For	rm 5500-SF	Short Form Annual	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	etirement	2014					
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	Internal	This Form is Open to					
Pension Be	Image: on Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Public Inspectin Public Inspection								
Part I		Identification Information		and anding 10	24/2014				
For calend	ar plan year 2014 of its	cal plan year beginning 01/01/2014		4	/ <u>31/2014</u> /Filers.chec	king this hav must attach a list			
	turn/report is for: urn/report is								
C Check	box if filing under:	Form 5558	automatic extension		D	FVC program			
	-	special extension (enter descripti							
Part II		rmation—enter all requested inforr	nation		41				
1a Name HOTEL MAN	of plan NAGERS 401(K) PLAN				1b Thre plan (PN)	number			
					, ,	ctive date of plan 01/01/2014			
	ponsor's name and add	dress; include room or suite number (IY, INC.	employer, if for a single	e-employer plan)	2b Emp (EIN)	loyer Identification Number			
21400 INTL I	3LVD #301				2c Sponsor's telephone number 206-878-1700				
SEATAC, W	A 98198				2d Business code (see instructions) 721110				
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Sponsor.			3b Administrator's EIN				
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN	inistrator's telephone number			
name		nber from the last return/report.			4 C PN				
		at the beginning of the plan year			5a	3			
b Total	number of participants	at the end of the plan year			5b	7			
	· ·	account balances as of the end of the		•	5c	7			
d(1) Tot	al number of active par	ticipants at the beginning of the plan	year		5d(1)	3			
		rticipants at the end of the plan year			5d(2)	7			
e Numbe less th	er of participants that te an 100% vested	rminated employment during the plar	year with accrued ber	efits that were	5e	0			
Caution: A Under pena SB or Sche	A penalty for the late of alties of perjury and oth edule MB completed ar true, correct, and comp	or incomplete filing of this return/re ner penalties set forth in the instructio nd signed by an enrolled actuary, as v plete.	eport will be assessed ns, I declare that I have	I unless reasonable cau e examined this return/rep	oort, includii	ng, if applicable, a Schedule			
SIGN HERE		valid electronic signature.							
	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE				_					
	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address (inclu	Date Ide room or suite numb			as employer or plan sponsor s telephone number (optional)			
		e and OMP Capitral Numbers, and the in				Earm 5500 SE (2014)			

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined		
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a		0			31782		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0			31782		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	76	602					
	(2) Participants	8a(2)	78	352					
	(3) Others (including rollovers)	8a(3)	158	352					
b	Other income (loss)	8b	4	76					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31782		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i					31782		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in tł	ne instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		х			
f	instructions.) Has the plan failed to provide any benefit when due under the plan								
				10f		X			
b				10g		Х			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X								
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	Part VI Pension Funding Compliance								
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a			
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 letter ruling								

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

100 0 07 00 07							OMB Nos. 1210-0110 1210-0089			
Internal Revenu		This form is required to be	filed under sections 104	and 4065 of the Employe	of the Employee 20 D57(b) and 6058(a) of					
Department o Employee Benefits Secu Pension Benefit Guar	urity Administration		This Form is Open to Pu							
		Complete all entries in acc	cordance with the inst	ructions to the Form 550	0-SF.					
		dentification Information al plan year beginning	01/01/0014		10/01					
ror calcindar plairy	-		01/01/2014	and ending		1/2014				
 A This return/repo B This return/repo 	rt is for: [x a single-employer plan a one-participant plan the first return/report	 a multiple-employer of participating emp a foreign plan the final return/repo 	loyer information in accord	tiemployer) (Filers checking this box must attach a list ion in accordance with the form instructions)					
 International contraction of the second secon	[an amended return/report	님	turn/report (less than 12 m	nonths)					
C Check box if filir	ng under:	x Form 5558 special extension (enter descrip	automatic extension			FVC progra	m			
Part II Basi	c Plan Infor	· · · · · · · · · · · · · · · · · · ·								
1a Name of plan		mation enter all requested in	normation		1b Thre	o digit				
	agers 401(k) Plan			plan (PN)	number	001			
		· · ·				ctive date of 01/2014	plan			
2a Plan sponsor's Airport In	nvestment C	ress; include room or suite number company, Inc.		e-employer plan)		loyer Identif) 91–150	fication Number			
21400 Intl B		9445 Internati Seatax, WA	jonal Blud			2c Sponsor's telephone number (206) 878-1700				
US Seatac WA	98198	Seatac, WA	98188		2d Business code (see instruction 721110					
3a Plan administr	ator's name and	address X Same as Plan Spon	nsor Name		3b Admi	inistrator's E	EIN			
					3c Admi	inistrator's t	elephone number			
If the name and name, EIN, and	d/or EIN of the p d the plan numb	plan sponsor has changed since the from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN					
a Sponsor's nam					4c PN					
5a Total number of	of participants at	the beginning of the plan year			5a	*	3			
		the end of the plan year			5b		7			
c Number of part	ticipants with ac	count balances as of the end of the	e plan year (defined ber	efit plans do not	5c		7			
		ipants at the beginning of the plan			5d(1)		3			
		ipants at the end of the plan year			5d(2)		7			
e less than 100%		minated employment during the pla		nefits that were	5e		0			
Caution: A penalty	y for the late or	r incomplete filing of this return/	report will be assesse	d unless reasonable cau	ise is estab	lished.				
Under penalties of	perjury and othe 3 completed and	er penalties set forth in the instructi I signed by an enrolled actuary, as	ions, I declare that I hav	e examined this return/rer	port includin	no if applica	ble, a Schedule knowledge and			
SIGN D			10/7/15	SANDRA C	Li					
	of plan admin	istrator	Date			plan admit	introtor			
C.S.			1×17(15	Enter name of individua		pian admin	istrator			
SIGN HERE Signature	of one louist									
	of employer/p		Date	Enter name of individua						
r reparer 5 fiame (ll		ne, if applicable) and address; incl	nude room of suite numb	per (optional)	Preparer's	telephone n	umber (optional)			

	Form 5500-SF 2014		Page 2		_			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	ee instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot	and condition	s.) 5500-SF and must instead			5500		XYes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA section 40)	21)?	••••••	Yes:	3 🗌 No	Not determine
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year
a	Total plan assets			0				31,782
b	Total plan liabilities							01/102
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		0				31,782
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) 1	
u	(1) Employers	8a(1)	7 (
	(2) Participants	8a(2)	7,6					
	(3) Others (including rollovers)	8a(3)	7,8		N .			an Sa to the
b	Other income (loss)	8b	15,8					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	4	76	-			
d	Benefits paid (including direct rollovers and insurance premiums							31,782
	to provide benefits)	8d	-					
e	Certain deemed and/or corrective distributions (see instructions)	8e						
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f					14	1 1 1 1 1
g	Other expenses	8g					4 10	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
1	Net income (loss) (subtract line 8h from line 8c)	8i						31,782
1	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j					-	
Pa	If the plan provides welfare benefits, enter the applicable welfare fea							
<u>10</u> a	During the plan year:				Yes	No		Amount
a b	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correctio	n Program)	10a		x		
5	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inclu	ide transactions reported	4.01				
С	Was the plan covered by a fidelity bond?	*****		10b		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity hond t	hat was caused by froud	10c		x		
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or	r persons by f the benefits	an insurance carrier,					
f	Instructions.)	~~~~~		10e		x		
	Has the plan failed to provide any benefit when due under the plan?			10f		x		
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x		
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		x	44 10	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required not	ice or one of the	10i				
Par	VI Pension Funding Compliance						197 	
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes,	" see instructions and comple	ete Sc	hedul	e SB (F	orm	
11a	Enter the unpaid minimum required contribution for current year from	n Schedule S	B (Form 5500) line 39					Yes X No
12	Is this a defined contribution plan subject to the minimum funding re						SA2	Yes X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable.)					
	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in	this plan year, see instruction	ons, ar th	nd ent	er the c Day	ate of the	eletter ruling Year

Form 5500-SF 2014						
If you completed line 12a, complete line	es 3, 9, and 10 of Schedule MB (Form	Page 3-				
b Enter the minimum required contribution	on for this plan year	rooody, and skip to line 13		12b		
 c Enter the amount contributed by the er d Subtract the amount in line 12c from the penetive amount) 	e amount in line 12b. Enter the result (enter a minus sign to the lef	1 . 6 .	12c		
e Will the minimum funding amount repo	rted on line 12d be met by the funding			12d	Yes 🗌] No 🗌 N/A
Part VII Plan Terminations and 13a Has a resolution to terminate the plan to termin	been adopted in any plan year?	s vear			es X No)
b Were all the plan assets distributed to p of the PBGC?	participants or beneficiaries, transferred	to another plan, or brought			Γ	Yes X No
C If during this plan year, any assets or lia which assets or liabilities were transferr	abilities were transferred from this plan	to another plan(s), identify t	he plan(s) to			
13c(1) Name of plan(s):			130	:(2) EIN(5	5)	13c(3) PN(s)
Part VIII Trust Information (option	nal					
14a Name of trust		et a se		14b Tru	ust's EIN	

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