Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOTEL DEVELOPMENT & MANAGEME

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

HOTEL DEVELOPMENT & MANAGEME

507 SE FORT KING ST
OCALA, FL 34471

2b Employer Identification Number (EIN)
26-0850249

2c Sponsor's telephone number
352-867-1347

2d Business code (see instructions)
721110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/21/2014	PATTY TORRES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	198
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	213
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	63
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
HOTEL DEVELOPMENT & MANAGEME		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
HOTEL DEVELOPMENT & MANAGEME	26-0850249	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PAYCHEX SECURITIES CORPORATION

16-1486352

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PAYCHEX, INC

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPING	603	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PAYCHEX, INC.		

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PAYCHEX, INC. 16-1124166	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HOTEL DEVELOPMENT & MANAGEME

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOTEL DEVELOPMENT & MANAGEME

D Employer Identification Number (EIN)
26-0850249

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69	766
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	48102	22978
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	462805	637939
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	510976	661683
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	510976	661683

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	35365	
(B) Participants	2a(1)(B)	39710	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		75075
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1244	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1244
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24581	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		24581
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		70333
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		171233
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13562	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13562
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6964	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6964
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20526
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		150707
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: AVERETT WARMUS DURKEE **(2)** EIN: 59-3214308

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		51097
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HOTEL DEVELOPMENT & MANAGEME

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOTEL DEVELOPMENT & MANAGEME

D Employer Identification Number (EIN)
26-0850249

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

(Employer Identification No. 26-0850249-001)

Ocala, Florida

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

As of December 31, 2013 and 2012,
and the Year Ended December 31, 2013



AVERETT
WARMUS
DURKEE

Certified Public Accountants and Business Advisors

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

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AVERETT
WARMUS
DURKEE

Certified Public Accountants and Business Advisors

Independent Auditors' Report

To the Plan Administrator and Trustee
Hotel Development and Management LLC
401(k) Profit Sharing Plan and Trust
Ocala, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hotel Development and Management LLC 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Mid Atlantic Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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Orlando, FL 32803
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Altamonte Springs, FL 32714
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To the Plan Administrator and Trustee
Hotel Development and Management LLC
401(k) Profit Sharing Plan and Trust

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Averett Warren Durkee

Orlando, Florida
October 9, 2014

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets:		
Investments, at fair value:		
Mutual funds	$ 637,939	$ 462,805
Money market fund	766	69
Total investments	638,705	462,874
Receivables:		
Notes receivable from participants	22,978	48,102
Total assets	661,683	510,976
Liabilities	-	-
Net Assets Available for Benefits	$ 661,683	$ 510,976

See accompanying notes.

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013

Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	70,333
Interest and dividends		24,581
Total investment income		94,914
Interest on notes receivable from participants		1,244
Contributions:		
Participant deferrals		39,710
Employer contributions		35,365
Total contributions		75,075
Total additions		171,233
Deductions From Net Assets Attributed to:		
Benefits paid to participants or beneficiaries		13,562
Administrative and other expenses		6,964
Total deductions		20,526
Net Increase		150,707
Net Assets Available for Benefits:		
Beginning of year		510,976
End of year	$	661,683

See accompanying notes.

Notes to Financial Statements
December 31, 2013

1. Description of Plan:

The following description of the Hotel Development and Management LLC (the "Employer" or the "Company") 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information regarding the Plan's provisions in effect at December 31, 2013. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan, which became effective January 1, 1997, and is subject to the provisions of ERISA, as amended. The Plan covers substantially all full-time employees and they are eligible to participate in the Plan after a four-month service requirement and obtaining the age of 21 for participant deferrals and employer match contributions. Participants are eligible to receive profit sharing contributions after one year of service. The Plan was amended and restated effective January 1, 2012.

Contributions

Participant:

Each year, participants may elect to defer up to 92% of their pretax annual compensation, as defined in the Plan, not to exceed the maximum amount allowable by the Internal Revenue Code ("IRC") as a basic contribution. Participants who have attained age 50 or older before the end of the Plan year are eligible to make catch-up contributions as permitted by the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("rollover contributions"). Participant contributions are transferred to the Plan throughout the year.

Employer:

The Employer will make a matching contribution to the individual account of each employee. All employer contributions are invested as directed by the participants. Contributions are subject to certain limitations and eligibility requirements. For the year ended December 31, 2013, the Company contributed 100% of the first 4% of base compensation that a participant contributed to the Plan. This qualifies as a Safe Harbor Match contribution. The Employer may also make a discretionary profit sharing contribution to participating members who have satisfied a one-year service requirement. No such contribution was made for the year ended December 31, 2013.

All participant and employer contributions are subject to the limitations specified by the Plan and the Internal Revenue Code and Regulations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the employer contributions, profit sharing contributions, if any, and Plan earnings. Allocations for contributions are based on participants' compensation, limited by statutory provisions. Allocations for Plan earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan – Continued:

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are also immediately 100% vested in their matching and profit sharing contributions.

Notes Receivable From Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in the previous 12 months. Interest on the loans is at market rates equal to prime plus 1%. Loans are repayable in substantially equal installments over a term of up to five years unless the purpose of the loan is to acquire a primary residence in which case the term may be up to 30 years. Notes receivable from participants are collateralized by the participant's vested account balance in the Plan. At December 31, 2013, the loans earned interest at a rate of 4.25% and maturities ranged from 2014 to 2018. As of December 31, 2013, all loans are considered collectible.

Payment of Benefits

Upon termination of service, participants' account balances are payable in a lump sum, partial payments, or in installments. Participants may withdraw all or any part of their account after attaining age 59½. Certain requirements for financial hardship withdrawals are mandated by federal guidelines.

Investment Options

Upon enrollment in the Plan, a participant may direct participant deferral contributions, participant rollover contributions, and employer contributions in any of the Plan's investment options. Such options are specified by the Plan's administrator, who is appointed by the Employer, and are presently comprised of various mutual funds and a money market fund.

Forfeited Accounts

There are no forfeitures for the Plan due to participants being immediately vested for their voluntary contributions, matching contributions, and profit sharing contributions.

Plan Expenses

The Plan is responsible for investment management fees, which reduce investment returns, and fees related to loans and distributions. Substantially all other fees related to the Plan for administration, legal, audit, and other services are paid by the Company.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. The net change in the fair value of investments during the Plan year is included in the statement of changes in net assets available for benefits. Net appreciation or depreciation in the fair value of investments consist of the net realized gains or losses on investments sold and the net unrealized gains or losses on investments held.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Plan management has evaluated subsequent events through October 9, 2014, the date which the financial statements were available to be issued.

3. Investments:

The following table presents investments that represent five percent or more of the Plan's net assets, at fair value, at December 31, 2013 and 2012:

	2013	2012
Cohen & Steers Realty Shares Fund	$ 93,014	$ 90,480
Manning & Napier Pro Blend Conservative Term Series Class S	149,340	89,781
Prudential Jennison Natural Resources Fund Class Z	*	26,410
RidgeWorth Small Cap Value Equity Fund Class Institutional	88,388	64,622
Vanguard Equity-Income Fund Investor Shares	76,992	55,779
Vanguard Small Capitalization Growth Index Fund Investor Shares	33,234	*
Vanguard Small Capitalization Index Fund Investor Shares	42,336	29,706

*Less than 5% of Plan net assets

During the year ended December 31, 2013, the Plan's investments in mutual funds (including investments bought, sold, and held) appreciated in value by $70,333.

4. Fair Value Measurements:

Fair value is measured using a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

4. Fair Value Measurements – Continued:

- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish their daily NAV and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. Fair Value Measurements – Continued:

The following table sets forth the Plan's assets at fair value (all Level 1) at December 31, 2013 and 2012:

	2013	2012
Mutual funds:		
Equity funds	$ 436,023	$ 338,005
International equity funds	8,334	5,280
Fixed income funds	33,395	22,919
Balanced funds	159,211	96,592
Alternative asset fund	976	9
Total mutual funds	637,939	462,805
Money market fund	766	69
Total investments at fair value	$ 638,705	$ 462,874

At December 31, 2013 and 2012, there are no investments measured using Level 2 or Level 3 inputs.

5. Related-Party Transactions:

The Plan's investments are held by Paychex, the third-party administrator through an open architecture plan. Transactions with Paychex are considered to be transactions with a party-in-interest.

6. Plan Termination:

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Tax Status:

The Plan is operating under a prototype plan designed by the third party administrator for which the Internal Revenue Service determined and informed the sponsoring organization by a letter dated March 31, 2008, that the prototype plan is designed in compliance with applicable sections of the Internal Revenue Code ("IRC"), and that the employers adopting the prototype plan could rely on such determination. The Employer has not obtained a separate determination letter on adoption of the prototype plan and it has been amended by the sponsor to remain in compliance with the IRC since the opinion letter was obtained. Consequently, Plan management believes the Plan is being operated in compliance with the applicable requirements of the IRC and that the Plan, as amended, is qualified and the related trust is exempt from federal income taxes as of the financial statement date.

Plan management has evaluated tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress. At December 31, 2013, the years 2012 through 2013 remain open to examination under federal statute.

8. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. Summary of Information Certified by the Plan Trustee:

At December 31, 2013 and 2012, and for year ended December 31, 2013, the Plan Trustee held the Plan's assets, including investments and notes receivable from participants, and executed investment transactions. Financial information relating to those assets is included in the accompanying financial statements, including Note 3 and 4, and supplemental schedule of assets (held at end of year), and such information has been derived from reports certified as complete and accurate by the Trustee. Information provided by the Trustee, which has not been audited by independent accountants, is summarized as follows:

	2013	2012
Assets:		
Investments	$ 638,705	$ 462,874
Investment income:		
Net appreciation in fair value of investments	$ 70,333	
Interest and dividends	24,581	
Total investment income	$ 94,914	

SUPPLEMENTAL SCHEDULE

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST
(Employer Identification No. 26-0850249-001)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment: Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:						
	Aberdeen Global High Income Fund Class A	N/A	N/A	N/A	N/A	N/A	$ 3,526
	American Funds Capital World Growth and Income Fund Class R-6	N/A	N/A	N/A	N/A	N/A	917
	Cohen & Steers Realty Shares Fund	N/A	N/A	N/A	N/A	N/A	93,014
	Columbia Greater China Fund Class Z Shares	N/A	N/A	N/A	N/A	N/A	154
	Columbia Seligman Communications and Information Fund Class A	N/A	N/A	N/A	N/A	N/A	792
	Dodge & Cox International Stock Fund	N/A	N/A	N/A	N/A	N/A	2,563
	Franklin Gold and Precious Metals Fund Advisor Class	N/A	N/A	N/A	N/A	N/A	976
	Ivy Asset Strategy Fund Class I	N/A	N/A	N/A	N/A	N/A	8,989
	Janus Global Select Fund Class T	N/A	N/A	N/A	N/A	N/A	53
	Loomis Sayles Bond Fund Retail Class	N/A	N/A	N/A	N/A	N/A	9,015
	MFS Utilities Fund Class R4	N/A	N/A	N/A	N/A	N/A	3,435
	Yacktman Fund Service Class	N/A	N/A	N/A	N/A	N/A	8,195
	Manning & Napier Pro Blend Conservative Term Series Class S	N/A	N/A	N/A	N/A	N/A	149,340
	Manning & Napier Pro Blend Extended Term Series Class S	N/A	N/A	N/A	N/A	N/A	44
	Manning & Napier Pro Blend Maximum Term Series Class S	N/A	N/A	N/A	N/A	N/A	91
	Oppenheimer Developing Markets Fund Class Y	N/A	N/A	N/A	N/A	N/A	4,647
	Parnassus Equity Income Fund Class Investor	N/A	N/A	N/A	N/A	N/A	162
	Perkins Mid Cap Value Fund Class T	N/A	N/A	N/A	N/A	N/A	1,130
	PIMCO Total Return Fund Class A	N/A	N/A	N/A	N/A	N/A	9,205
	T. Rowe Price Health Sciences Fund	N/A	N/A	N/A	N/A	N/A	9,676
	Prudential Jennison Natural Resources Fund Class Z	N/A	N/A	N/A	N/A	N/A	23,960
	RidgeWorth Seix Floating Rate High Income Fund Class Institutional	N/A	N/A	N/A	N/A	N/A	2,057
	RidgeWorth Small Cap Value Equity Fund Class Institutional	N/A	N/A	N/A	N/A	N/A	88,388

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST
(Employer Identification No. 26-0850249-001)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
December 31, 2013

		(c) Description of Investment					
(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds – Continued:						
	T. Rowe Price Capital Appreciation Fund	N/A	N/A	N/A	N/A	N/A	747
	Templeton Global Bond Fund Class A	N/A	N/A	N/A	N/A	N/A	4,169
	Vanguard 500 Index Fund Investor Class	N/A	N/A	N/A	N/A	N/A	13,735
	Vanguard Equity-Income Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	76,992
	Vanguard GNMA Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	387
	Vanguard Growth Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	11,976
	Vanguard Inflation-Protected Securities Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	5,036
	Vanguard Mid-Cap Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	28,998
	Vanguard Small Capitalization Growth Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	33,234
	Vanguard Small Capitalization Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	42,336
							637,939
	Money Market Fund:						
	Vanguard Prime Money Market Fund Investor Class	N/A	N/A	N/A	N/A	N/A	766
*	Participant Loans:						
	Various participants, payable in bi-weekly installments, including interest	2014 to 2018	4.25%	50% of borrowers' vested account balances	N/A	-0-	22,978
						N/A	$ 661,683

*Indicates a party-in-interest

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

(Employer Identification No. 26-0850249-001)

Ocala, Florida

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

As of December 31, 2013 and 2012,
and the Year Ended December 31, 2013



AVERETT
WARMUS
DURKEE

Certified Public Accountants and Business Advisors

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

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AVERETT
WARMUS
DURKEE

Certified Public Accountants and Business Advisors

Independent Auditors' Report

To the Plan Administrator and Trustee
Hotel Development and Management LLC
401(k) Profit Sharing Plan and Trust
Ocala, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hotel Development and Management LLC 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Mid Atlantic Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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To the Plan Administrator and Trustee
Hotel Development and Management LLC
401(k) Profit Sharing Plan and Trust

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Averett Warren Durkee

Orlando, Florida
October 9, 2014

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets:		
Investments, at fair value:		
Mutual funds	$ 637,939	$ 462,805
Money market fund	766	69
Total investments	638,705	462,874
Receivables:		
Notes receivable from participants	22,978	48,102
Total assets	661,683	510,976
Liabilities	-	-
Net Assets Available for Benefits	$ 661,683	$ 510,976

See accompanying notes.

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013

Additions to Net Assets Attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	70,333
Interest and dividends		24,581
Total investment income		94,914
Interest on notes receivable from participants		1,244
Contributions:		
Participant deferrals		39,710
Employer contributions		35,365
Total contributions		75,075
Total additions		171,233
Deductions From Net Assets Attributed to:		
Benefits paid to participants or beneficiaries		13,562
Administrative and other expenses		6,964
Total deductions		20,526
Net Increase		150,707
Net Assets Available for Benefits:		
Beginning of year		510,976
End of year	$	661,683

See accompanying notes.

Notes to Financial Statements
December 31, 2013

1. Description of Plan:

The following description of the Hotel Development and Management LLC (the "Employer" or the "Company") 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information regarding the Plan's provisions in effect at December 31, 2013. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan, which became effective January 1, 1997, and is subject to the provisions of ERISA, as amended. The Plan covers substantially all full-time employees and they are eligible to participate in the Plan after a four-month service requirement and obtaining the age of 21 for participant deferrals and employer match contributions. Participants are eligible to receive profit sharing contributions after one year of service. The Plan was amended and restated effective January 1, 2012.

Contributions

Participant:

Each year, participants may elect to defer up to 92% of their pretax annual compensation, as defined in the Plan, not to exceed the maximum amount allowable by the Internal Revenue Code ("IRC") as a basic contribution. Participants who have attained age 50 or older before the end of the Plan year are eligible to make catch-up contributions as permitted by the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("rollover contributions"). Participant contributions are transferred to the Plan throughout the year.

Employer:

The Employer will make a matching contribution to the individual account of each employee. All employer contributions are invested as directed by the participants. Contributions are subject to certain limitations and eligibility requirements. For the year ended December 31, 2013, the Company contributed 100% of the first 4% of base compensation that a participant contributed to the Plan. This qualifies as a Safe Harbor Match contribution. The Employer may also make a discretionary profit sharing contribution to participating members who have satisfied a one-year service requirement. No such contribution was made for the year ended December 31, 2013.

All participant and employer contributions are subject to the limitations specified by the Plan and the Internal Revenue Code and Regulations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the employer contributions, profit sharing contributions, if any, and Plan earnings. Allocations for contributions are based on participants' compensation, limited by statutory provisions. Allocations for Plan earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan – Continued:

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are also immediately 100% vested in their matching and profit sharing contributions.

Notes Receivable From Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in the previous 12 months. Interest on the loans is at market rates equal to prime plus 1%. Loans are repayable in substantially equal installments over a term of up to five years unless the purpose of the loan is to acquire a primary residence in which case the term may be up to 30 years. Notes receivable from participants are collateralized by the participant's vested account balance in the Plan. At December 31, 2013, the loans earned interest at a rate of 4.25% and maturities ranged from 2014 to 2018. As of December 31, 2013, all loans are considered collectible.

Payment of Benefits

Upon termination of service, participants' account balances are payable in a lump sum, partial payments, or in installments. Participants may withdraw all or any part of their account after attaining age 59½. Certain requirements for financial hardship withdrawals are mandated by federal guidelines.

Investment Options

Upon enrollment in the Plan, a participant may direct participant deferral contributions, participant rollover contributions, and employer contributions in any of the Plan's investment options. Such options are specified by the Plan's administrator, who is appointed by the Employer, and are presently comprised of various mutual funds and a money market fund.

Forfeited Accounts

There are no forfeitures for the Plan due to participants being immediately vested for their voluntary contributions, matching contributions, and profit sharing contributions.

Plan Expenses

The Plan is responsible for investment management fees, which reduce investment returns, and fees related to loans and distributions. Substantially all other fees related to the Plan for administration, legal, audit, and other services are paid by the Company.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. The net change in the fair value of investments during the Plan year is included in the statement of changes in net assets available for benefits. Net appreciation or depreciation in the fair value of investments consist of the net realized gains or losses on investments sold and the net unrealized gains or losses on investments held.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Plan management has evaluated subsequent events through October 9, 2014, the date which the financial statements were available to be issued.

3. Investments:

The following table presents investments that represent five percent or more of the Plan's net assets, at fair value, at December 31, 2013 and 2012:

	2013	2012
Cohen & Steers Realty Shares Fund	$ 93,014	$ 90,480
Manning & Napier Pro Blend Conservative Term Series Class S	149,340	89,781
Prudential Jennison Natural Resources Fund Class Z	*	26,410
RidgeWorth Small Cap Value Equity Fund Class Institutional	88,388	64,622
Vanguard Equity-Income Fund Investor Shares	76,992	55,779
Vanguard Small Capitalization Growth Index Fund Investor Shares	33,234	*
Vanguard Small Capitalization Index Fund Investor Shares	42,336	29,706

*Less than 5% of Plan net assets

During the year ended December 31, 2013, the Plan's investments in mutual funds (including investments bought, sold, and held) appreciated in value by $70,333.

4. Fair Value Measurements:

Fair value is measured using a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

4. Fair Value Measurements – Continued:

- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish their daily NAV and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. Fair Value Measurements – Continued:

The following table sets forth the Plan's assets at fair value (all Level 1) at December 31, 2013 and 2012:

	2013	2012
Mutual funds:		
Equity funds	$ 436,023	$ 338,005
International equity funds	8,334	5,280
Fixed income funds	33,395	22,919
Balanced funds	159,211	96,592
Alternative asset fund	976	9
Total mutual funds	637,939	462,805
Money market fund	766	69
Total investments at fair value	$ 638,705	$ 462,874

At December 31, 2013 and 2012, there are no investments measured using Level 2 or Level 3 inputs.

5. Related-Party Transactions:

The Plan's investments are held by Paychex, the third-party administrator through an open architecture plan. Transactions with Paychex are considered to be transactions with a party-in-interest.

6. Plan Termination:

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Tax Status:

The Plan is operating under a prototype plan designed by the third party administrator for which the Internal Revenue Service determined and informed the sponsoring organization by a letter dated March 31, 2008, that the prototype plan is designed in compliance with applicable sections of the Internal Revenue Code ("IRC"), and that the employers adopting the prototype plan could rely on such determination. The Employer has not obtained a separate determination letter on adoption of the prototype plan and it has been amended by the sponsor to remain in compliance with the IRC since the opinion letter was obtained. Consequently, Plan management believes the Plan is being operated in compliance with the applicable requirements of the IRC and that the Plan, as amended, is qualified and the related trust is exempt from federal income taxes as of the financial statement date.

Plan management has evaluated tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress. At December 31, 2013, the years 2012 through 2013 remain open to examination under federal statute.

8. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. Summary of Information Certified by the Plan Trustee:

At December 31, 2013 and 2012, and for year ended December 31, 2013, the Plan Trustee held the Plan's assets, including investments and notes receivable from participants, and executed investment transactions. Financial information relating to those assets is included in the accompanying financial statements, including Note 3 and 4, and supplemental schedule of assets (held at end of year), and such information has been derived from reports certified as complete and accurate by the Trustee. Information provided by the Trustee, which has not been audited by independent accountants, is summarized as follows:

	2013	2012
Assets:		
Investments	$ 638,705	$ 462,874
Investment income:		
Net appreciation in fair value of investments	$ 70,333	
Interest and dividends	24,581	
Total investment income	$ 94,914	

SUPPLEMENTAL SCHEDULE

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST
(Employer Identification No. 26-0850249-001)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment: Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:						
	Aberdeen Global High Income Fund Class A	N/A	N/A	N/A	N/A	N/A	$ 3,526
	American Funds Capital World Growth and Income Fund Class R-6	N/A	N/A	N/A	N/A	N/A	917
	Cohen & Steers Realty Shares Fund	N/A	N/A	N/A	N/A	N/A	93,014
	Columbia Greater China Fund Class Z Shares	N/A	N/A	N/A	N/A	N/A	154
	Columbia Seligman Communications and Information Fund Class A	N/A	N/A	N/A	N/A	N/A	792
	Dodge & Cox International Stock Fund	N/A	N/A	N/A	N/A	N/A	2,563
	Franklin Gold and Precious Metals Fund Advisor Class	N/A	N/A	N/A	N/A	N/A	976
	Ivy Asset Strategy Fund Class I	N/A	N/A	N/A	N/A	N/A	8,989
	Janus Global Select Fund Class T	N/A	N/A	N/A	N/A	N/A	53
	Loomis Sayles Bond Fund Retail Class	N/A	N/A	N/A	N/A	N/A	9,015
	MFS Utilities Fund Class R4	N/A	N/A	N/A	N/A	N/A	3,435
	Yacktman Fund Service Class	N/A	N/A	N/A	N/A	N/A	8,195
	Manning & Napier Pro Blend Conservative Term Series Class S	N/A	N/A	N/A	N/A	N/A	149,340
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	Manning & Napier Pro Blend Maximum Term Series Class S	N/A	N/A	N/A	N/A	N/A	91
	Oppenheimer Developing Markets Fund Class Y	N/A	N/A	N/A	N/A	N/A	4,647
	Parnassus Equity Income Fund Class Investor	N/A	N/A	N/A	N/A	N/A	162
	Perkins Mid Cap Value Fund Class T	N/A	N/A	N/A	N/A	N/A	1,130
	PIMCO Total Return Fund Class A	N/A	N/A	N/A	N/A	N/A	9,205
	T. Rowe Price Health Sciences Fund	N/A	N/A	N/A	N/A	N/A	9,676
	Prudential Jennison Natural Resources Fund Class Z	N/A	N/A	N/A	N/A	N/A	23,960
	RidgeWorth Seix Floating Rate High Income Fund Class Institutional	N/A	N/A	N/A	N/A	N/A	2,057
	RidgeWorth Small Cap Value Equity Fund Class Institutional	N/A	N/A	N/A	N/A	N/A	88,388

HOTEL DEVELOPMENT AND MANAGEMENT LLC
401(K) PROFIT SHARING PLAN AND TRUST
(Employer Identification No. 26-0850249-001)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
December 31, 2013

		(c) Description of Investment					
(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds – Continued:						
	T. Rowe Price Capital Appreciation Fund	N/A	N/A	N/A	N/A	N/A	747
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	Vanguard Growth Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	11,976
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	Vanguard Mid-Cap Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	28,998
	Vanguard Small Capitalization Growth Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	33,234
	Vanguard Small Capitalization Index Fund Investor Shares	N/A	N/A	N/A	N/A	N/A	42,336
							637,939
	Money Market Fund:						
	Vanguard Prime Money Market Fund Investor Class	N/A	N/A	N/A	N/A	N/A	766
*	Participant Loans:						
	Various participants, payable in bi-weekly installments, including interest	2014 to 2018	4.25%	50% of borrowers' vested account balances	N/A	-0-	22,978
						N/A	$ 661,683

*Indicates a party-in-interest