,681,001	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	29,393,129	<b>34</b>	26,101,824	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,006,276
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,968,032
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,961,756
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,907,675
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,329,918
<b>6</b>	Donated services and use of facilities	<b>6</b>	65,000
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,681,001

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-0432130

**Name:** AMERICAN HOTEL & LODGING ASSOCIATION

Form 990 (2018)

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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 2018, AHLEF AWARDED ACADEMIC SCHOLARSHIPS TO 795 PROMISING HOSPITALITY MANAGEMENT STUDENTS ATTENDING COLLEGES AND UNIVERSITIES ACROSS THE COUNTRY ADDITIONALLY, 10 HOTEL EMPLOYEES RECEIVED PROFESSIONAL DEVELOPMENT SCHOLARSHIPS FOR CERTIFICATION AND DISTANCE LEARNING TEN SCHOLARSHIP RECIPIENTS WERE SELECTED TO ATTEND THE 2018 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 \$22 MILLION THROUGH ITS PROGRAMS SINCE ITS INCEPTION IN 2018, THE FOUNDATION AWARDED MORE THAN \$1.3 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 ARE 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 AHLA 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, AHLA AND ITS AFFILIATES OFFER MORE THAN 20 COMMITTEES

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**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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK CARRIER ..... CHAIR OF THE BOARD OF DIRECTORS	1 00 ..... 2 00	X		X				0	0	0
GEOFF BALLOTTI ..... VICE CHAIR OF THE BOARD OF DIRECTORS	1 00 ..... 2 00	X		X				0	0	0
JON BORTZ ..... SECRETARY TREASURER OF THE BOARD OF DIRECTORS	1 00 ..... 2 00	X		X				0	0	0
DAVE JOHNSON ..... CHAIR OF THE BOARD OF TRUSTEES	1 00 ..... 2 00	X		X				0	0	0
JAMES ABRAHAMSON ..... IMMEDIATE PAST CHAIR OF THE BOARD OF DIRECTORS	1 00 ..... 2 00	X		X				0	0	0
ALAN FUERSTMAN ..... DIRECTOR	1 00 .....	X						0	0	0
ALEX CABANAS ..... DIRECTOR	1 00 .....	X						0	0	0
ALEX TISCH ..... DIRECTOR	1 00 .....	X						0	0	0
AMANDA HITE ..... DIRECTOR	1 00 .....	X						0	0	0
ANDREW ALEXANDER ..... 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY BLOOM ..... DIRECTOR	1 00 .....	X						0	0	0
BEN SEIDEL ..... DIRECTOR	1 00 .....	X						0	0	0
BOB MORSE ..... DIRECTOR	1 00 .....	X						0	0	0
BOB SMITH ..... DIRECTOR	1 00 .....	X						0	0	0
CHRIS MANLEY ..... DIRECTOR	1 00 .....	X						0	0	0
CLINTON ANDERSON ..... DIRECTOR	1 00 .....	X						0	0	0
DANIEL HANSON ..... DIRECTOR	1 00 .....	X						0	0	0
DAVID GRISSEN ..... DIRECTOR	1 00 .....	X						0	0	0
DJ RAMA ..... DIRECTOR	1 00 .....	X						0	0	0
DOUG DREHER ..... 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC TERRY ..... DIRECTOR	1 00 .....	X						0	0	0
GLEND A MCNEAL ..... DIRECTOR	1 00 .....	X						0	0	0
GREG MILLER ..... DIRECTOR	1 00 .....	X						0	0	0
JAGRUTI PANWALA ..... DIRECTOR	1 00 .....	X						0	0	0
JAMIE SABATIER ..... DIRECTOR	1 00 .....	X						0	0	0
JAY SHAH ..... DIRECTOR	1 00 .....	X						0	0	0
JEFFREY BROWN ..... DIRECTOR	1 00 .....	X						0	0	0
JEREMY WELTER ..... DIRECTOR	1 00 .....	X						0	0	0
JOEL EISEMANN ..... DIRECTOR	1 00 .....	X						0	0	0
JOHN ARABIA ..... 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BELDEN ..... DIRECTOR	1 00 .....	X						0	0	0
JOHN CAMPBELL ..... DIRECTOR	1 00 .....	X						0	0	0
JUSTIN KNIGHT ..... DIRECTOR	1 00 .....	X						0	0	0
KATIE FALLON ..... DIRECTOR	1 00 .....	X						0	0	0
KEITH CLINE ..... DIRECTOR	1 00 .....	X						0	0	0
KEITH OVERTON ..... DIRECTOR	1 00 .....	X						0	0	0
KEN GREENE ..... DIRECTOR	1 00 .....	X						0	0	0
KEVIN FRID ..... DIRECTOR	1 00 .....	X						0	0	0
LEN WOLMAN ..... DIRECTOR	1 00 .....	X						0	0	0
LYNN MOHRFELD ..... 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BRUGGER ..... DIRECTOR	1 00 .....	X						0	0	0
MICHAEL MEDZIGIAN ..... DIRECTOR	1 00 .....	X						0	0	0
MICK MCLLWAIN ..... DIRECTOR	1 00 .....	X						0	0	0
MIKE BARNELLO ..... DIRECTOR	1 00 .....	X						0	0	0
MIKE DEITEMEYER ..... DIRECTOR	1 00 .....	X						0	0	0
NICK KELLOCK ..... DIRECTOR	2 00 .....	X						0	0	0
PAUL SACCO ..... DIRECTOR	1 00 .....	X						0	0	0
PETER SEARS ..... DIRECTOR	1 00 .....	X						0	0	0
PETER STREBEL ..... DIRECTOR	1 00 .....	X						0	0	0
PRATIK PATEL ..... 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PREM DAVADAS ..... DIRECTOR	1 00 .....	X						0	0	0
RICHARD KELLEHER ..... DIRECTOR	1 00 .....	X						0	0	0
RICHARD TAKACH JR ..... DIRECTOR	1 00 .....	X						0	0	0
ROB KLINE ..... DIRECTOR	1 00 .....	X						0	0	0
ROB SNYDER ..... DIRECTOR	2 00 1 00 .....	X						0	0	0
ROBERT PALLESCHI ..... DIRECTOR	1 00 .....	X						0	0	0
RON POHL ..... DIRECTOR	1 00 .....	X						0	0	0
STEVE BARTOLIN ..... DIRECTOR	1 00 .....	X						0	0	0
TERRI HAACK ..... DIRECTOR	1 00 .....	X						0	0	0
TOM CORCARAN ..... 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER ISENBERG ..... DIRECTOR	1 00 .....	X						0	0	0
JAMES AMOROSIA ..... DIRECTOR (UNTIL 06/18)	1 00 .....	X						0	0	0
ROSS BIERKAN ..... DIRECTOR (UNTIL 08/18)	1 00 .....	X						0	0	0
GERALD CHASE ..... DIRECTOR (UNTIL 06/18)	1 00 .....	X						0	0	0
ROBERT HABEEB ..... DIRECTOR (UNTIL 02/18)	1 00 .....	X						0	0	0
GREG JUCEAM ..... DIRECTOR (UNTIL 07/18)	1 00 .....	X						0	0	0
VERA MANOUKIAN ..... DIRECTOR (UNTIL 07/18)	1 00 .....	X						0	0	0
BOB MORSE ..... DIRECTOR (UNTIL 11/18)	1 00 .....	X						0	0	0
KATHERINE LUGAR ..... CHIEF EXECUTIVE OFFICER	32 00 .....	X		X				1,114,831	0	37,482
KEVIN CAREY ..... CHIEF OPERATING OFFICER	8 00 40 00 .....			X				418,034	0	22,146

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	Officer	Key employee	Highest compensated employee	Former			
MIKE WILLIAMS ..... CHIEF FINANCIAL OFFICER	16 00 ..... 4 00			X				207,500	0	0
JEON JOORI ..... CFO (UNTIL 7/18)	40 00 ..... 5 00			X				296,654	0	7,105
BRIAN CRAWFORD ..... SVP, GOVERNMENT AFFAIRS	40 00 .....				X			383,448	0	23,194
ROSANNA MAIETTA ..... SVP, MARKETING AND COMMUNICATIONS	36 00 ..... 4 00				X			390,330	0	21,033
SUSAN K MILES ..... SVP, INDUSTRY RELATIONS	40 00 .....				X			259,525	0	15,417
AMANDA FRANKS ..... VP, CAMPAIGN COMMUNICATIONS	40 00 .....					X		209,473	0	32,775
AMY TRAVIESO ..... VP, GOVERNMENT AFFAIRS	40 00 .....					X		194,860	0	23,290
CRAIG KALKUT ..... VP, GOVERNMENT AFFAIRS	40 00 .....					X		205,999	0	19,316
KALYN STEPHENS ..... VP, GOVERNMENT AFFAIRS	40 00 .....					X		179,000	0	4,644
MICHAEL TROY FLANAGAN ..... SVP, GOVERNMENT AFFAIRS	40 00 .....					X		199,600	0	17,705

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**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
--	--

**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 (see instructions for definition of "political campaign activities")	▶
2 Political campaign activity expenditures (see instructions)	▶ \$ 42,850
3 Volunteer hours for political campaign activities (see instructions)	▶

**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	▶ \$ 42,850
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ 42,850
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 See Additional Data Table				
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.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


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) 2015	(b) 2016	(c) 2017	(d) 2018	(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)).**

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	12,885,956
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	2,686,399
<b>b</b> Carryover from last year	<b>2b</b>	-6,507,727
<b>c</b> Total	<b>2c</b>	-3,821,328
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	2,319,472
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	-6,140,800

**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

**Additional Data****Software ID:****Software Version:****EIN:** 13-0432130**Name:** AMERICAN HOTEL & LODGING ASSOCIATION**Form 990, Schedule C, Part 1-C, Line 5**

<b>(a)</b> Name	<b>(b)</b> Address	<b>(c)</b> EIN	<b>(d)</b> Amount paid from filing organization's funds If none, enter -0-	<b>(e)</b> Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
REPUBLICAN GOVERNORS ASSOCIATION	1747 PENNSYLVANIA AVENUE NW SUITE WASHINGTON, DC 20006	113655877	25000	
FLORIDA REPUBLICAN SENATORIAL CAMPAIGN COMMITTEE	2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	472058962	10000	
KENYAN MCDUFFIE 2018	PO BOX 91157 WASHINGTON, DC 20090	822898406	500	
MENDELSON FOR CHAIRMAN	1239 E STREET SE WASHINGTON, DC 20003	455637413	1500	
RE-ELECT MURIEL BOWSER OUR MAYOR	PO BOX 90668 WASHINGTON, DC 20090		2000	
WESSON OFFICEHOLDER ACCOUNT	777 S FIGUEROA STREET 4050 LOS ANGELES, CA 90017	342050845	800	
COUNCILMEMBER MONICA RODRIGUEZ	PO BOX 331016 PACOIMA, CA 91333	813148162	800	
HANCOCK FOR DENVER	PO BOX 46271 DENVER, CO 80201	273946049	250	
FRIENDS OF KIMBERLY PINE	PO BOX 2635 EWA BEACH, HI 96706	753137659	2000	

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
AMERICAN HOTEL & LODGING ASSOCIATION

**Employer identification number**  
13-0432130

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</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

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		1,558,849	488,410	1,070,439
<b>d</b> Equipment . . . . .		1,200,634	728,346	472,288
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,542,727

**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)	
<b>Total.</b> (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	2,011,861
DUE TO AFFILIATED ASSOCIATIONS	45,000
CAPITAL LEASE LIABILITY	24,220
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

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.

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

**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.

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

**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	



## 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name 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...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 STIPULATES HOW ANY GRANT FUNDING WILL BE USED TO RECIPIENT ORGANIZATIONS AND IS MONITORED THROUGH ANY SPECIFIC GRANT DELIVERABLES BACK TO THE ORGANIZATION

**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.**

<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
ASAE & THE CENTER FOR ASSOCIATION LEADERSHIP 1575 I STREET NW WASHINGTON, DC 20005	53-0026940	501(C)(6)	6,000				SUPPORT THE ASSOCIATION INDUSTRY
GREATER BOSTON CONVENTION & VISITORS BUREAU TWO COPLEY PLACE SUITE 105 BOSTON, MA 02116	04-2554943	501(C)(6)	50,000				PROMOTE TOURISM

**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
SHATTER PROOF 101 MERRITT 7 CORPORATE PARK 1ST FLOOR NORWALK, CT 06851	45-4619712	501(C)(3)	10,000				DEFEAT ADDICTION
THE GOVERNMENT AFFAIRS COUNCIL 108 N COLUMBUS STREET 2ND FLOOR ALEXANDRIA, VA 20005	52-1067087	501(C)(6)	7,500				ADOVOCACY

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

# Compensation Information

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2018

**Open to Public Inspection**

Name of the organization  
AMERICAN HOTEL & LODGING ASSOCIATION

Employer identification number  
13-0432130

## Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b> Yes	
<b>2</b> 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?	<b>2</b> Yes	
<b>3</b> 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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?	<b>5a</b>	
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	
<b>6</b> 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		
<b>a</b> The organization?	<b>6a</b>	
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	
<b>8</b> 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	<b>8</b>	
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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 - \$8,280 - INCLUDED IN TAXABLE INCOME

Return Reference	Explanation
PART I, LINE 4A	JOORI JEON (PRIOR CFO) RECEIVED A TOTAL SEVERANCE PAYMENT OF \$296,654





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

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

AMERICAN HOTEL & LODGING ASSOCIATION

Employer identification number

13-0432130

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>THE EXECUTIVE COMMITTEE OF THE BOARD IS COMPOSED OF UP TO 20 INDIVIDUALS WHICH INCLUDES THREE CURRENT ELECTED OFFICERS, PRESIDENT OF THE ASSOCIATION, IMMEDIATE PAST CHAIR, UP TO FIVE MEMBERS OF THE BRANDS COUNCIL, UP TO FIVE MEMBERS OF THE OWNERS COUNCIL, UP TO THREE MEMBERS OF THE MANAGEMENT COMPANIES COUNCIL, AND UP TO FOUR MEMBERS WHO ARE PARTNER STATE HOTEL ASSOCIATIONS, AND ONE MEMBER OF THE INDEPENDENT HOTELS COUNCIL THE EXECUTIVE COMMITTEE SHALL CONDUCT THE NECESSARY BUSINESS OF THE ORGANIZATION BETWEEN MEETINGS OF THE BOARD OF DIRECTORS INCLUDING REGULAR OVERSIGHT OF ALL THE ORGANIZATIONS ENTITIES ALL ACTIONS OF THE EXECUTIVE COMMITTEE MUST BE REVIEWED AND RATIFIED BY THE BOARD BY THE NEXT MEETING</p>

# 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT COMMITTEE BEFORE FILING A DRAFT OF FORM 990 IS PROVIDED TO THE CHAIR OF THE AUDIT COMMITTEE PRIOR TO FILING THE CHAIR REVIEWS THE ENTIRE RETURN AND DIRECTS ANY QUESTIONS TO THE CHIEF FINANCIAL OFFICER (CFO) QUESTIONS ARE COMMUNICATED TO THE CFO THAT MAY LEAD TO REVISIONS TO THE RETURN BEFORE IT IS FINALIZED AND FILED WITH THE INTERNAL REVENUE SERVICE

**990 Schedule O, Supplemental Information**

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

**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 AH&LA REVIEWS THE "ASSOCIATION EXECUTIVE COMPENSATION & BENEFITS STUDY" PUBLISHED BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES THIS STUDY EXAMINES THE SALARIES AND EMPLOYMENT BENEFITS OF CHIEF EXECUTIVE OFFICERS ON NON-PROFIT ORGANIZATIONS, AS WELL AS OTHER KEY POSITIONS THE STUDY IS BROKEN DOWN INTO GEOGRAPHIC LOCATION OF NON-PROFIT ORGANIZATIONS AND BUDGET SIZE THE COMPENSATION AND BENEFITS OF THE CEO ARE MEASURED AGAINST THE RESULTS OF THE STUDY ADDITIONALLY, THE BOARD OF DIRECTORS GIVES ITS FINAL APPROVAL IN HIRING THE CEO AND DETERMINES HIS/HER COMPENSATION THIS PROCESS WAS LAST COMPLETED IN 2018 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, BUT ANOTHER STUDY IS PLANNED FOR 2019

# 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	ADVERTISING / MEDIA 4,643,462 PUBLIC AFFAIRS 1,018,331 DIGITAL STRATEGY 856,052 MANAGEM ENT CONSULTING 410,898 BUSINESS SERVICES 290,604 BUSINESS CONSULTING 2,102,430

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN HOTEL & LODGING ASSOCIATION

**Employer identification number**

13-0432130

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" 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
<b>(1)</b> 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 12B, II	AMERICAN HOTEL & LODGING ASSOCIATION	Yes	
<b>(2)</b> 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 12B, II	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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> AMERICAN HOTEL & LODGING ASSOCIATION DIRECTORY CORPORATION  1250 I STREET NW SUITE 1100 WASHINGTON, DC 20005 13-0432100	PUBLISHER	NY	AMERICAN HOTEL & LODGING ASSOCIATION	C	-812		100.000 %	Yes	

**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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	I	248,293	CASH
(2) AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	N	91,584	CASH
(3) AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	O	120,492	CASH
(4) AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	Q	200,197	CASH
(5) AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	Q	224,194	CASH
(6) AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	O	160,695	CASH



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

## Additional Data

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	I	248,293	CASH
(1)	AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	N	91,584	CASH
(2)	AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	O	120,492	CASH
(3)	AMERICAN HOTEL & LODGING EDUCATIONAL FOUNDATION INC	Q	200,197	CASH
(4)	AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	Q	224,194	CASH
(5)	AMERICAN HOTEL AND LODGING EDUCATIONAL INSTITUTE	O	160,695	CASH