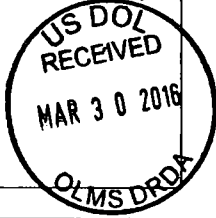


# FORM LM-10 EMPLOYER REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016

For Official Use Only



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

Part A

6020533

|   |  |  |  |
|---|--|--|--|
| 1. File Number E- <del>5579</del> <b>5579</b>   |  | 2. Fiscal Year Covered From: <b>01/01/2015</b> Through: <b>12/31/2015</b>  |  |
| 3. Name and address of Reporting Employer (inc. trade name, if any).<br>Employer <b>Hilton Worldwide, Inc.</b><br>Trade Name <b>f/n/a Hilton Hotels Corporation</b><br>Attention To <b>Joe Berger</b><br>Title <b>Area President of Operations-Americas</b><br>Mailing Address<br>P.O. Box, Bldg., Room No., if any <b>1100</b><br>Street <b>7930 Jones Branch Drive</b><br>City <b>McLean</b><br>State <b>VA</b> ZIP Code + 4 <b>22102</b> |  | 4. Name and address of President or corresponding principal officer, if different from address in Item 3.<br>Name _____<br>P.O. Box, Building and Room Number, If any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____  |  |
| 5. Any other address where records necessary to verify this report will be available for examination.<br>Name <b>Anna Washburn</b><br>Title <b>Manager of Labor Relations</b><br>Organization <b>Hilton Worldwide, Inc.</b><br>P.O. Box, Building and Room Number, If any _____<br>Street <b>720 S Michigan Avenue</b><br>City <b>Chicago</b><br>State <b>IL</b> ZIP Code + 4 <b>60607</b>  |  | 6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.<br><input type="checkbox"/> Address in Item 3<br><input type="checkbox"/> Address in Item 4<br><input checked="" type="checkbox"/> Address in Item 5 |  |
| 7. Type of organization.<br><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify)   |  |  |  |

## Signatures

Each of the undersigned, duly authorized officers of the above employer declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VIII on penalties in the instructions.)

13. Signed President  
(if other title, see Instructions)  
Title: **Area President of Operations- Americas**

14. Signed Treasurer  
(if other title, see instructions)  
Title: **Senior Vice President and Treasurer**

On **3/29/2016** **703-883-1025**  
Date Telephone Number

On **3/31/2016** **703-883-1016**  
Date Telephone Number

Name of Reporting Employer: HILTON WORLDWIDE, INC.

File Number E-~~5579~~5579**8. Type of Reportable Activity Engaged In By Employer**

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

**DURING THE FISCAL YEAR COVERED BY THIS REPORT:**If "Yes", number  
of Part Bs  
attached

- |   | YES                                 | NO                                  |           |
|---|-------------------------------------|-------------------------------------|-----------|
| 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>44</u> |
| 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____     |
| 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____     |
| 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____     |
| 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>18</u> |
| 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____     |

**TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 62**

## Part B

|   |  |  |  |                            |  |  |
|---|--|--|--|----------------------------|--|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |  |
|---|--|--|--|----------------------------|--|--|

|  |  |                                   |                                   |                                   |                                   |                                   |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

|  |   |
|--|---|
| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Edward A. Abbott</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>Suite 400</b></u></p> <p>Street <u><b>1750 New York Ave NW</b></u></p> <p>City <u><b>Washington</b></u></p> <p>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20006</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u><b>01/22/2015</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><u><b>General Organizer</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>Intl Assn of Bridge, Structural, Ornamental and Reinforcing Iron Workers (IABSORIW)</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>Suite 400</b></u></p> <p>Street <u><b>1750 New York Ave NW</b></u></p> <p>City <u><b>Washington</b></u></p> <p>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20006</b></u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
|--|---|

|   |  |   |
|---|--|---|
| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>1/21/15</b></u></p> <p><u><b>1/21/15</b></u></p> <p><u><b>1/22/15</b></u></p> <p>_____</p> <p>_____</p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$210.00</b></u></p> <p><u><b>\$50.00</b></u></p> <p><u><b>\$25.00</b></u></p> <p>_____</p> <p>_____</p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>Complimentary guest room during site visit</b></u></p> <p><u><b>Complimentary arrival amenity</b></u></p> <p><u><b>Complimentary lunch</b></u></p> <p>_____</p> <p>_____</p> |
|---|--|---|

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Edward A. Abbott, General Organizer, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union has held large group events at the hotel and is a repeat customer and Edward A. Abbott visited the Hotel to evaluate its suitability as the event site, as it has done for other customers in similar situations, Hilton's managers met with him on January 22, 2015, to discuss the possibility of holding the Union's 2016 Apprenticeship Training Conference and other possible opportunities for future events to take place at Hilton Americas-Houston, and provided him with complimentary accommodations, gift basket room amenity, & lunch. The complimentary items above related to Edward A. Abbott's role as a current and future customer of Hilton. Edward A. Abbott did not give or promise or agree to anything in exchange for the complimentary items stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

|   |  |  |  |                            |  |
|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
|---|--|--|--|----------------------------|--|

|  |  |                                   |                                   |                                   |                                   |                                   |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

|  |   |
|--|---|
| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Assistant Secretary</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Leroy Barr</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>52 Broadway</b></u><br><br>City <u><b>New York</b></u><br><br>State <u><b>NY</b></u> ZIP Code + 4 <u><b>10004</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>United Federation of Teachers</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>52 Broadway</b></u><br><br>City <u><b>New York</b></u><br><br>State <u><b>NY</b></u> ZIP Code + 4 <u><b>10004</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
|---|---|--|
| <u><b>03/13/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>03/27/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>04/16/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>08/30/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>09/19/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>09/25/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>10/16/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>11/13/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As Assistant Secretary of the United Federation of Teachers, Leroy Barr has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Leroy Barr with amenities. The Amenities related solely to Leroy Barr's role as a current and future group events customer of Hilton through his role with the Union. Leroy Barr did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

|   |  |  |  |                            |  |
|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Matthew Biggs</b></u><br/> P.O. Box, Building and Room Number, If any<br/> <br/> Street <u><b>501 3rd Street, NW, Suite 701</b></u><br/> City <u><b>Washington</b></u><br/> State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/> <u><b>Legislative Director &amp; Assistant to the President</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/> <u><b>International Federation of Professional Technical Engineer (IFPTE)</b></u><br/> P.O. Box, Building and Room Number, If any<br/> <br/> Street <u><b>501 3rd Street, NW, Suite 701</b></u><br/> City <u><b>Washington</b></u><br/> State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u></p> |
| <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/> <u><b>See Below</b></u></p>  | <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/> (*Written agreements entered into during the fiscal year must be attached.)</p>  |

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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>03/07-11/2015</b></u><br/> <u><b>03/07-11/2015</b></u><br/> <u><b>03/09/2015</b></u><br/> <u><b>06/11/2015</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$880.00</b></u><br/> <u><b>\$125.65</b></u><br/> <u><b>\$47.30</b></u><br/> <u><b>\$19.00</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>Discounted One-Bedroom Suite for 4 nights</b></u><br/> <u><b>Complimentary Resort Charge</b></u><br/> <u><b>Breakfast</b></u><br/> <u><b>Amenity</b></u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Legislative Director and Assistant to the Director for the International Federation of Professional Technical Engineers, Matthew Biggs has a role in decided where the group's events will be held. Mr. Biggs attended a site visit of the Hilton Hawaiian Village from March 7 through March 11, 2015. The Hotel provided one Tapa one-bedroom suite at the rate of \$259.00 per night, a discount from the hotel rate at that time of \$479.00 per night. The hotel also waived the resort charge for the duration of the stay and provided breakfast on March 9, 2015.

During his stay at the Hilton Seattle Airport on June 11, 2015, and as it has done for many other current and prospective clients in similar situations, the hotel provided Matthew Biggs with a complimentary amenity.

The expenditures outlined above related solely to Matthew Bigg's role as a current and future group events customer of Hilton through his role with the Union. Mr. Biggs did not give or promise or agree to anything improper in exchange for these expenditures. The values provided in Section 11b are our best good faith estimates of these expenditures.

|   |  |  |  |                            |  |
|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
|---|--|--|--|----------------------------|--|

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|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

|   |  |
|---|--|
| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Rick Brown</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>3302 McGinnis Ferry Rd</b></u></p> <p>City <u><b>Suwanee</b></u></p> <p>State <u><b>GA</b></u> ZIP Code + 4 <u><b>30024</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>See Below</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</p> <p style="text-align: center;"><u><b>Executive Assistant</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <u><b>UFCW Local 324</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>3302 McGinnis Ferry Rd</b></u></p> <p>City <u><b>Suwanee</b></u></p> <p>State <u><b>GA</b></u> ZIP Code + 4 <u><b>33024</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
|---|--|

|  |  |   |
|--|--|---|
| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>05/27/2015</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$600.00</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>Gift Certificate</b></u></p> |
|--|--|---|

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Rick Brown of the UFCW requested a gift certificate from the Embassy Suites at Kingston Plantation to be raffled off at their Leadership Meeting to be held on May 27, 2015. As the hotel has done for current and future clients in similar situations, the hotel donated a gift certificate for a night-stay valued at \$600.00. The Hotel understands that that it was not giving the gift certificate to Rick Brown for his own use. Rick Brown did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided are Section 11b is our best good faith estimates of the expenditure.

## Part B

|   |                            |
|---|----------------------------|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> | File Number E- <b>5579</b> |
|---|----------------------------|

|  |  |                                   |                                   |                                   |                                   |                                   |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

|   |   |
|---|---|
| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Deborah Cardenas</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>2525 W Alameda Ave.</b></u></p> <p>City <u><b>Denver</b></u></p> <p>State <u><b>Colorado</b></u> ZIP Code + 4 <u><b>80219</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><u><b>Event Coordinator</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>SEIU Local 105</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>2525 W. Alameda Ave</b></u></p> <p>City <u><b>Denver</b></u></p> <p>State <u><b>Colorado</b></u> ZIP Code + 4 <u><b>80219</b></u></p> |
| <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u><b>October 26, 2015</b></u></p>   | <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>   |

|  |  |   |
|--|--|---|
| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>12/05/2015</b></u></p> <p><u><b>12/05/2015</b></u></p> <p><u><b>12/05/2015</b></u></p> <p><u><b>12/05/2015</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$119.00 (room)</b></u></p> <p><u><b>\$32.00 (breakfast - 2)</b></u></p> <p><u><b>\$119.00 (room)</b></u></p> <p><u><b>\$32.00 (breakfast - 2)</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>Gift Certificates for an overnight stay with breakfast for 2 to be used as a raffle item</b></u></p> <p><u><b>Gift Certificates for an overnight stay with breakfast for 2 to be used as a raffle item</b></u></p> |
|--|--|---|

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Deborah Cardenas, Event Coordinator of the SEIU Local 105, requested gift certificates from Doubletree by Hilton Denver Stapleton North to be auctioned off by the Union at its Annual Holiday Party SEIU Local 105 Holiday Party on 12/5/15. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated 2 complimentary gift certificates for a Weekend Stay for Two and complimentary breakfast. The Hotel understands that it was not giving the gift certificate to Deborah Cardenas for her own use. Deborah Cardenas did not give or promise or agree to anything in exchange for the complimentary gift certificate. The values provided in Section 11b are our best good faith estimate of the expenditures.

## Part B

|   |  |  |  |                            |  |
|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Business Manager</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Reginald Castanares</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>1109 Bethel Street, Lower Level</b></u><br>City <u><b>Honolulu</b></u><br>State <u><b>Hawaii</b></u> ZIP Code + 4 <u><b>96813</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>Plumbers &amp; Fitters Local 675</b></u><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>1109 Bethel Street, Lower Level</b></u><br>City <u><b>Honolulu</b></u><br>State <u><b>Hawaii</b></u> ZIP Code + 4 <u><b>96813</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).                         | 11.b. Amount of each payment or expenditure                                 | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)                            |
| <u><b>06/20/2015</b></u><br><u><b>12/12/2015</b></u><br>_____<br>_____<br>_____ | <u><b>\$599.00</b></u><br><u><b>\$599.00</b></u><br>_____<br>_____<br>_____ | <u><b>One night complimentary accommodations</b></u><br><u><b>One night complimentary accommodations</b></u><br>_____<br>_____<br>_____ |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As Business Manager of the Plumbers & Fitters Local 675, Reginald Castanares has a role in deciding where the Union's events will be held. During his hotel stay at the Hilton Hawaiian Village, Waikiki Resort, on June 20, 2015 for the Plumbers & Fitters Local 75 Apprenticeship Graduation and December 12, 2015 for the Plumbers & Fitters Local 675 Holiday Party, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Reginald Castanares with a complimentary hotel room. The discounted hotel accommodation related solely to Reginald Castanares' role as a current and future group events customer of Hilton through his role with the Union. Reginald Castanares did not give or promise or agree to anything in exchange for the discounted hotel accommodation. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.



## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Ellen Conboy</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>3 Research Place</b></u></p> <p>City <u><b>Rockville</b></u></p> <p>State <u><b>MD</b></u> ZIP Code + 4 <u><b>20850</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>See Below</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Executive Director and National Representative</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>Cooperating Railway Labor Organization</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>3 Research Place</b></u></p> <p>City <u><b>Rockville</b></u></p> <p>State <u><b>MD</b></u> ZIP Code + 4 <u><b>20850</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>02/13/2015</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$1,000.00</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>100,000 HHonors Points</b></u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Executive Director and National Representative of the Cooperating Railway Labor Organization, Ellen Conboy has a role in deciding where the union's events will be held. Following the group's hotel stay at the Diplomat Resort & Spa from January 31 to February 13, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the hotel provided Ellen Conboy with HHonors points. The points related solely to Ellen Conboy's role as a current and future group events customer of Hilton through her role with the Union. Ellen Conboy did not give or promise or agree to anything in exchange for the hotel points. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Director of Operations</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Bobby Crider</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>6<sup>th</sup> Floor</b></u><br><br>Street <u><b>815 16<sup>th</sup> Street NW</b></u><br><br>City <u><b>Washington, DC</b></u><br><br>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20006</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>North America's Building Trades Unions</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>6<sup>th</sup> Floor</b></u><br><br>Street <u><b>815 16<sup>th</sup> St NW</b></u><br><br>City <u><b>Washington</b></u><br><br>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20006</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).  | 11.b. Amount of each payment or expenditure   | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)  |
| <u><b>04/09/2015</b></u><br><u><b>04/09/2015</b></u><br><u><b>04/11/2015</b></u><br><u><b>04/13/2015</b></u><br><u><b>06/12/2015</b></u> | <u><b>\$124.00</b></u><br><u><b>\$183.00</b></u><br><u><b>\$80.40</b></u><br><u><b>\$65.78</b></u><br><u><b>\$64.00</b></u> | <u><b>Suite decor</b></u><br><u><b>VIP Amenity</b></u><br><u><b>Amenity for Staff Office</b></u><br><u><b>Amenity for Staff Office</b></u><br><u><b>Meal with business discussion</b></u> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As Director of Operations of the North Americas Building Trades Unions, Bobby Crider has a role in deciding where the Union's events will be held. As it has done for other current and prospective group meeting customers in similar situations, the Hotel provided Bobby Crider décor in his suite during the BCTD convention and amenities for the organization's loyalty to Washington Hilton after meeting at our Hotel for 49 years, with contracts committing BCTD to meet at Washington Hilton through the year 2020. On June 12, 2015 representatives of the hotel met with Bobby Crider to discuss current and future business over a meal, as it has for other clients in similar situations. The expenditures related solely to his role as a current and future group events customer of Hilton through his role with the Union. Bobby Crider did not give or promise or agree to anything in exchange for the expenditures. The value provided in Section 11b is our best good faith estimate of the expenditures.

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Tracie Dean</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 400</u></p> <p>Street <u>1750 New York Avenue NW</u></p> <p>City <u>Washington</u></p> <p>State <u>DC</u> ZIP Code + 4 <u>20006</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>Int'l Assn. of Bridge, Structural &amp; Ornamental Iron Workers</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>400</u></p> <p>Street <u>1750 New York Avenue NW</u></p> <p>City <u>Washington</u></p> <p>State <u>DC</u> ZIP Code + 4 <u>20006</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u>02/28/2015</u>                                       | <u>\$1,762.00</u>                           | <u>Discounted suite – paid \$238, valued at \$2,000</u>  |
| <u>02/28/2015</u>                                       | <u>\$200.00</u>                             | <u>Amenity – snacks, water, wine</u>   |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Tracie Dean assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold a large group event at the Hilton Chicago and the Union is a repeat customer, as it has done for other customers in similar situations, during the site visit to discuss future business opportunities held at the Hilton Chicago Hotel on February 28, 2015, the Hotel provided a discounted one night suite and a complimentary amenity. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Traci Dean did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Nerissa Diego</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>1516 S. King Street</b></u></p> <p>City <u><b>Honolulu</b></u></p> <p>State <u><b>Hawaii</b></u> ZIP Code + 4 <u><b>96826</b></u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/>Business Agent</p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>UNITE HERE LOCAL 5</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>1516 S. King Street</b></u></p> <p>City <u><b>Honolulu</b></u></p> <p>State <u><b>Hawaii</b></u> ZIP Code + 4 <u><b>96826</b></u></p> |
| <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><u><b>Pre 2012 (exact date unknown)</b></u></p>  | <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>  |

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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>Multiple Dates</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$584.00</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>Validated Parking – 73 passes</b></u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

The Hotel provides complimentary validated parking for UNITE HERE Local 5 business agents when they are engaged in union representation business at the Hilton Hawaiian Village. The value of each validation is \$8 per ticket. Nerissa Diego did not give or promise or agree to anything in exchange for the validated parking. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Mr. Brian Dunn</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>7050 Oakland Mills Rd., Suite 200</b></u></p> <p>City <u><b>Columbia</b></u></p> <p>State <u><b>MD</b></u> ZIP Code + 4 <u><b>21046</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>See Below</b></u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><u><b>Secretary - Treasurer</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>Road Sprinkler Fitters UA Local No. 669</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>7050 Oakland Mills Rd., Suite 200</b></u></p> <p>City <u><b>Columbia</b></u></p> <p>State <u><b>MD</b></u> ZIP Code + 4 <u><b>21046</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>11/05/2015</b></u></p> <p><u><b>11/05/2015</b></u></p> <p> </p> <p> </p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$518.47</b></u></p> <p><u><b>\$933.25</b></u></p> <p> </p> <p> </p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>51,847 HHonor Points</b></u></p> <p><u><b>51,847 Airline miles</b></u></p> <p> </p> <p> </p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Secretary Treasurer of the Road Sprinkler Fitters UA Local 669, Brian Dunn has a role in deciding where the union's events will be held. Following the group's hotel stay at the Hilton Myrtle Beach, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Brian Dunn with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Brian Dunn's role as a current and future group events customer of Hilton through his role with the Union. Brian Dunn did not give or promise or agree to anything in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

Name of Reporting Employer: **HILTON WORLDWIDE INC.**File Number E- **E-5579**

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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Staff Director</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Ellie Engler</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>52 Broadway</b><br>City <b>New York</b><br>State <b>NY</b> ZIP Code + 4 <b>10004</b> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><b>United Federation of Teachers</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>52 Broadway</b><br>City <b>New York</b><br>State <b>NY</b> ZIP Code + 4 <b>10004</b> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><b>See Below</b>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <b>03-10/2015</b>                                       | <b>\$7,142.42</b>                           | <b>712,842 HHonors Points</b>  |
| <b>08/30/2015</b>                                       | <b>\$139.00</b>                             | <b>Amenity</b>   |
| <b>09/19/2015</b>                                       | <b>\$139.00</b>                             | <b>Amenity</b>   |
| <b>04/03/2015</b>                                       | <b>\$305.00</b>                             | <b>Gift Certificate</b>  |
| <b>04/03/2015</b>                                       | <b>\$305.00</b>                             | <b>Gift Certificate</b>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As Staff Director of the United Federation of Teachers, Ellie Engler has a role in deciding where the union's events will be held. Following the group's hotel stays at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Ellie Engler with HHonors Points. During two stays at the Hilton Westchester, the hotel provided Ellie Engler with an amenity. Ellie Engler requested gift certificates from the Hilton New York Midtown to be raffled at the Spring Conference on May 30, 2015. As it has done for other customers in similar situations, the Hotel donated two complimentary gift certificates for a one-night stay. The Hotel understands that it was not giving the gift certificates to Ellie Engler for her own use. The expenditures related solely to Ellie Engler's role as a current and future group events customer of Hilton through her role with the Union. Ellie Engler did not give or promise or agree to anything in exchange for the expenditures. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> | File Number E- <b>5579</b> |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Secretary-Treasurer</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Peter Finn</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>453 San Mateo Avenue</b><br>City <b>San Bruno</b><br>State <b>CA</b> ZIP Code + 4 <b>94066</b> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><b>Teamsters Union Local 856</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>453 San Mateo Avenue</b><br>City <b>San Bruno</b><br>State <b>CA</b> ZIP Code + 4 <b>94066</b> |

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| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><b>10/26/2015</b> | 10.b. The promise, agreement, or arrangement was:<br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.) |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure           | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <b>10/26/2015</b><br><hr/><br><hr/><br><hr/><br><hr/>   | <b>\$1,034.00</b><br><hr/><br><hr/><br><hr/><br><hr/> | <b>Gift Certificate</b><br><hr/><br><hr/><br><hr/><br><hr/>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Peter Finn, Secretary-Treasurer of the Teamsters Union Local 856 requested a gift certificate from the Hilton San Francisco Union Square to be raffled at its Annual Thanksgiving Meeting on November 4, 2015. As it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a Two-night Stay for Two Persons and complimentary Buffet Breakfast for Two each Morning. The Hotel understands that it was not giving the gift certificate to Peter Finn his own use. Peter Finn did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided in Section 11b is our best good faith estimate of the gift certificate. A two-night stay commencing the date certificate was issued would have been \$459 per night. The cost of Breakfast Buffet was \$29 per person per meal.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Gladys Finnigan-Einterz</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>37<sup>th</sup> Floor</u></p> <p>Street <u>80 Pine Street</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10005</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><u>Assistant to Vice President</u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>Communication Workers of America</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>37<sup>th</sup> Floor</u></p> <p>Street <u>80 Pine Street</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10005</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>06-11/2015</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$943.80</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>94,380 HHonors Points</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Assistant to the Vice President of the Communication Workers of America, Gladys Finnigan-Einterz has a role in deciding where the union's events will be held. Following the group's hotel stays at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Gladys Finnigan-Einterz with HHonors Points. The HHonors Points related solely to Gladys Finnigan-Einterz's role as a current and future group events customer of Hilton through his role with the Union. Gladys Finnigan-Einterz did not give or promise or agree to anything in exchange for the HHonors Points. The value provided in Section 11b is our best good faith estimate of the expenditures.



## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br>Executive Director  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u>Bill Gaito</u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u>300 Pendleton Way</u><br>City <u>Oakland</u><br>State <u>CA</u> ZIP Code + 4 <u>94621</u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u>Teamsters Assistance Program of Northern CA</u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u>300 Pendleton Way</u><br>City <u>Oakland</u><br>State <u>CA</u> ZIP Code + 4 <u>94621</u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u>03/19/2015</u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).<br><br><u>03/19/2015</u><br>_____<br>_____<br>_____<br>_____ | 11.b. Amount of each payment or expenditure<br><br><u>\$798.00</u><br>_____<br>_____<br>_____<br>_____ | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)<br><br><u>Gift Certificate</u><br>_____<br>_____<br>_____<br>_____ |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

Bill Gaito, Executive Director of the Teamsters Assistance Program of Northern California (Teamsters Local Union 856) requested a gift certificate from Hilton San Francisco Union Square to be raffled at the Annual Teamsters Assistance Program (TAP) Golf Tournament Fundraiser (a joint labor-management effort) held April 15. As it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a Two-night Stay for Two Persons. The Hotel understands that it was not giving the gift certificate to Bill Gaito for his own use. Bill Gaito did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided in Section 11b is our best good faith estimate of the gift certificate. A two-night stay commencing on the date the certificate was issued would have been \$399 each night.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Bill Gallagher</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>37<sup>th</sup> Floor</u></p> <p>Street <u>80 Pine Street</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10005</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><u>Area Director</u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>Communication Workers of America</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>37<sup>th</sup> Floor</u></p> <p>Street <u>80 Pine Street</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10005</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>06-11/2015</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$943.80</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>94,380 HHonors Points</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Area Director of the Communication Workers of America, Bill Gallagher has a role in deciding where the union's events will be held. Following the group's hotel stays at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Bill Gallagher with HHonors Points. The HHonors Points related solely to Bill Gallagher's role as a current and future group events customer of Hilton through his role with the Union. Bill Gallagher did not give or promise or agree to anything in exchange for the HHonors Bonus Points. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p>   | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Director, Council on Industrial Relations (CIR) Bylaws and Appeals</b></p>   |
| <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Darrin Golden</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>IBEW</b></u></p> <p>Street <u><b>900 Seventh Street NW</b></u></p> <p>City <u><b>Washington, DC</b></u></p> <p>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u></p> | <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>International Brotherhood of Electrical Workers</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>IBEW</b></u></p> <p>Street <u><b>900 Seventh Street NW</b></u></p> <p>City <u><b>Washington</b></u></p> <p>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u></p> |
| <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u><b>See Below</b></u></p>   | <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u><b>02/07/2015</b></u>                                | <u><b>\$140.00</b></u>                      | <u><b>14,000 HHonors Points</b></u>  |
| <u><b>05/10/2015</b></u>                                | <u><b>\$392.00</b></u>                      | <u><b>39,200 HHonors Points</b></u>  |
| <u><b>08/13/2015</b></u>                                | <u><b>\$114.00</b></u>                      | <u><b>11,400 HHonors Points</b></u>  |
| <u><b>11/14/2015</b></u>                                | <u><b>\$180.00</b></u>                      | <u><b>18,000 HHonors Points</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Darrin Golden, Director of the Council on Industrial Relations for the International Brotherhood of Electrical Workers, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold several group events at the Capital Hilton hotel and the Union is a repeat customer, as it has done for other customers in similar situations, during the events held at the Capital Hilton Hotel from February 7-12, 2015, May 10-14, 2015, August 13-18, 2015, and November 14-18, 2015, the Hotel provided HHonors Points. The HHonors Points related solely to Bill Gallagher's role as a current and future group events customer of Hilton through his role with the Union. Neither Darrin Golden did not give, promise or agree to anything in exchange for the expenditures as stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Grand Marshall</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Bill Hite</b></u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>901 Massachusetts Avenue NW</b></u><br>City <u><b>Washington</b></u><br>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>United Association of Plumbing &amp; Pipe Fitting Industry</b></u><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>901 Massachusetts Avenue NW</b></u><br>City <u><b>Washington</b></u><br>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).              | 11.b. Amount of each payment or expenditure                      | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)                   |
| <u><b>03/13/2015</b></u><br><u><b>03/13/2015</b></u><br><br><br><br> | <u><b>\$500.00</b></u><br><u><b>\$150.00</b></u><br><br><br><br> | <u><b>One bedroom suite w/ executive level privileges</b></u><br><u><b>Amenity – wine and fruit/cheese</b></u><br><br><br><br> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

Bill Hite, Grand Marshall, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold a large group event at the Hilton Chicago and the Union is a repeat customer, as it has done for other customers in similar situations, during the site visit at the Hilton Chicago to discuss future business opportunities, the Hotel provided a complimentary one night suite and amenity for March 13, 2015. The complimentary one night suite and amenity were given to Bill Hite solely due to its status as a large group events customer of the Hotel. Bill Hite did not give, promise or agree to anything in exchange for the expenditures as stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Administrative Assistant</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Charles Hosang</b></u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>52 Broadway</b></u><br>City <u><b>New York</b></u><br>State <u><b>NY</b></u> ZIP Code + 4 <u><b>10004</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>United Federation of Teachers</b></u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>52 Broadway</b></u><br>City <u><b>New York</b></u><br>State <u><b>NY</b></u> ZIP Code + 4 <u><b>10004</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
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| <u><b>03/13/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>03/27/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>04/16/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>08/30/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>09/19/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>09/25/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>10/16/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>11/13/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As an Administrative Assistant of the United Federation of Teachers, Charles Hosang has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Charles Hosang with amenities. The Amenities related solely to Charles Hosang's role as a current and future group events customer of Hilton through his role with the Union. Charles Hosang did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name: <u><b>Newton Jones</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>753 State Ave Suite 800</b></u></p> <p>City <u><b>Kansas City</b></u></p> <p>State <u><b>KS</b></u> ZIP Code + 4 <u><b>66101</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><u><b>12/28/11</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/>Administrator</p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>International Brotherhood of Boilermakers-MOST</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>753 State Ave Suite 800</b></u></p> <p>City <u><b>Kansas City</b></u></p> <p>State <u><b>KS</b></u> ZIP Code + 4 <u><b>66101</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>11/30/2015</b></u></p> <p><u><b>11/30/2015</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$3,497.35</b></u></p> <p><u><b>\$6,295.23</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>349,735 HHonors points</b></u></p> <p><u><b>349,735 Airline Miles</b></u></p> <p>_____</p> <p>_____</p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Administrator of the International Brotherhood of Boilermakers, Newton Jones has a role in deciding where the union's events will be held. Following the group's hotel stay at the Embassy Suites Myrtle Beach, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Newton Jones with HHonors Points and Airline Miles. The HHonors Bonus Points and Airline Miles related solely to Newton Jones' role as a current and future group events customer of Hilton through his role with the Union. Newton Jones did not give or promise or agree to anything in exchange for the HHonors Bonus Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Gregory Junemann</b></u><br/> P.O. Box, Building and Room Number, If any</p> <hr/> <p>Street <u><b>501 3rd Street, NW, Suite 701</b></u><br/> City <u><b>Washington</b></u><br/> State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/> <b>President</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/> <u><b>International Federation of Professional Technical Engineer (IFPTE)</b></u><br/> P.O. Box, Building and Room Number, If any</p> <hr/> <p>Street <u><b>501 3rd Street, NW, Suite 701</b></u><br/> City <u><b>Washington</b></u><br/> State <u><b>DC</b></u> ZIP Code + 4 <u><b>20001</b></u></p> |
| <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>See Below</b></u></p>   | <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/> (*Written agreements entered into during the fiscal year must be attached.)</p>   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).  | 11.b. Amount of each payment or expenditure  | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)   |
| <u><b>03/07-11/2015</b></u><br><u><b>03/07-11/2015</b></u><br><u><b>03/09/2015</b></u><br><u><b>06/11/2015</b></u> | <u><b>\$880.00</b></u><br><u><b>\$125.65</b></u><br><u><b>\$47.30</b></u><br><u><b>\$19.00</b></u> | <u><b>Discounted One-Bedroom Suite for 4 nights</b></u><br><u><b>Complimentary Resort Charge</b></u><br><u><b>Breakfast</b></u><br><u><b>Amenity</b></u> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Director for the International Federation of Professional Technical Engineers, Gregory Junemann has a role in decided where the group's events will be held. Mr. Junemann attended a site visit of the Hilton Hawaiian Village from March 7 through March 11, 2015. The Hotel provided one Tapa one-bedroom suite at the rate of \$259.00 per night, a discount from the hotel rate at that time of \$479.00 per night. The hotel also waived the resort charge for the duration of the stay and provided breakfast on March 9, 2015.

During his stay at the Hilton Seattle Airport on June 11, 2015, and as it has done for many other current and prospective clients in similar situations, the hotel provided Gregory Junemann with a complimentary amenity.

The expenditures outlined above related solely to Gregory Junemann's role as a current and future group events customer of Hilton through his role with the Union. Gregory Junemann did not give or promise or agree to anything improper in exchange for these expenditures. The values provided in Section 11b are our best good faith estimates of these expenditures.

## Part B

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|--|--|--|--|------------------------------|--|
| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>National President</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Colleen Kelley</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>1750 H Street NW</b><br>City <b>Washington</b><br>State <b>DC</b> ZIP Code + 4 <b>20006</b> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><b>National Treasury Employees Union</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>1750 H Street NW</b><br>City <b>Washington</b><br>State <b>DC</b> ZIP Code + 4 <b>20006</b> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><b>See Below</b>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <b>02/13/2015</b>                                       | <b>\$1,000.00</b>                           | <b>100,000 HHonors Points</b>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As National President of the Cooperating Railway Labor Organization, Colleen Kelley has a role in deciding where the union's events will be held. Following the group's hotel stay at the Diplomat Resort & Spa from January 31 to February 13, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the hotel provided Colleen Kelley with HHonors points. The hotel points related solely to Colleen Kelley's role as a current and future group events customer of Hilton through her role with the Union. Colleen Kelley did not give or promise or agree to anything in exchange for the hotel points. The value provided in Section 11b is our best good faith estimate of the expenditures.



## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both<br><br>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Doreen Kilker</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3302 McGinnis Ferry Rd</b><br><br>City <b>Suwanee</b><br><br>State <b>GA</b> ZIP Code + 4 <b>66101</b> | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Secretary to Regional Director</b><br><br>9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><b>UFCW</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3302 McGinnis Ferry Rd</b><br><br>City <b>Suwanee</b><br><br>State <b>GA</b> ZIP Code + 4 <b>66101</b> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><b>See Below</b>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).<br><br><b>07/03/2015</b><br><b>07/03/2015</b><br><br><br> | 11.b. Amount of each payment or expenditure<br><br><b>\$760.60</b><br><b>\$1,369.08</b><br><br><br> | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)<br><br><b>76,060 HHonors Points</b><br><b>76,060 Airline Miles</b><br><br><br> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As Secretary to the Regional Director of UFCW, Doreen Kilker has a role in deciding where the union's events will be held. Following the group's hotel stay at the Embassy Suites at Kingston Plantation, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Doreen Kilker with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Doreen Kilker's role as a current and future group events customer of Hilton through his role with the Union. Doreen Kilker did not give or promise or agree to anything in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both<br><br>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u>Joseph Klein</u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u>337 Valencia Street</u><br><br>City <u>San Francisco</u><br><br>State <u>CA</u> ZIP Code + 4 <u>94103</u> | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br>Business Representative<br><br>9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u>Stationary Engineers Local 39</u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u>337 Valencia Street</u><br><br>City <u>San Francisco</u><br><br>State <u>CA</u> ZIP Code + 4 <u>94103</u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u>See Below</u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).<br><br><u>04/20/2015</u><br><u>06/24/2015</u><br><br><br><br> | 11.b. Amount of each payment or expenditure<br><br><u>\$1,398.00</u><br><u>\$2,600.00</u><br><br><br><br> | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)<br><br><u>Gift Certificate</u><br><u>Golf Foursome</u><br><br><br><br> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Joseph Klein, Business Representative of the Stationary Engineers Local 39 requested a gift certificate from the Hilton San Francisco Union Square to be auctioned off by the Union at its 11<sup>th</sup> Annual Golf Invitational held June 29, 2015 to benefit the Local 39 Educational Scholarship Fund. As it has for other customers in similar situations, the Hotel donated a complimentary gift certificate for a Two-night Stay for Two Persons. A two-night stay commencing the date certificate was issued would have been \$699 plus tax per night. The Hotel understands that it was not giving the gift certificate to Joseph Klein for his own use.

As it has done for other clients in similar situations, the Hilton San Francisco Union Square sponsored a foursome in the Stationary Engineers Local 39 Golf Tournament held June 29, 2015, held to benefit the Local 39 Educational Scholarship Fund. The fee for each golfer was \$650 (fee included green fee, cart fee, tee prizes, on-course lunch, hosted bar & hors d'oeuvres, dinner and awards presentation).

The expenditures related solely to Joseph Klein's role as a current and future group events customer of Hilton through his role with the Union. Joseph Klein did not give or promise or agree to anything in exchange for the expenditures above. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>President</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Steve Lomax</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3302 McGinnis Ferry Rd</b><br>City <b>Suwanee</b><br>State <b>GA</b> ZIP Code + 4 <b>66101</b> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization <b>UFCW</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3302 McGinnis Ferry Rd</b><br>City <b>Suwanee</b><br>State <b>GA</b> ZIP Code + 4 <b>66101</b> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><b>See Below</b>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
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| <b>05/30/2015</b>                                       | <b>\$716.50</b>                             | <b>71,650 HHonors Points</b>   |
| <b>05/30/2015</b>                                       | <b>\$1,289.70</b>                           | <b>71,650 Airline Miles</b>  |
| <b>07/03/2015</b>                                       | <b>\$760.60</b>                             | <b>76,060 HHonors Points</b>   |
| <b>07/03/2015</b>                                       | <b>\$1,369.08</b>                           | <b>76,060 Airline Miles</b>  |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As President of UFCW, Steve Lomax has a role in deciding where the union's events will be held. Following the group's hotel stay at the Embassy Suites at Kingston Plantation, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Steve Lomax with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Steve Lomax's role as a current and future group events customer of Hilton through his role with the Union. Steve Lomax did not give or promise or agree to anything in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|--|--|--|--|------------------------------|--|
| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Tina Long</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Air Line Pilots Association, International</u></p> <p>Street <u>535 Herndon Parkway</u></p> <p>City <u>Herndon</u></p> <p>State <u>VA</u> ZIP Code + 4 <u>20170</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Training &amp; Administrative Coordinator</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>Air Line Pilots Association, International</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Air Line Pilots Association, International</u></p> <p>Street <u>1625 Massachusetts Ave NW</u></p> <p>City <u>Washington</u></p> <p>State <u>DC</u> ZIP Code + 4 <u>20036</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>   | <p>11.b. Amount of each payment or expenditure</p>   | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>   |
| <p><u>02/05/2015</u></p> <p><u>04/01/2015</u></p> <p><u>04/29/2015</u></p> <p><u>04/29/2015</u></p> <p><u>06/24/2015</u></p> <p><u>07/24/2015</u></p> <p><u>07/25/2015</u></p> <p><u>08/01/2015</u></p> <p><u>08/04/2015</u></p> <p><u>09/15/2015</u></p> <p><u>11/04/2015</u></p> | <p><u>\$40.00</u></p> <p><u>\$54.00</u></p> <p><u>\$37.00</u></p> <p><u>\$52.00</u></p> <p><u>\$23.00</u></p> <p><u>\$164.00</u></p> <p><u>\$245.00</u></p> <p><u>\$43.00</u></p> <p><u>\$105.00</u></p> <p><u>\$27.00</u></p> <p><u>\$64.00</u></p> | <p><u>Meal with business discussion</u></p> <p><u>Meal with business discussion</u></p> <p><u>Meal with business discussion</u></p> <p><u>Birthday gift</u></p> <p><u>Meal with business discussion</u></p> <p><u>Meal with business discussion</u></p> <p><u>Concert ticket, client entertainment outing</u></p> <p><u>Meal with business discussion</u></p> <p><u>Meal with business discussion</u></p> <p><u>Meal with business discussion</u></p> <p><u>Meal with business discussion</u></p> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Training & Administrative Coordinator of the Air Line Pilots Association, International, Tina Long has a role in choosing sites for future conferences held. As it has done for many of its other current and prospective group meeting customers in similar situations, the Washington Hilton provided Tina Long with meals during business discussion regarding current and future business, provided her with a birthday gift and invited her to a client outing. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Tina Long did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Cesilee Minares</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>1516 S. King Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96826</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u>Pre 2012 (exact date unknown)</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/>Business Agent</p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>UNITE HERE LOCAL 5</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>1516 S. King Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96826</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>Multiple Date</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$352.00</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>Validated Parking – 44 passes</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

The Hotel provides complimentary validated parking for UNITE HERE Local 5 business agents when they are engaged in union representation business at the Hilton Hawaiian Village. The value of each validation is \$8 per ticket. Cesilee Minares did not give or promise or agree to anything in exchange for the validated parking. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Business Agent</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Kalena Miyashiro</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>1516 S. King Street</b></u><br>City <u><b>Honolulu</b></u><br>State <u><b>Hawaii</b></u> ZIP Code + 4 <u><b>96826</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>UNITE HERE LOCAL 5</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>1516 S. King Street</b></u><br>City <u><b>Honolulu</b></u><br>State <u><b>Hawaii</b></u> ZIP Code + 4 <u><b>96826</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><u><b>Pre 2012 (exact date unknown)</b></u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).          | 11.b. Amount of each payment or expenditure                | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u><b>Multiple Dates</b></u><br>_____<br>_____<br>_____<br>_____ | <u><b>\$600.00</b></u><br>_____<br>_____<br>_____<br>_____ | <u><b>Validated Parking – 75 passes</b></u><br>_____<br>_____<br>_____<br>_____                              |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
 The Hotel provides complimentary validated parking for UNITE HERE Local 5 business agents when they are engaged in union representation business at the Hilton Hawaiian Village. The value of each validation is \$8 per ticket. Kalena Miyashiro did not give or promise or agree to anything in exchange for the validated parking. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Michael Mulgrew</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>52 Broadway</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10004</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/>President</p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>United Federation of Teachers</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>52 Broadway</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10004</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
|---|---|--|
| <u>03/13/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>03/27/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>04/16/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>08/30/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>09/19/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>09/25/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>10/16/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |
| <u>11/13/2015</u>                                       | <u>\$131.00</u>                             | <u>Amenity</u>   |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As President of the United Federation of Teachers, Michael Mulgrew has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Michael Mulgrew with amenities. The Amenities related solely to Michael Mulgrew's role as a current and future group events customer of Hilton through his role with the Union. Michael Mulgrew did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>MEC Chairman</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Chris Notaro</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>18000 International Blvd.</b></u><br><br>City <u><b>Seattle</b></u><br><br>State <u><b>WA</b></u> ZIP Code + 4 <u><b>98188</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>Air Line Pilots Association, International</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>18000 International Blvd.</b></u><br><br>City <u><b>Seattle</b></u><br><br>State <u><b>WA</b></u> ZIP Code + 4 <u><b>98188</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
|---|---|--|
| <u><b>02/14/2015</b></u>                                | <u><b>\$1,000.00</b></u>                    | <u><b>100,000 HHonors Bonus Points</b></u>   |
| <u><b>08/19/2015</b></u>                                | <u><b>\$106.78</b></u>                      | <u><b>10,678 HHonors Bonus Points</b></u>  |
| <u><b>10/23/2015</b></u>                                | <u><b>\$75.22</b></u>                       | <u><b>7,522 HHonors Bonus Points</b></u>   |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As MEC Chairman of the Air Line Pilots Association, International, Chris Notaro has a role in deciding where the Union's events will be held. Following the group's hotel stays at the Hilton Seattle Airport & Conference Center, Seattle, Washington on January 12-15, 2015, August 3-6, 2015 and October 12-15, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Chris Notaro with HHonors Bonus Points. The HHonors Points related solely to Chris Notaro's role as a current and future group events customer of Hilton through his role with the Union. Chris Notaro did not give or promise or agree to anything in exchange for the HHonors Points. The value provided in Section 11b is our best good faith estimate of the HHonors Bonus Points.



## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Meeting Planner</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Toshie Okochi</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>1201 16th Street, NW</b></u><br><br>City <u><b>Washington</b></u><br><br>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20036-3290</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>National Education Association-(NEA)</b></u><br><br>P.O. Box, Building and Room Number, If any<br>_____<br><br>Street <u><b>1201 16th Street, NW</b></u><br><br>City <u><b>Washington</b></u><br><br>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20036-3290</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).      | 11.b. Amount of each payment or expenditure                | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u><b>10/15/2015</b></u><br>_____<br>_____<br>_____<br>_____ | <u><b>\$600.00</b></u><br>_____<br>_____<br>_____<br>_____ | <u><b>Ticket, food &amp; beverage at Washington Capitals Game</b></u><br>_____<br>_____<br>_____<br>_____    |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As a meeting planner with the National Education Association, Toshie Okochi participates in the selection process for sites for the Union's group meetings and events. On October 15, 2015, the company met with her to watch the Blackhawks vs. Capitals game and discuss possible opportunities for future events to take place at the Hilton's hotels. The purchase of this game ticket and associated food and beverage was solely related to Toshi Okochi's role through the Union as a current and future customer of Hilton. Toshi Okochi did not give or promise or agree to anything in exchange for the complimentary hockey outing. The value provided in Section 11b is our best good faith estimate of the hockey outing.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br/> Name <u>Kitty Owens</u><br/> P.O. Box, Building and Room Number, If any<br/> <u>AFT</u><br/> Street <u>555 New Jersey Avenue NW</u><br/> City <u>Washington, DC</u><br/> State <u>DC</u> ZIP Code + 4 <u>20001</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/> <u>7/31/2014</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/> <b>Director, AFT Convention, Meetings, and Travel Department</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.<br/> Organization<br/> <u>American Federation of Teachers, AFL-CIO</u><br/> P.O. Box, Building and Room Number, If any<br/> <u>AFT</u><br/> Street <u>555 New Jersey Avenue NW</u><br/> City <u>Washington</u><br/> State <u>DC</u> ZIP Code + 4 <u>20001</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/> <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/> (*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>2/15/15</u><br/> <u>9/15/15</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$512.00</u><br/> <u>\$35.00</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>32,000 Hotel Loyalty Points</u><br/> <u>Meal with business discussion</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

AS Director, AFT Convention, Meetings, and Travel Department of the American Federation of Teachers, Kitty Owens has a role in deciding where the Union's events will be held. As it has done for many of its other current and prospective group meeting customers in similar situations, representatives of the Washington Hilton provided Kitty Owens with a meal while discussing business. Following the group's hotel stay at the Diplomat Resort & Spa from February 8 to February 15, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the hotel provided Kitty Owens with HHonors points. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Kitty Owens did not give or promise or agree to anything in exchange for the expenditures. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

## Part B

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|---|--|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Dana Palmer</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>8530 Stanton Avenue, Suite 2A</u></p> <p>City <u>Buena Park</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90620</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</p> <p><b><u>Executive Assistant</u></b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <u>UFCW Local 324</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>8530 Stanton Avenue, Suite 2A</u></p> <p>City <u>Buena Park</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90620</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>01/28/2015</u></p> <p><u>01/28/2015</u></p> <p><u>01/28/2015</u></p> <p>_____</p> <p>_____</p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$438.00</u></p> <p><u>\$70.00</u></p> <p><u>\$40.00</u></p> <p>_____</p> <p>_____</p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>Two Night Stay for Two People</u></p> <p><u>Self-Parking for one vehicle</u></p> <p><u>Starbucks Vouchers for Two People, two days</u></p> <p>_____</p> <p>_____</p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Dana Palmer of the UFCW Local 324 requested a gift certificate from the Hilton San Diego Bayfront to be raffled off by the Orange County Labor Federation at its Solidarity Awards Dinner held on April 23, 2015 in Anaheim. As it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a Two Night Stay for Two people in a Standard Room, Starbucks Vouchers for two people for two days and complimentary self-parking for one vehicle. The Hotel understands that it was not giving the gift certificate to Dana Palmer for her own use. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Dana Palmer did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided are Section 11b are our best good faith estimates of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Roger Payne</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>409 Cleveland</b></u></p> <p>City <u><b>Forrest City</b></u></p> <p>State <u><b>AZ</b></u> ZIP Code + 4 <u><b>72335</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>See Below</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><u><b>National Secretary Treasurer</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>AFGE- Council of Prisons Locals</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>409 Cleveland</b></u></p> <p>City <u><b>Forrest City</b></u></p> <p>State <u><b>AZ</b></u> ZIP Code + 4 <u><b>72335</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>02/14/2015</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$3,000.00</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>300,000 HHonors Points</b></u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Roger Payne, National Secretary Treasurer, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold a large group event at the Embassy Suite by Hilton Washington DC Georgetown hotel, as it has done for other customers in similar situations, during the event held at the Embassy Suite by Hilton Washington DC Georgetown Hotel from 02/08/2015 until 02/14/2015, the Hotel provided Hilton Honors Points. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Kitty Owens did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimates of the expenditure.

## Part B

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| Name of Reporting Employer: <b>Hilton Worldwide Inc.</b> |  |  |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name: <b>Ms. Nancy Reams</b></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <b>15937 NE Airport Way</b></p> <p>City <b>Portland</b></p> <p>State <b>OR</b> ZIP Code <b>97230</b></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><b>See Below</b></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</p> <p style="text-align: center;"><b>Executive Assistant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <b>IBEW Local 48</b></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <b>15937 NE Airport Way</b></p> <p>City <b>Portland</b></p> <p>State <b>OR</b> ZIP Code <b>97230</b></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><b>12/06/2015</b></p> <p><b>12/06/2015</b></p> | <p>11.b. Amount of each payment or expenditure</p> <p><b>\$500.00</b></p> <p><b>\$271.08</b></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><b>Gift certificate</b></p> <p><b>27,108 HHonors Points</b></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Nancy Reams, Executive Assistant of the IBEW Local 48 requested a gift certificate for the IBEW event. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a One night Stay for Two and complimentary meal. The Hotel understands that it was not giving the gift certificate to Nancy Reams for her own use. As it has done for current and future clients in similar situations, the event planner Ms. Nancy Reams was also provided with HHonors points. The expenditures related solely to her role as a current and future group events customer of Hilton through her role with the Union. Nancy Reams did not give or promise or agree to anything in exchange for the expenditures. The values provided in Section 11b are our best good faith estimate of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Anthony Rivera</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>52 Broadway</b></u></p> <p>City <u><b>New York</b></u></p> <p>State <u><b>NY</b></u> ZIP Code + 4 <u><b>10004</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>See Below</b></u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><u><b>Administrative Assistant</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>United Federation of Teachers</b></u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u><b>52 Broadway</b></u></p> <p>City <u><b>New York</b></u></p> <p>State <u><b>NY</b></u> ZIP Code + 4 <u><b>10004</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
|---|---|--|
| <u><b>03/13/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>03/27/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>04/16/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>08/30/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>09/19/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>09/25/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>10/16/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |
| <u><b>11/13/2015</b></u>                                | <u><b>\$131.00</b></u>                      | <u><b>Amenity</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Administrative Assistant of the United Federation of Teachers, Anthony Rivera has a role in deciding where the union's events will be held. During the group's hotel stays on the dates listed above at the Hilton Westchester, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Anthony Rivera with amenities. The Amenities related solely to Anthony Rivera's role as a current and future group events customer of Hilton through his role with the Union. Anthony Rivera did not give or promise or agree to anything in exchange for the Amenities. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Event Coordinator</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Chris Roth</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3840 York St. Suite 130</b><br>City <b>Denver</b><br>State <b>Colorado</b> ZIP Code + 4 <b>80205</b> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><b>CWA Local 7750</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3840 York St. Suite 130</b><br>City <b>Denver</b><br>State <b>Colorado</b> ZIP Code + 4 <b>80205</b> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><b>See Below</b>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <b>12/12/2015</b>                                       | <b>\$119.00 (room)</b>                      | <b>Gift Certificates for an overnight stay with breakfast for 2 to be used as a raffle item</b>              |
| <b>12/12/2015</b>                                       | <b>\$32.00 (breakfast - 2)</b>              | <b>Gift Certificates for an overnight stay with breakfast for 2 to be used as a raffle item</b>              |
| <b>12/12/2015</b>                                       | <b>\$119.00 (room)</b>                      | <b>100,000 HHonors points</b>  |
| <b>12/12/2015</b>                                       | <b>\$32.00 (breakfast - 2)</b>              | <b>150,000 HHonors points</b>  |
| <b>12/12/2015</b>                                       | <b>\$1,000.00</b>                           |  |
| <b>12/12/2015</b>                                       | <b>\$1,500.00</b>                           |  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

As Chris Roth, Event Coordinator] of the CWA Local 7750, has a role in deciding where the Union's events will be held. During his hotel stay at the Doubletree by Hilton Denver Stapleton North on December 12, 2015, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided 250,000 HHonors Points that were part of the holiday promotion as well as a service recovery effort. The HHonors Points related solely to Chris Roth's role as a current and future group events customer of Hilton through his role with the Union. Chris Roth did not give or promise or agree to anything in exchange for the HHonors Points. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.

Chris Roth, Event Coordinator of the CWA Local 7750 requested gift certificates from Doubletree by Hilton Denver Stapleton North to be auctioned off by the Union at its Annual Event, CWA Local 7750 Holiday Party, 12/12/15. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated 2 complimentary gift certificates for a Weekend Stay for Two with breakfast for 2. The Hotel understands that it was not giving the gift certificate to Chris Roth for his own use. The gift certificate donation related solely to Chris Roth's role as a current and future group events customer of Hilton through his role with the Union. Chris Roth did not give or promise or agree to anything in exchange for the complimentary gift certificates. The values provided in Section 11b are our best good faith estimate of the expenditures.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Erlinda Sanchez</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>1516 S. King Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96826</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u><b>Pre 2012 (exact date unknown)</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/>Business Agent</p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>UNITE HERE LOCAL 5</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>1516 S. King Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96826</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p style="text-align: center;">(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u><b>Multiple Dates</b></u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u><b>\$288.00</b></u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u><b>Validated Parking – 36 passes</b></u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

The Hotel provides complimentary validated parking for UNITE HERE Local 5 business agents when they are engaged in union representation business at the Hilton Hawaiian Village. The value of each validation is \$8 per ticket. Erlinda Sanchez did not give or promise or agree to anything in exchange for the validated parking. The value provided in Section 11b is our best good faith estimate of the discounted expenditure.



## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Danielle Shillam</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>815 16th Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>20006</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p style="text-align: center;"><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><u>Deputy Director Meetings &amp; Travel</u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>American Federation of Labor and Congress of Industrial Organizations</u></p> <p>P.O. Box, Building and Room Number, If any</p> <p>Street <u>815 16th Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>20006</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>   | <p>11.b. Amount of each payment or expenditure</p>  | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>  |
| <p><u>06/10/2015</u></p> <p><u>06/15/2015</u></p> <p><u>07/24/2015</u></p> <p><u>07/28-8/01/2015</u></p> <p><u>07/31/2015</u></p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>\$15.00</u></p> <p><u>\$72.00</u></p> <p><u>\$2,500.00</u></p> <p><u>\$800.00</u></p> <p><u>\$2,324.00</u></p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>Amenity for site inspection</u></p> <p><u>Meal with business discussion</u></p> <p><u>250,000 HHonors Points</u></p> <p><u>Coffee, tea, soft drinks, whole fresh fruit, and granola bars in Office space</u></p> <p><u>One complimentary beer/wine drink for 200 attendees; and two fruit, cheese and vegetable displays for a reception</u></p> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Danielle Shillam, Deputy Director of Meetings and Travel for AFL-CIO, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. In June 2015, a representative from the Washington Hilton met with Danielle Shillam to discuss an upcoming event and provided her with an amenity and meal, as it has done for current and prospective clients in similar situations. During the event held on July 24, 2015, as it has done for clients in similar situations, the Washington Hilton provide Danielle Shillam with HHonors points.

Because the Union had contracted to hold a large group event at the DoubleTree by Hilton Seattle Airport hotel and the Union is a repeat customer, and for the purpose of service recovery after there were issues with the event, as it has done for other customers in similar situations, during the event held at the DoubleTree by Hilton Seattle Airport Hotel from July 28, 2015 until August 3, 2015 the Hotel provided complimentary coffee, tea, soft drinks, whole fresh fruit, and granola bars in their Office space; one complimentary beer/wine drink for 200 attendees; and two fruit, cheese and vegetable displays for a reception.

The expenditures related solely to Danielle Shillam's role as a current and future group events customer of Hilton through her role with the Union. Danielle Shillam did not give, promise or agree to anything in exchange for the expenditures outlined above. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  |  |  | File Number E- <b>E-5579</b> |  |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Kamala Srikar</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>AFSCME</b></u></p> <p>Street <u><b>1101 17<sup>th</sup> Street Suite 1200</b></u></p> <p>City <u><b>Washington</b></u></p> <p>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20036</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><u><b>Assistant Director, Meeting &amp; Travel</b></u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>American Federation of State, County, and Municipal Employees (AFSCME)</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>AFSCME</b></u></p> <p>Street <u><b>1625 L Street NW</b></u></p> <p>City <u><b>Washington</b></u></p> <p>State <u><b>DC</b></u> ZIP Code + 4 <u><b>20036-5687</b></u></p> |
| <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u><b>See Below</b></u></p>   | <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>   |

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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>  | <p>11.b. Amount of each payment or expenditure</p>  | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>   |
| <p><u><b>03/08/2015</b></u></p> <p><u><b>04/09/2015</b></u></p> <p><u><b>08/31/2015</b></u></p> <p><u><b>09/07/2015</b></u></p> | <p><u><b>\$310.00</b></u></p> <p><u><b>\$12.67</b></u></p> <p><u><b>\$24.99</b></u></p> <p><u><b>\$100.00</b></u></p> | <p><u><b>31,000 Hilton Honors Points</b></u></p> <p><u><b>Meal with business discussion</b></u></p> <p><u><b>Meal with business discussion</b></u></p> <p><u><b>Meal with business discussion</b></u></p> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Kamala Srikar, Assistant Director, Meeting & Travel, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union had contracted to hold an event at the Capital Hilton hotel and the Union is a repeat customer, as it has done for other customers in similar situations, during the event held at the Capital Hilton Hotel March 2015, the Hotel provided 31,000 Hilton Honors points. On April 9<sup>th</sup>, August 31<sup>st</sup> and September 7<sup>th</sup> Kamala Srikar met with Hilton representatives to discuss current and future business over meals. The expenditures related solely to Kamala Srikar's role as a current and future group events customer of Hilton through her role with the Union. Kamala Srikar did not give, promise or agree to anything in exchange for the expenditures outlined above. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both<br><br>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Bob Tackett</b></u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>9955 SE SE Washington Suite#305</b></u><br>City <u><b>Portland</b></u><br>State <u><b>OR</b></u> ZIP Code + 4 <u><b>97216-3600</b></u> | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><u><b>Executive Secretary Treasurer</b></u><br><br>9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>NW Oregon Labor Council</b></u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>9955 SE Waashington St. Suite 305</b></u><br>City <u><b>Portland</b></u><br>State <u><b>OR</b></u> ZIP Code + 4 <u><b>97216-3600</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).<br><br><u><b>04/27/2015</b></u><br><hr/> <hr/> <hr/> <hr/> | 11.b. Amount of each payment or expenditure<br><br><u><b>\$286.18</b></u><br><hr/> <hr/> <hr/> <hr/> | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)<br><br><u><b>Gift Certificate-1 night stay, parking, breakfast for two</b></u><br><hr/> <hr/> <hr/> <hr/> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

Bob Tackett, Executive Secretary Treasurer of the NW Oregon Labor Council requested a gift certificate from Hilton Portland & Executive Tower to be auctioned off by the Union at its 18<sup>th</sup> Annual Labor Appreciation & Recognition Night April 27, 2015 to benefit Labor's Community Service Agency, Inc. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated a complimentary gift certificate for a 1 night Stay for Two and complimentary meal and parking. The Hotel understands that it was not giving the gift certificate to Bob Tackett for his own use. The expenditures related solely to Bob Tackett's role as a current and future group events customer of Hilton through his role with the Union. Bob Tackett did not give or promise or agree to anything in exchange for the complimentary gift certificate. The value provided in Section 11b is our best good faith estimate of the gift certificate.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE INC.</b> |  | File Number E- <b>E-5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Administrative Director</b>  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <b>Betty Witte</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3516 Covington Hwy.</b><br>City <b>Decatur</b><br>State <b>GA</b> ZIP Code + 4 <b>33032</b> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><b>Communication Workers of America</b><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <b>3516 Covington Hwy.</b><br>City <b>Decatur</b><br>State <b>GA</b> ZIP Code + 4 <b>33032</b> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><b>See Below</b>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
|---|---|--|
| <b>03/04/2015</b>                                       | <b>\$840.18</b>                             | <b>84,018 HHonors Points</b>   |
| <b>03/04/2015</b>                                       | <b>\$1,512.32</b>                           | <b>84,018 Airline Miles</b>  |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

As Administrative Director of the Communication Workers of America, Betty Witte has a role in deciding where the union's events will be held. Following the group's hotel stay at the Royal Palms by Hilton, as it has done for many of its other current and prospective group meeting customers in similar situations, the Hotel provided Betty Witte with HHonors Points and Airline Miles. The HHonors Points and Airline Miles related solely to Betty Witte's role as a current and future group events customer of Hilton through his role with the Union. Betty Witte did not give or promise or agree to anything in exchange for the HHonors Points and Airline Miles. The value provided in Section 11b is our best good faith estimate of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br>Event Coordinator  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Ann Williams</b></u><br><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>1055 Clermont St</b></u><br>City <u><b>Denver</b></u><br>State <u><b>Colorado</b></u> ZIP Code + 4 <u><b>80220</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>American Federation of Government Employees Local Union 2241</b></u><br>P.O. Box, Building and Room Number, If any<br><br>Street <u><b>1055 Clermont St</b></u><br>City <u><b>Denver</b></u><br>State <u><b>Colorado</b></u> ZIP Code + 4 <u><b>80220</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><u><b>See Below</b></u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)   |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).   | 11.b. Amount of each payment or expenditure   | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)   |
| <u><b>12/12/2015</b></u><br><u><b>12/12/2015</b></u><br><u><b>12/12/2015</b></u><br><u><b>12/12/2015</b></u><br>_____ | <u><b>\$119.00 (room)</b></u><br><u><b>\$32.00 (breakfast - 2)</b></u><br><u><b>\$119.00 (room)</b></u><br><u><b>\$32.00 (breakfast - 2)</b></u><br>_____ | <u><b>Gift Certificates for an overnight stay with breakfast for 2 to be used as a raffle item</b></u><br><u><b>Gift Certificates for an overnight stay with breakfast for 2 to be used as a raffle item</b></u><br>_____<br>_____ |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Ann Williams, Event Coordinator of the American Federation of Government Employees Local Union 2241 requested gift certificates from Doubletree by Hilton Denver to be auctioned off by the Union at its Annual Holiday Party AFGE LOCAL 2241 Holiday Party, 12/12/15 to benefit employee morale. Because the Union has held large group events at the hotel and is a repeat customer, as it has done for other customers in similar situations, the Hotel donated 2 complimentary gift certificates, each for a Weekend Stay for Two with complimentary breakfast. The Hotel understands that it was not giving the gift certificate to Ann Williams for her own use. The expenditures related solely to Ann Williams' role as a current and future group events customer of Hilton through her role with the Union. Ann Williams did not give or promise or agree to anything in exchange for the complimentary gift certificates. The value provided in Section 11b is our best good faith estimate of the gift certificate.

## Part B

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| Name of Reporting Employer: <b>HLTON WORLDWIDE, INC</b> |  |  |  | File Number E- <b>5579</b> |  |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input checked="" type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br>Executive Director  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u>Lee D. Worley</u><br><br>P.O. Box, Building and Room Number, If any<br><u>Suite 400</u><br><br>Street <u>1750 New York Ave NW</u><br><br>City <u>Washington</u><br><br>State <u>DC</u> ZIP Code + 4 <u>20006</u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u>Int'l Assn of Bridge, Structural, Ornamental and Reinforcing Iron Workers (IABSORIW)</u><br><br>P.O. Box, Building and Room Number, If any<br><u>Suite 400</u><br><br>Street <u>1750 New York Ave NW</u><br><br>City <u>Washington</u><br><br>State <u>DC</u> ZIP Code + 4 <u>20006</u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><u>See Below</u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).                    | 11.b. Amount of each payment or expenditure                     | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)                        |
| <u>01/21-22/2015</u><br><u>01/21/2015</u><br><u>01/22/2015</u><br><br><br> | <u>\$210.00</u><br><u>\$50.00</u><br><u>\$25.00</u><br><br><br> | <u>Complimentary quest room during site visit</u><br><u>Complimentary arrival amenity</u><br><u>Complimentary lunch</u><br><br><br> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

Lee D. Worley, Executive Director, assisted in the selection process in deciding where the Union's group meetings and conventions will be held and for coordinating the details of such events. Because the Union has held large group events at the hotel and is a repeat customer and Lee D. Worley visited the Hotel to evaluate its suitability as the event site, as it has done for other customers in similar situations, Hilton's managers met with him on January 22, 2015, to discuss the possibility of holding the Union's 2016 Apprenticeship Training Conference and other possible opportunities for future events to take place at Hilton Americas-Houston, and provided him with complimentary accommodations, gift basket room amenity, & lunch. The complimentary items above related to Lee D. Worley's role as a current and future customer of Hilton. Lee D. Worley did not give or promise or agree to anything in exchange for the complimentary items stated above. The values provided in Section 11b are our best good faith estimates of the expenditures.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Geoff Brown</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>01/10/2016</u></p> <p><u>11/30/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/06/2015</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$13,540.50</u></p> <p><u>\$12,244.18</u></p> <p><u>\$13,540.50</u></p> <p><u>\$14,818.87</u></p> <p><u>\$9,730.08</u></p> <p><u>\$9,741.60</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>Doubletree Ontario 08/09-08/15/2015</u></p> <p><u>Hilton Garden Inn El Segundo 08/17-08/22/2015</u></p> <p><u>Hilton Lake Buena Vista 09/14-19/15/2015</u></p> <p><u>Hilton Atlanta Airport 09/21-09/26/2015</u></p> <p><u>Hilton Garden Inn El Segundo 09/28-10/04/2015</u></p> <p><u>Doubletree Ontario 09/28-10/04/2015</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Geoff Brown to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Geoff Brown's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
Services in the amount of \$15,104.77 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Luis Camarena</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>PO BOX 1831</b></u><br><br>Street _____<br>City <u><b>Upland</b></u><br>State <u><b>CA</b></u> ZIP Code + 4 <u><b>91785</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>Cruz &amp; Associates</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>PO BOX 1831</b></u><br><br>Street _____<br>City <u><b>Upland</b></u><br>State <u><b>CA</b></u> ZIP Code + 4 <u><b>91785</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
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| <u><b>06/30/2015</b></u>                                | <u><b>\$16,419.95</b></u>                   | <u><b>Embassy Suites San Juan w/e 05/24/2015</b></u>   |
| <u><b>06/30/2015</b></u>                                | <u><b>\$10,500.00</b></u>                   | <u><b>Embassy Suites San Juan w/e 05/31/2015</b></u>   |
| <u><b>07/16/2015</b></u>                                | <u><b>\$15,439.04</b></u>                   | <u><b>Arizona Biltmore w/e 06/27/2015</b></u>  |
| <u><b>08/31/2015</b></u>                                | <u><b>\$14,033.88</b></u>                   | <u><b>Embassy Suites San Juan w/e 07/11/2015</b></u>   |
| <u><b>08/27/2015</b></u>                                | <u><b>\$8,560.39</b></u>                    | <u><b>Arizona Biltmore w/e 07/26/2015</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Luis Camarena to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Luis Camarena's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$12,754.41 for the Embassy Suites San Juan for the week ending 08/23/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$12,040.27 for the Embassy Suites San Juan for the week ending 08/30/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$12,324.97 for the Embassy Suites San Juan for the week ending 11/22/2015 were submitted for payment on 01/14/2016.



## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Judy Castillo</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>  | <p>11.b. Amount of each payment or expenditure</p>  | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>   |
| <p><u>05/11/2015</u></p> <p><u>08/12/2015</u></p> <p><u>08/12/2015</u></p> <p><u>08/23/2015</u></p> <p><u>08/31/2015</u></p> <p><u>08/31/2015</u></p> <p><u>01/10/2016</u></p> <p><u>11/30/2015</u></p> | <p><u>\$28,100.00</u></p> <p><u>\$16,079.11</u></p> <p><u>\$14,867.69</u></p> <p><u>\$16,710.00</u></p> <p><u>\$12,599.20</u></p> <p><u>\$12,916.70</u></p> <p><u>\$16,598.50</u></p> <p><u>\$11,602.00</u></p> | <p><u>Hilton New Orleans Riverside 12/01-12/12/2014</u></p> <p><u>Hilton New Orleans Riverside 01/26-01/31/2015</u></p> <p><u>Hilton New Orleans Riverside 05/18-05/25/2015</u></p> <p><u>Doubletree Ontario 06/08-06/15/2015</u></p> <p><u>Bonnet Creek 06/15-06/22/2015</u></p> <p><u>Hilton Miami Airport 06/28-07/04/2015</u></p> <p><u>Doubletree Ontario 08/09-08/15/2015</u></p> <p><u>Hilton Garden Inn El Segundo 08/17-08/22/2015</u></p> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Judy Castillo to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Judy Castillo's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
Services in the amount of \$13,801.20 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both  | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Mona Chandroo</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br>City <u><b>Orlando</b></u><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>The Labor Pros</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br>City <u><b>Orlando</b></u><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure          | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)     |
| <u><b>12/09/2015</b></u><br><u><b>12/06/2015</b></u>    | <u><b>\$8,585.68</b></u><br><u><b>\$8,605.48</b></u> | <u><b>Hilton Garden Inn El Segundo 09/28-10/04/2015</b></u><br><u><b>Doubletree Ontario 09/28-10/04/2015</b></u> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

Hilton requested Mona Chandroo to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Mona Chandroo's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Lupe Cruz</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>PO BOX 1831</u></p> <p>Street _____</p> <p>City <u>Upland</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>91785</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>Cruz &amp; Associates</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>PO BOX 1831</u></p> <p>Street _____</p> <p>City <u>Upland</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>91785</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>06/25/2015</u></p> <p><u>06/30/2015</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$15,382.93</u></p> <p><u>\$375.00</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>Embassy Suites San Juan w/e 05/17/2015</u></p> <p><u>Embassy Suites San Juan w/e 05/24/2015</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Lupe Cruz to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Lupe Cruz's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of 16,775.00 for the Embassy Suites San Juan for the week ending 08/09/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$10,082.34 for the Embassy Suites San Juan for the week ending 08/16/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$20,059.30 for the Embassy Suites San Juan for the week ending 08/23/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$16,753.10 for the Embassy Suites San Juan for the week ending 08/30/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$8,333.32 for the Embassy Suites San Juan for the week ending 11/22/2015 were submitted for payment on 01/14/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both   | 9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Zsaniece Davison</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br><br>City <u><b>Orlando</b></u><br><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>The Labor Pros</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br><br>City <u><b>Orlando</b></u><br><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
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| <u><b>05/11/2015</b></u>                                | <u><b>\$30,666.20</b></u>                   | <u><b>Hilton New Orleans Riverside 12/01-12/12/2014</b></u>  |
| <u><b>08/12/2015</b></u>                                | <u><b>\$14,534.03</b></u>                   | <u><b>Hilton New Orleans Riverside 01/26-01/31/2015</b></u>  |
| <u><b>08/12/2015</b></u>                                | <u><b>\$16,431.80</b></u>                   | <u><b>Hilton New Orleans Riverside 05/18-05/25/2015</b></u>  |
| <u><b>12/09/2015</b></u>                                | <u><b>\$12,061.26</b></u>                   | <u><b>Hilton Lake Buena Vista 09/14-09/19/2015</b></u>   |
| <u><b>12/09/2015</b></u>                                | <u><b>\$8,7500.00</b></u>                   | <u><b>Hilton Atlanta 09/21-09/26/2015</b></u>  |
| <u><b>12/09/2015</b></u>                                | <u><b>\$7,560.88</b></u>                    | <u><b>Embassy Suites Perimeter 09/21-09/27/2015</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Zsaneice Davison to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Zsaneice Davison's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
 Services in the amount of \$13,178.12 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Angeline Durbin</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>12/09/2015</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$11,819.00</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>Hilton Atlanta 09/21-09/26/2015</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Angeline Durbin to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Angeline Durbin's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| 9.a. <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |  |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Edward M. Echanique</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>PO BOX 1831</b></u><br><br>Street _____<br><br>City <u><b>Upland</b></u><br><br>State <u><b>CA</b></u> ZIP Code + 4 <u><b>91785</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>Cruz &amp; Associates</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>PO BOX 1831</b></u><br><br>Street _____<br><br>City <u><b>Upland</b></u><br><br>State <u><b>CA</b></u> ZIP Code + 4 <u><b>91785</b></u> |  |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |  |
| 11.a. Date of each payment or expenditure (mm/dd/yyyy).   | 11.b. Amount of each payment or expenditure   | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Edward M. Echanique to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Edward M. Echanique's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$14,923.69 for the Embassy Suites San Juan for the week ending 08/09/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$14,909.10 for the Embassy Suites San Juan for the week ending 08/26/2015 were submitted for payment on 01/14/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> | File Number E- <b>5579</b> |
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| Check Item Number (from Page 2) to which this Part B applies   | ITEM 8.a <input type="checkbox"/>           | ITEM 8.b <input type="checkbox"/>   | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
| 9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both  |   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |                                   |                                   |  |                                   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Maude Lefevre</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br><br>City <u><b>Orlando</b></u><br><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u>   |   | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>The Labor Pros</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br><br>City <u><b>Orlando</b></u><br><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> |                                   |                                   |  |                                   |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><u><b>See Below</b></u>   |   | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |                                   |                                   |  |                                   |
| 11.a. Date of each payment or expenditure (mm/dd/yyyy).  | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)  |                                   |                                   |  |                                   |
| <u><b>08/31/2015</b></u>   | <u><b>\$11,440.95</b></u>                   | <u><b>Bonnet Creek 06/15-06/22/2015</b></u>   |                                   |                                   |  |                                   |
| 12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.<br><br>Hilton requested Maude Lefevre to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Maude Lefevre's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a. |   |   |                                   |                                   |  |                                   |

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Hiram Maxemin</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>   | <p>11.b. Amount of each payment or expenditure</p>  | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>  |
| <p><u>08/12/2015</u></p> <p><u>08/23/2015</u></p> <p><u>08/31/2015</u></p> <p><u>08/31/2015</u></p> <p><u>01/10/2016</u></p> <p><u>11/30/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/09/2015</u></p> <p><u>12/06/2015</u></p> <p><u>01/10/2015</u></p> <p><u>01/04/2015</u></p> | <p><u>\$15,278.31</u></p> <p><u>\$24,643.00</u></p> <p><u>\$16,532.37</u></p> <p><u>\$15,405.94</u></p> <p><u>\$17,366.50</u></p> <p><u>\$13,259.75</u></p> <p><u>\$15,749.81</u></p> <p><u>\$13,599.14</u></p> <p><u>\$11,723.75</u></p> <p><u>\$11,327.87</u></p> <p><u>\$11,156.27</u></p> <p><u>\$12,801.23</u></p> <p><u>\$12,231.22</u></p> | <p><u>Hilton New Orleans Riverside 05/18-05/25/2015</u></p> <p><u>Doubletree Ontario 06/08-06/15/2015</u></p> <p><u>Bonnet Creek 06/15-06/22/2015</u></p> <p><u>Hilton Miami Airport 06/28-07/04/2015</u></p> <p><u>Doubletree Ontario 08/09-08/15/2015</u></p> <p><u>Hilton Garden Inn El Segundo 08/17-08/22/2015</u></p> <p><u>Hilton Lake Buena Vista 09/14-19/15/2015</u></p> <p><u>Hilton Atlanta Airport 09/21-09/26/2015</u></p> <p><u>Embassy Suites Perimeter 09/21-09/26/2015</u></p> <p><u>Hilton Garden Inn El Segundo 09/28-10/04/2015</u></p> <p><u>Doubletree Ontario 09/28-10/04/2015</u></p> <p><u>Doubletree Ontario 10/05-10/15/2015</u></p> <p><u>Hilton Garden Inn El Segundo 10/08-10/16/2015</u></p> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Hiram Maxemin to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Hiram Maxemin's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
Services in the amount of \$20,995.82 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.



## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Marie Morant</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p><u>05/11/2015</u></p> | <p>11.b. Amount of each payment or expenditure</p> <p><u>\$30,056.00</u></p> | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p><u>Hilton New Orleans Riverside 12/01-12/12/2014</u></p> |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Marie Morant to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Marie Morant's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Nekeya Nunn</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>Suite 2300</b></u></p> <p>Street <u><b>390 North Orange Ave</b></u></p> <p>City <u><b>Orlando</b></u></p> <p>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><u><b>See Below</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>The Labor Pros</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>Suite 2300</b></u></p> <p>Street <u><b>390 North Orange Ave</b></u></p> <p>City <u><b>Orlando</b></u></p> <p>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy).  | 11.b. Amount of each payment or expenditure   | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)   |
| <u><b>05/11/2015</b></u><br><u><b>08/12/2015</b></u><br><u><b>08/12/2015</b></u><br><u><b>08/23/2015</b></u><br><u><b>08/31/2015</b></u><br><u><b>08/31/2015</b></u><br><u><b>01/10/2016</b></u><br><u><b>11/30/2015</b></u><br><u><b>12/09/2015</b></u><br><u><b>12/09/2015</b></u><br><u><b>12/09/2015</b></u><br><u><b>01/10/2015</b></u><br><u><b>01/04/2015</b></u> | <u><b>\$28,012.44</b></u><br><u><b>\$17,082.09</b></u><br><u><b>\$16,909.17</b></u><br><u><b>\$2,280.00</b></u><br><u><b>\$11,832.00</b></u><br><u><b>\$11,870.35</b></u><br><u><b>\$10,586.88</b></u><br><u><b>\$9,566.96</b></u><br><u><b>\$12,559.78</b></u><br><u><b>\$7,859.29</b></u><br><u><b>\$4,044.67</b></u><br><u><b>\$5,200.70</b></u><br><u><b>\$2,920.95</b></u> | <u><b>Hilton New Orleans Riverside 12/01-12/12/2014</b></u><br><u><b>Hilton New Orleans Riverside 01/26-01/31/2015</b></u><br><u><b>Hilton New Orleans Riverside 05/18-05/25/2015</b></u><br><u><b>Doubletree Ontario 06/08-06/15/2015</b></u><br><u><b>Bonnet Creek 06/15-06/22/2015</b></u><br><u><b>Hilton Miami Airport 06/28-07/04/2015</b></u><br><u><b>Doubletree Ontario 08/09-08/15/2015</b></u><br><u><b>Hilton Garden Inn El Segundo 08/17-08/22/2015</b></u><br><u><b>Hilton Lake Buena Vista 09/14-19/15/2015</b></u><br><u><b>Hilton Atlanta Airport 09/21-09/26/2015</b></u><br><u><b>Embassy Suites Perimeter 09/21-09/26/2015</b></u><br><u><b>Doubletree Ontario 10/05-10/15/2015</b></u><br><u><b>Hilton Garden Inn El Segundo 10/08-10/16/2015</b></u> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Nekeya Nunn to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Nekeya Nunn's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
 Services in the amount of \$11,670.91 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input checked="" type="checkbox"/> Agreement    <input type="checkbox"/> Payment    <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Kane Parks</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u>      ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u>      ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral    <input type="checkbox"/> Written*    <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Kane Parks to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Kane Parks' labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Consulting services were provided in 2015, but paid in 2016, as follows:  
Services in the amount of \$4,371.05 for the Doubletree Ontario for the time period of 10/05-10/15/2015 were submitted for payment on 01/10/2016.

Services in the amount of \$2,661.05 for the Hilton Garden Inn El Segundo for the time period of 10/08-10/16/2015 were submitted for payment on 01/04/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Wildine Pierre</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u>See Below</u></p> | <p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u>The Labor Pros</u></p> <p>P.O. Box, Building and Room Number, If any<br/><u>Suite 2300</u></p> <p>Street <u>390 North Orange Ave</u></p> <p>City <u>Orlando</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>32801</u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u>08/31/2015</u><br><u>08/31/2015</u>                  | <u>\$10,982.44</u><br><u>\$12,992.56</u>    | <u>Bonnet Creek 06/15-06/22/2015</u><br><u>Hilton Miami Airport 06/28-07/04/2015</u>                         |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Wildine Pierre to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Wildine Pierre's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
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| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
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| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Greco Romero</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>PO BOX 1831</b></u></p> <p>Street _____</p> <p>City <u><b>Upland</b></u></p> <p>State <u><b>CA</b></u> ZIP Code + 4 <u><b>91785</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u><b>See Below</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>Cruz &amp; Associates</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>PO BOX 1831</b></u></p> <p>Street _____</p> <p>City <u><b>Upland</b></u></p> <p>State <u><b>CA</b></u> ZIP Code + 4 <u><b>91785</b></u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| <p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p>  | <p>11.b. Amount of each payment or expenditure</p>   | <p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p>   |
| <p><u><b>06/30/2015</b></u></p> <p><u><b>06/25/2015</b></u></p> <p><u><b>06/30/2015</b></u></p> <p><u><b>06/30/2015</b></u></p> <p><u><b>08/31/2015</b></u></p> <p><u><b>08/27/2015</b></u></p> <p><u><b>01/14/2016</b></u></p> <p><u><b>01/14/2016</b></u></p> <p><u><b>01/14/2016</b></u></p> <p><u><b>01/14/2016</b></u></p> | <p><u><b>\$7,062.08</b></u></p> <p><u><b>\$10,445.16</b></u></p> <p><u><b>\$11,000.00</b></u></p> <p><u><b>\$12,158.06</b></u></p> <p><u><b>\$12,041.02</b></u></p> <p><u><b>\$7,010.39</b></u></p> <p><u><b>\$13,646.14</b></u></p> <p><u><b>\$15,198.79</b></u></p> <p><u><b>\$12,829.26</b></u></p> <p><u><b>\$6,463.16</b></u></p> | <p><u><b>Arizona Biltmore w/e 04/26/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 05/17/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 05/24/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 05/31/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 07/11/2015</b></u></p> <p><u><b>Arizona Biltmore w/e 07/26/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 08/09/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 08/23/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 08/30/2015</b></u></p> <p><u><b>Embassy Suites San Juan w/e 11/22/2015</b></u></p> |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Greco Romero to provide labor relations consultant services to the property outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Greco Romero's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:

Services in the amount of \$13,646.14 for the Embassy Suites San Juan for the week ending 08/09/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$15,198.79 for the Embassy Suites San Juan for the week ending 08/23/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$12,829.26 for the Embassy Suites San Juan for the week ending 08/30/2015 were submitted for payment on 01/14/2016.

Services in the amount of \$6,463.16 for the Embassy Suites San Juan for the week ending 11/22/2015 were submitted for payment on 01/14/2016.

## Part B

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| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
|---|--|--|--|----------------------------|--|

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|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|

|   |  |
|---|--|
| <p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u><b>Jorge Slim</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>Suite 2300</b></u></p> <p>Street <u><b>390 North Orange Ave</b></u></p> <p>City <u><b>Orlando</b></u></p> <p>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br/><u><b>See Below</b></u></p> | <p>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).<br/><b>Labor Consultant</b></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization<br/><u><b>The Labor Pros</b></u></p> <p>P.O. Box, Building and Room Number, If any<br/><u><b>Suite 2300</b></u></p> <p>Street <u><b>390 North Orange Ave</b></u></p> <p>City <u><b>Orlando</b></u></p> <p>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u></p> <p>10.b. The promise, agreement, or arrangement was:<br/><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br/>(*Written agreements entered into during the fiscal year must be attached.)</p> |
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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u><b>12/09/2015</b></u>                                | <u><b>\$7,140.00</b></u>                    | <u><b>Hilton Atlanta Airport 09/21-09/26/2015</b></u>  |
| <u><b>12/09/2015</b></u>                                | <u><b>\$9,252.70</b></u>                    | <u><b>Embassy Suites Perimeter 09/21-09/27/2015</b></u>  |
| <u><b>12/09/2015</b></u>                                | <u><b>\$8,599.88</b></u>                    | <u><b>Hilton Garden Inn El Segundo 09/28-10/04/2015</b></u>  |
| <u><b>12/06/2015</b></u>                                | <u><b>\$9,096.88</b></u>                    | <u><b>Doubletree Ontario 09/28-10/04/2015</b></u>  |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Jorge Slim to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Jorge Slim's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
Services in the amount of \$10,926.34 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

## Part B

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|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
|---|--|--|--|----------------------------|--|

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|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|
| Check Item Number (from Page 2) to which this Part B applies | ITEM 8.a <input type="checkbox"/> | ITEM 8.b <input type="checkbox"/> | ITEM 8.c <input type="checkbox"/> | ITEM 8.d <input type="checkbox"/> | ITEM 8.e <input checked="" type="checkbox"/> | ITEM 8.f <input type="checkbox"/> |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|

|   |   |
|---|---|
| 9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Luz Slim</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br>City <u><b>Orlando</b></u><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>The Labor Pros</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br>City <u><b>Orlando</b></u><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

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| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure            | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
| <u><b>08/23/2015</b></u><br><u><b>08/31/2015</b></u>    | <u><b>\$16,663.00</b></u><br><u><b>\$11,897.00</b></u> | <u><b>Doubletree Ontario 06/08-06/15/2015</b></u><br><u><b>Bonnet Creek 06/15-06/22/2015</b></u>             |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Hilton requested Luz Slim to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Luz Slim's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.

Additional consulting services were provided in 2015, but paid in 2016, as follows:  
 Services in the amount of \$10,810.85 for the Hilton New Orleans Riverside for the time period of 10/25-10/31/2015 were submitted for payment on 01/11/2016.

## Part B

|   |  |  |  |                            |  |
|---|--|--|--|----------------------------|--|
| Name of Reporting Employer: <b>HILTON WORLDWIDE, INC.</b> |  |  |  | File Number E- <b>5579</b> |  |
|---|--|--|--|----------------------------|--|

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|   |   |
|---|---|
| 9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both   | 9.c. Position in labor organization or with employer (if an independent labor consultant, so state).<br><b>Labor Consultant</b>   |
| 9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.<br><br>Name <u><b>Karla Temple</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br><br>City <u><b>Orlando</b></u><br><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> | 9.d. Name and address of firm or labor organization with whom employed or affiliated.<br><br>Organization<br><u><b>The Labor Pros</b></u><br><br>P.O. Box, Building and Room Number, If any<br><u><b>Suite 2300</b></u><br><br>Street <u><b>390 North Orange Ave</b></u><br><br>City <u><b>Orlando</b></u><br><br>State <u><b>FL</b></u> ZIP Code + 4 <u><b>32801</b></u> |
| 10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.<br><br><u><b>See Below</b></u>  | 10.b. The promise, agreement, or arrangement was:<br><br><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both<br>(*Written agreements entered into during the fiscal year must be attached.)  |

| 11.a. Date of each payment or expenditure (mm/dd/yyyy). | 11.b. Amount of each payment or expenditure | 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) |
|---|---|--|
| <u><b>08/12/2015</b></u>                                | <u><b>\$13,547.00</b></u>                   | <u><b>Hilton New Orleans Riverside 01/26-01/31/2015</b></u>  |
| <u><b>08/12/2015</b></u>                                | <u><b>\$12,135.24</b></u>                   | <u><b>Hilton New Orleans Riverside 05/18-05/25/2015</b></u>  |
| <u><b>12/09/2015</b></u>                                | <u><b>\$12,48.20</b></u>                    | <u><b>Hilton Lake Buena Vista 09/14-09/19/2015</b></u>   |

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

Hilton requested Karla Temple to provide labor relations consultant services to the properties outlined above to inform and educate them about their rights and responsibilities under the NLRA, about labor unions, about union representation, and about NLRB elections, and provided labor relations consultant services to Hilton relating to the Hotel. To the best of Hilton's knowledge, the above referenced payments represent the fees and expenses relating to Karla Temple's labor relations consultant services paid and/or pending on or about the date indicated in Item 11.a.