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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SEAWAY HOTELS 401K

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/23/1993

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

1200 ANASTASIA AVENUE
CORAL GABLES, FL 33134

2b Employer Identification Number (EIN)
65-0350171

2c Plan Sponsor's telephone number
305-445-8066

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.	10/14/2015	ROBERT BUTLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	ROBERT BUTLER
	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)
AMERICAN UNITED LIFE INSURANCE CO.
AMERICAN UNITED LIFE INSURANCE CO.

ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

Preparer's telephone number (optional)
800-261-9618

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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**	737
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	679
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	707
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	50
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	757
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	762
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	355
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SEAWAY HOTELS 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BILTMORE HOTEL LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
65-0350171

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G90951	355	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
20506	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RETIREMENT RESOURCES INC
4745 SUTTON PARK COURT
SUITE 303
JACKSONVILLE, FL 32224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20506	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	2029276
5	Current value of plan's interest under this contract in separate accounts at year end	5	8504396

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	1885032
c	Additions: (1) Contributions deposited during the year	7c(1)	150798		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	75583		
	(4) Transferred from separate account	7c(4)	93125		
	(5) Other (specify below)	7c(5)	33654		
	▶ LOAN REPAYMENT				
	(6)Total additions			7c(6)	353160
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2238192
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	45034		
	(2) Administration charge made by carrier	7e(2)	2068		
	(3) Transferred to separate account	7e(3)	123312		
	(4) Other (specify below)	7e(4)	38502		
	▶ LOANS ISSUED				
	(5) Total deductions			7e(5)	208916
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2029276

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SEAWAY HOTELS 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BILTMORE HOTEL LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
65-0350171

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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 50 64 37 52 59 60 63 66 67	NONE	6356	Yes [X] No [ ]	Yes [ ] No [X]	49059	Yes [X] 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 [ ]

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
AMERICAN UNITED LIFE INSURANCE CO	66 67	49059

(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.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
BLACKROCK INC. 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
FRED ALGER & COMPANY INC 13-2510833	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
LORD ABBETT FUNDS 13-5620131	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
MFS INVESTMENT MANAGEMENT 04-3169826	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
OLD MUTUAL 20-0931274	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
OPPENHEIMER FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(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.
THORNBURG INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED

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

(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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SEAWAY HOTELS 401K

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE BILTMORE HOTEL LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
65-0350171

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0145825-000	P	8504396

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SEAWAY HOTELS 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BILTMORE HOTEL LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
65-0350171

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	536	1399
(2) Participant contributions	1b(2)	16455	10876
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	370134	405561
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7800079	8504396
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1885032	2029276
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10072236	10951508
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	35611	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	35611	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10036625	10951508

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)	138954	
(B) Participants	2a(1)(B)	751945	
(C) Others (including rollovers)	2a(1)(C)	4046	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		894945
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)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	21936	
(F) Other	2b(1)(F)	75583	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		97519
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		507442
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1499906
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	533825	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		533825
f Corrective distributions (see instructions)	2f		47318
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3880	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3880
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		585023
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		914883
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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

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

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

(1) Name: CHERRY BEKAERT LLP **(2)** EIN: 56-0574444

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		81541
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		1000000
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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SEAWAY HOTELS 401K

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE BILTMORE HOTEL LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
65-0350171

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** 0

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): 35-0145825

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):

SEAWAY HOTELS 401(K) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

And Report of Independent Auditor

Cherry Bekaert LLP
CPAs & Advisors

SEAWAY HOTELS 401(K) PLAN
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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Cherry Bekaert LLP
CPAs & Advisors

Report of Independent Auditor

To the Plan Administrator
Seaway Hotels 401(k) Plan
Coral Gables, Florida

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Seaway Hotels 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 3, which was certified by American United Life Insurance Company, the trustee of the Plan ("Trustee"), except for comparing such information with the related information included in the financial statements. 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 certifications from the Trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

The supplemental Schedule of Delinquent Participant Contributions as of December 31, 2014 and Schedule of Assets (Held at End of Year) as of December 31, 2014, are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and are presented for purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, 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.

Cherry Bekaert LLP

Tampa, Florida
October 13, 2015

SEAWAY HOTELS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Guaranteed interest account	$ 2,029,276	$ 1,885,032
Mutual funds	5,596,290	5,067,933
Pooled separate accounts	2,908,106	2,732,146
Total investments, at fair value	10,533,672	9,685,111
Receivables:		
Participant contributions	12,275	16,991
Notes receivable from participants	405,561	370,134
Total receivables	417,836	387,125
Total assets	10,951,508	10,072,236
LIABILITIES		
Excess participant contributions payable	-	35,611
Total liabilities	-	35,611
Net assets available for benefits	$ 10,951,508	$ 10,036,625

See notes to the financial statements

SEAWAY HOTELS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	507,442
Interest and dividends		75,583
Total investment income		583,025
Interest income on notes receivable from participants		21,936
Contributions:		
Participants		755,991
Employer		138,954
Total contributions		894,945
Total additions		1,499,906
Deductions from net assets attributed to:		
Benefits paid to participants		581,143
Administrative expenses		3,880
Total deductions		585,023
Net increase in net assets available for benefits		914,883
Net assets available for benefits, beginning of year		10,036,625
Net assets available for benefits, end of year	$	10,951,508

See notes to the financial statements

Note 1—Plan description

General - The Seaway Hotels 401(k) Plan (the "Plan") was established by The Biltmore Hotel, L.P. (the "Sponsor") as a defined-contribution plan on October 23, 1993, was restated on January 1, 2009 and subsequently amended. The Plan is subject to the provisions of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The following is a summary of major plan provisions. Participants should refer to the Plan document for more complete information.

Participation - Employees and officers of the Sponsor and its affiliates (The Biltmore Hotel, L.P., The Alexander Hotel, Hudson Refrigerating Company, Newark Refrigerated Warehouse, Inc., and The Sheraton Sand Key Resort) (collectively the "Company" or "Employer") who have attained the age of 21 and completed three months of service are eligible to participate in the Plan. The Plan provides for entry dates on the first day of the month following the satisfaction of the entry requirements.

Contributions - Participants may contribute up to 100% of their total annual compensation, not to exceed certain limitations, on an annual basis. Participants, who have attained the age of 50, are eligible to make pre-tax catch-up contributions subject to certain limitations. Employer and participant contributions are invested at the direction of the participant in various mutual funds, pooled separate accounts, or a guaranteed interest account. The Employer can make a discretionary matching contribution based on the employee elective contributions and compensation. The Employer elected to match 25% of the first 6% of employee elective contributions in 2014. Additionally, the Employer may, at its discretion, make profit sharing contributions. The Employer elected not to make profit sharing contributions for the year ended December 31, 2014.

Participant Accounts - Each participant account is credited with the participant's contributions. Plan earnings or losses are allocated based on the participant's elected investments. Employer discretionary matching and profit sharing contributions are allocated based on the relative participant salary reduction contributions and relative participant account balances, respectively. Participant accounts are reduced by benefit payments and an allocation of administrative expenses.

Forfeitures - Forfeitures may be used to pay administrative expenses or to reduce employer matching contributions. The Plan had $2,865 and $2,590 of forfeitures available at December 31, 2014 and 2013, respectively. Forfeitures of approximately $1,750 were used to reduce administrative expenses during the year ended December 31, 2014.

Vesting - If a participant leaves the Company for reasons other than normal retirement, total permanent disability, or death, the participant will be eligible to receive the vested percentage of the balance credited to the participant's account. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service as follows:

Note 1—Plan description (continued)

Years of Service	Vesting Percentage
Less than 2 years of service	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%

Notwithstanding the foregoing, any participant who attains the age of 65 shall be 100% vested.

Notes Receivable from Participants - The Plan Administrator may authorize participant notes from the borrowing participant's accounts. The Plan Administrator has complete discretion in the matter of notes, although the Plan Administrator must act in accordance with a uniform nondiscriminatory policy. The amount of the note may not exceed the lesser of (1) 50% of the vested interest in the participant's account or (2) $50,000. The $50,000 limit is subject to reduction by the amount of certain previously outstanding notes. Any note funded from the Plan must be adequately secured, must provide for a reasonable interest rate and must be repaid within an agreed upon period of time (generally within 5 years unless the note proceeds are used to purchase a principal residence for which the time period is not to exceed fifteen years). Notes receivable outstanding at December 31, 2014 incur interest at a rate of 6%.

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

Payment of Benefits - Benefits due to terminated participants are paid in a lump sum. In the event of any participant's total and permanent disability or death, the entire amount credited to the participant's account shall become vested and the participant or his/her estate may elect to receive a lump-sum amount equal to the value of the participant's vested account. The Plan provides for an involuntary distribution of all terminated participant accounts with vested accrued benefits of $5,000 or less excluding any portion of the account balance that is attributable to rollover contributions (and earnings or losses allocable thereto).

Note 2—Significant accounting policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Investments, Investment Valuation and Income Recognition - Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a guaranteed interest contract with American United Life Insurance Company, which is fully benefit-responsive (see Note 5). As of December 31, 2014 and 2013, the fair value of the guaranteed interest contract approximates the contract value, and, therefore, the statements of net assets available for benefits does not present a reconciliation between the fair and contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Note 2—Significant accounting policies (continued)

As discussed in the previous paragraph, 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. Fair value determinations are made based upon a hierarchy that prioritizes the inputs to valuation techniques. 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).

Three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and,

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in methodologies used at December 31, 2014 and 2013.

Guaranteed Interest Account - This investment is made by the Plan in an Unallocated Group Fixed Annuity Contract which is invested in the general assets of American United Life Insurance Company who guarantees a fixed interest rate. The Net Asset Value ("NAV") for the investment contract is $1 and is provided by the administrator of the contract. The investment contract is classified within Level 3 of the valuation hierarchy.

Mutual Funds - These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Pooled Separate Accounts - These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

The methods described above 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 2—Significant accounting policies (continued)

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Benefits Paid to Participants - Benefits are recorded when processed and paid by the Plan.

Administrative Expenses - The Company pays the Plan's administrative expenses and professional fees, while the Plan pays the investment advisory expenses. Total expenses paid by the Company on the Plan's behalf were approximately $11,500 for the year ended December 31, 2014.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Such estimates include those regarding fair value. Actual results could differ from those estimates.

Subsequent Events - Management has evaluated subsequent events through October 13, 2015 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Note 3—Information certified by the Plan Trustee (unaudited)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the American United Life Insurance Company ("AUL" or the "Trustee"), as of December 31, 2014 and 2013 and for the year ended December 31, 2014 as permitted by Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2014	**2013**
Investments:		
Guaranteed interest account, at contract value	$ 2,029,276	$ 1,885,032
Mutual funds, at fair value	5,596,290	5,067,933
Pooled separate accounts, at fair value	2,908,106	2,732,146
	$ 10,533,672	$ 9,685,111
Notes receivable from participants	$ 405,561	$ 370,134

	Year Ended December 31, 2014
Investment activity:	
Net appreciation in fair value of investments	$ 507,442
Interest and dividends	$ 75,583
Interest income on notes receivable from participants	$ 21,936

Note 3—Information certified by the Plan Trustee (unaudited) (continued)

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value as follows:

Guaranteed interest account	$	75,583
Mutual funds		216,547
Pooled separate accounts		215,312
	$	507,442

Investments that represent 5% or more of the net assets available for benefits at December 31, 2014 and 2013 are as follows:

	December 31,	
Description of investment	**2014**	**2013**
AUL Fixed Fund	$ 2,029,276	$ 1,885,032
Alger American Large Cap Growth Portfolio Fund	961,153	835,590
Fidelity VIP Contrafund	621,588	N/A *
T Rowe Price Growth Stock Fund	805,975	696,301
OneAmerica Value Fund	628,065	668,693
OneAmerica Asset Director Fund	691,634	737,460
SSGA S&P 500 Flagship Fund	834,815	724,359
	6,572,506	5,547,435
Remaining investments not greater than 5% of net assets available for benefits	3,961,166	4,137,676
Total investments	$ 10,533,672	$ 9,685,111

* Investment does not represent 5% or more of net assets available for benefits at December 31, 2013.

Note 4—Fair value of investments

The following summarizes the Plan's investments based upon the fair value hierarchy as discussed in Note 2:

As of December 31, 2014	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Guaranteed interest account *	$ -	$ -	$ 2,029,276	$ 2,029,276
Mutual funds: *				
Domestic mid cap equities	368,673	-	-	368,673
Domestic large cap equities	3,278,810	-	-	3,278,810
Growth funds	476,401	-	-	476,401
Aggressive growth funds	625,986	-	-	625,986
International small cap equities	63,393	-	-	63,393
International large cap equities	783,027	-	-	783,027
Pooled separate accounts: *				
Bond funds	-	753,592	-	753,592
Large blend stocks	-	834,814	-	834,814
Growth funds	-	1,319,700	-	1,319,700
	$ 5,596,290	$ 2,908,106	$ 2,029,276	$ 10,533,672

As of December 31, 2013	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Guaranteed interest account *	$ -	$ -	$ 1,885,032	$ 1,885,032
Mutual funds: *				
Domestic mid cap equities	386,525	-	-	386,525
Domestic large cap equities	2,885,229	-	-	2,885,229
Growth funds	340,076	-	-	340,076
Aggressive growth funds	609,788	-	-	609,788
International small cap equities	49,324	-	-	49,324
International large cap equities	796,991	-	-	796,991
Pooled separate accounts: *				
Bond funds	-	601,634	-	601,634
Large blend stocks	-	724,359	-	724,359
Growth funds	-	1,406,153	-	1,406,153
	$ 5,067,933	$ 2,732,146	$ 1,885,032	$ 9,685,111

* Unaudited, see note 3

Note 4—Fair value of investments (continued)

The following summarizes the Plan's investments measured at fair value based on NAV per share as of December 31, 2014:

Investment	Fair Value at December 31, 2014	Fair Value at December 31, 2013	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts					
OneAmerica Investment Grade Bond (1)	$ 469,835	$ 367,556	None	Daily	None
OneAmerica Value (2)	$ 628,065	$ 668,693	None	Daily	None
OneAmerica Asset Director (3)	$ 691,634	$ 737,460	None	Daily	None
Fidelity VIP High Income (4)	$ 283,757	$ 234,078	None	Daily	None
SSGA S&P 500 Flagship (5)	$ 834,815	$ 724,359	None	Daily	None
Guaranteed interest account (6)	$ 2,029,276	$ 1,885,032	None	Limited (6)	None

1) The investment objective of the fund is to provide a high level of current income consistent with prudent investment risk. The fund primarily invests in income producing securities such as corporate bonds, U.S. government debt securities, convertible bonds, mortgage and asset backed securities, and preferred stocks.

2) The investment objective of the fund is to provide long-term capital appreciation; current investment income is a secondary objective. The fund invests primarily in equity securities selected on the basis of fundamental investment research for their long-term appreciation potential.

3) The investment objective of the fund is to provide a high total return consistent with prudent investment risk. The fund will seek opportunities to establish equity and fixed income positions in companies.

4) The investment objective of the fund is to provide a high level of current income, while also considering growth of capital. The fund primarily invests in income-producing debt securities, preferred stocks, and convertible securities, with an emphasis on lower-quality debt securities.

5) The investment objective of the fund is to seek to match the performance of the S&P 500® Index by investing in stocks that make up the Index. The S&P 500® Index, considered a large-capitalization benchmark, is comprised of a sample of leading U.S. companies in leading industries, and accounts for more than 75% of the market value of all publicly traded stocks in the U.S.

6) The investment objective of the fund is to earn a fixed rate of interest income. The redemption frequency of the fund is limited based on other investments offered by the Plan and specific participant transactions. If the Plan does not offer a competing investment option (e.g. a money market or other identified short-term investment option), a participant may transfer any amount from the guaranteed interest account but may not transfer funds to the guaranteed interest account until 90 days have elapsed since the date of his/her last transfer from the guaranteed interest account. If the Plan offers a competing option, no more than 20% of the participant's guaranteed interest account value as of the first day of that contract year may be transferred during that year.

Note 4—Fair value of investments (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 guaranteed interest account for the year ended December 31, 2014:

Beginning fair value	$	1,885,032
Purchases		181,816
Settlements		(113,155)
Interest (appreciation in fair value)		75,583
Ending fair value	$	2,029,276

The table below represents the Plan's Level 3 investment, the valuation technique used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs.

Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs
Guaranteed interest account	$ 2,029,276	The methods and assumptions used to estimate fair values are based on quoted market prices where available. For fixed maturity securities not actively traded, including certain corporate securities, fair values are estimated using values obtained from a number of independent pricing sources. If pricing information received from a third party pricing services is not reflective of market activity or other inputs observed in the market, the account issuer may develop valuations or obtain broker quotes.	Risk adjusted discount rate applied

Note 5—Fully-benefit responsive contract

The Plan holds an interest in a guaranteed interest account (AUL Fixed Fund) with AUL. The account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by the Trustee. The guaranteed interest account issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed interest account is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed interest account. At December 31, 2014 and 2013, contract value approximated fair value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2014 and 2013 was $2,029,276 and $1,885,032, respectively.

The average yield and crediting interest rate for the guaranteed interest account was 4.0% for both the years ended December 31, 2014 and 2013. The crediting interest rate is based on an agreed-upon formula with the issuer, but cannot be less than 4.0%.

Note 5—Fully-benefit responsive contract (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6—Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the employer contribution portion of their account.

Note 7—Tax status

The Plan is substantially identical to the American United Life Insurance Company Prototype 401(k) Profit Sharing Plan and Trust ("AUL Prototype Plan") approved as to form by the Internal Revenue Service ("IRS") and therefore will not be issued a separate determination letter.

The AUL Prototype Plan is a qualified profit sharing plan under Section 401(k) of the Internal Revenue Code ("IRC") and, as such, is exempt from federal income taxes under Section 501(a) of the IRC. The AUL Prototype Plan obtained its latest determination letter on March 31, 2008, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes the Plan is currently designed and being operated in compliance with applicable laws and requirements. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2014 and 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 audit by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. Plan Management believes it is no longer subject to income tax examinations for years prior to 2011.

Notwithstanding Plan management's assessment in the previous paragraph, during 2015 management determined that the Plan had not correctly completed the required non-discrimination testing for the 2014 Plan year and possibly certain additional prior Plan years. The Plan is in the process of investigating the matter, including any corrective actions that would be required. Since the Plan's investigation has only recently begun, corrective actions, if any, which might be required have not been determined. Accordingly, no amounts related to this matter have been recorded in the accompanying financial statements. Plan management does not believe that the ultimate resolution of this matter will have an adverse effect on the qualified tax status of the Plan.

Note 8—Party-in-interest transactions

Certain Plan investments are shares in pooled separate accounts and a guaranteed interest account managed by the Plan Trustee. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. While these transactions qualify as party-in-interest activity, they are expressly exempted from prohibited transaction rules (ERISA, Title I, Section 408(b)). Fees paid during 2014 for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 9—Risks and uncertainties

The Plan provides for various investment options in investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 10—Voluntary compliance

During the years ending December 31, 2012, 2011 and 2010, certain participant contributions were remitted late to the Plan. The Company's late participant contributions were $47,926, $44,394 and $37,147 for 2012, 2011 and 2010, respectively. The Company intends to make a voluntary submission to the IRS under the Employee Plans Compliance Resolution System to fund lost earnings on the late contributions for 2011 and 2010 and has funded the lost earnings for 2012. The contributions for 2011 and 2010 are recorded as contributions not corrected in Schedule H, line 4a in the Form 5500, until the year in which the correction is made.

SUPPLEMENTAL SCHEDULES

SEAWAY HOTELS 401(K) PLAN

EIN: 65-0350171, PLAN NUMBER: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2014

Year	Participant Contributions Transferred Late to the Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
2012	$ 47,926	X	$ -			$ 47,926
2011	$ 44,394	X	$ 44,394			
2010	$ 37,147	X	$ 37,147			
	$ 129,467		$ 81,541	$ -	$ -	$ 47,926

SEAWAY HOTELS 401(K) PLAN

EIN: 65-0350171, PLAN NUMBER: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a)	(b) Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Historical Cost	(e) Current Value
		Guaranteed Interest Account		
*	American United Life Insurance Company	AUL Fixed Fund	**	$ 2,029,276
		Mutual Funds		
	Fred Alger Management, Inc.	Alger American Large Cap Growth Portfolio Fund	**	961,153
	American Century Inv. Mgt, Inc.	AmCent: Inflation-Adjusted Bond	**	37,005
	American Century Inv. Mgt, Inc.	AmCent: Strategic Allocation Aggressive Fund	**	135,648
	American Century Inv. Mgt, Inc.	AmCent: Strategic Allocation Conservative Fund	**	77,136
	American Century Inv. Mgt, Inc.	AmCent: Strategic Allocation Moderate Fund	**	296,237
	BlackRock Fund	Blackrck Midcap Eqty	**	368,673
	Capital Research and Management Co.	Amer Funds Capital World Growth & Inc.	**	63,393
	Fidelity Mgmt & Research Company	Fidelity VIP Contrafund	**	621,588
	Massachusetts Financial Services Co.	MFS Value Fund	**	479,715
	Oppenheimer Funds, Inc.	Oppenheimer Develop Markets Fund	**	70,108
	Oppenheimer Funds, Inc.	Oppenheimer International Small CO Y Fund	**	333,620
	Oppenheimer Funds, Inc.	Oppenheimer International Growth Y Fund	**	379,299
	Thornburg Investment Management, Inc.	Thornburg International Value Fund	**	-
	T. Rowe Price Associates, Inc.	T Rowe Price Growth Stock Fund	**	805,975
	T. Rowe Price Associates, Inc.	T Rowe Price Retire Balanced ADV	**	7,470
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2005 ADV	**	1,272
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2010 ADV	**	18,092
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2015 ADV	**	44,340
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2020 ADV	**	112,794
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2025 ADV	**	32,519
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2030 ADV	**	69,508
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2035 ADV	**	41,433
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2040 ADV	**	80,626
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2045 ADV	**	35,717
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2050 ADV	**	21,168
	T. Rowe Price Associates, Inc.	T Rowe Price Retire 2055 ADV	**	11,463
	Vanguard Group, Inc.	Vanguard VIF Small Company Growth	**	490,338
				5,596,290
		Pooled Separate Accounts		
*	Fidelity Mgmt & Research Company	Fidelity VIP High Income Fund	**	283,757
*	American United Life Insurance Company	OneAmerica Asset Director Fund	**	691,634
*	American United Life Insurance Company	OneAmerica Investment Grade Bond Fund	**	469,835
*	American United Life Insurance Company	OneAmerica Value Fund	**	628,065
*	State Street Global Advisors	SSGA S&P 500 Flagship Fund	**	834,815
				2,908,106
		Notes receivable from participants		
*	Plan participants	(Interest rate of 6%, maturing no later than 5 years)	-0-	405,561
				$ 10,939,233

* Party-in-Interest as defined by ERISA

** Column (d) cost information has been omitted on participant directed accounts.

Schedule C Attachment for Line Item 3(e)

Plan Name **G90951 SEAWAY HOTELS 401K**

Plan Number **001** **Plan Year End** **12/31/2014**

EIN **65-0350171**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent Infl-Adj Bond A	0.50
AMERICAN CENTURY INVESTMENTS	AmerCent Strat Alloc Agrsv Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent AllocCon Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Strat Alloc: Mod Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Intl Grth Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Select Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Ultra Inv	0.35
AMERICAN FUNDS	AmerFds Cap World Grth&Inc R4	0.35
BLACKROCK INC.	BlackRck MidCap Eqty Idx CL31	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2010 Fd T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2020 Fd T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2030 Fd T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2040 Fd T	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2035 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2040 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2045 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2050 Fd A	0.50

Investment Company	Investment Portfolio	Annual Percentage
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2055 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2010 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2015 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2020 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2025 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2030 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity VIP Grth Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP High Inc Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP Overseas Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP Asset Mngr Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP Contrafd Init	0.15
FRANKLIN TEMPLETON INVESTMENTS	Templeton Grth R	0.65
FRANKLIN TEMPLETON INVESTMENTS	Templeton Grth A	0.40
FRED ALGER & COMPANY, INC	Alger LgCap Grth Port I-2	0.20
INVESCO	Invesco MidCap Core Eqty A	0.50
LORD ABBETT FUNDS	Lord Abbett SmCap Blend P	0.60
MFS INVESTMENT MANAGEMENT	MFS Val A	0.40
MFS INVESTMENT MANAGEMENT	MFS Intl New Discovery A	0.45
OLD MUTUAL	Old Mutual Growth Fund	0.25
OPPENHEIMER FUNDS INC.	Oppenheimer Dev Mkts R	0.59
OPPENHEIMER FUNDS INC.	Oppenheimer Intl Growth Y	0.25
OPPENHEIMER FUNDS INC.	Oppenheimer Intl Small Comp R	0.60
OPPENHEIMER FUNDS INC.	Oppenheimer Intl Small Comp Y	0.25
STATE STREET GLOBAL ADVISORS	SSgA S&P 500 Indx F	0.22
T ROWE PRICE	TRowePrice Ret 2005 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2010 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2015 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2020 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2025 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2030 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2035 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2040 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2045 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2050 Adv	0.40
T ROWE PRICE	TRowePrice Ret 2055 Adv	0.40
T ROWE PRICE	TRowePrice Ret Bal Adv	0.40
T ROWE PRICE	TRowePrice Grth Stock R	0.65

Investment Company	Investment Portfolio	Annual Percentage
T ROWE PRICE	TRowePrice Grth Stock Adv	0.40
THORNBURG INVESTMENT MANAGEMENT	Thornburg Intl Val R5	0.25
THORNBURG INVESTMENT MANAGEMENT	Thornburg Intl Val R3	0.70

Plan Type **1 401PS**

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SEAWAY HOTELS 401K **EIN:** 65-0350171
Plan Sponsor's Name THE BILTMORE HOTEL LIMITED PARTNERSHIP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FRED ALGER & COMPANY INC	ALGER LGCAP GRTH PORT I-2 MUTUAL FUND SHARES	0	961,153
	AMERICAN CENTURY INVESTMENTS	AMERCENT ALLOCCON INV MUTUAL FUND SHARES	0	77,136
	AMERICAN CENTURY INVESTMENTS	AMERCENT INFL-ADJ BOND A MUTUAL FUND SHARES	0	37,005
	AMERICAN CENTURY INVESTMENTS	AMERCENT STRAT ALLOC AGRSV INV MUTUAL FUND SHARES	0	135,648
	AMERICAN CENTURY INVESTMENTS	AMERCENT STRAT ALLOC: MOD INV MUTUAL FUND SHARES	0	296,237
	AMERICAN FUNDS	AMERFDS CAP WORLD GRTH & INC R4 MUTUAL FUND SHARES	0	63,393
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	2,029,276

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SEAWAY HOTELS 401K **EIN:** 65-0350171
Plan Sponsor's Name THE BILTMORE HOTEL LIMITED PARTNERSHIP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK INC.	BLACKRCK MIDCAP EQTY IDX CL31 MUTUAL FUND SHARES	0	368,673
	FIDELITY INVESTMENTS	FIDELITY VIP CONTRAFD INIT MUTUAL FUND SHARES	0	621,589
	FIDELITY INVESTMENTS	FIDELITY VIP HIGH INC INIT MUTUAL FUND SHARES	0	283,757
	PARTICIPANTS	LOANS 6%	0	405,561
	MFS INVESTMENT MANAGEMENT	MFS VAL A MUTUAL FUND SHARES	0	479,715
*	ONEAMERICA FUNDS INC.	ONEAMERICA ASSET DIRECTOR O MUTUAL FUND SHARES	0	691,634
*	ONEAMERICA FUNDS INC.	ONEAMERICA INV GRADE BOND O MUTUAL FUND SHARES	0	469,835

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SEAWAY HOTELS 401K **EIN:** 65-0350171
Plan Sponsor's Name THE BILTMORE HOTEL LIMITED PARTNERSHIP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	ONEAMERICA FUNDS INC.	ONEAMERICA VAL O MUTUAL FUND SHARES	0	628,064
	OPPENHEIMER FUNDS INC.	OPPENHEIMER DEV MKTS R MUTUAL FUND SHARES	0	70,108
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTL GROWTH Y MUTUAL FUND SHARES	0	379,299
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTL SMALL COMP Y MUTUAL FUND SHARES	0	333,620
	STATE STREET GLOBAL ADVISORS	SSGA S & P 500 INDX F MUTUAL FUND SHARES	0	834,815
	T ROWE PRICE	TROWEPRICE GRTH STOCK ADV MUTUAL FUND SHARES	0	805,975
	T ROWE PRICE	TROWEPRICE RET 2005 ADV MUTUAL FUND SHARES	0	1,272

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SEAWAY HOTELS 401K **EIN:** 65-0350171
Plan Sponsor's Name THE BILTMORE HOTEL LIMITED PARTNERSHIP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE	TROWEPRICE RET 2010 ADV MUTUAL FUND SHARES	0	18,092
	T ROWE PRICE	TROWEPRICE RET 2015 ADV MUTUAL FUND SHARES	0	44,340
	T ROWE PRICE	TROWEPRICE RET 2020 ADV MUTUAL FUND SHARES	0	112,794
	T ROWE PRICE	TROWEPRICE RET 2025 ADV MUTUAL FUND SHARES	0	32,519
	T ROWE PRICE	TROWEPRICE RET 2030 ADV MUTUAL FUND SHARES	0	69,508
	T ROWE PRICE	TROWEPRICE RET 2035 ADV MUTUAL FUND SHARES	0	41,433
	T ROWE PRICE	TROWEPRICE RET 2040 ADV MUTUAL FUND SHARES	0	80,626

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SEAWAY HOTELS 401K **EIN:** 65-0350171
Plan Sponsor's Name THE BILTMORE HOTEL LIMITED PARTNERSHIP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE	TROWEPRICE RET 2045 ADV MUTUAL FUND SHARES	0	35,717
	T ROWE PRICE	TROWEPRICE RET 2050 ADV MUTUAL FUND SHARES	0	21,168
	T ROWE PRICE	TROWEPRICE RET 2055 ADV MUTUAL FUND SHARES	0	11,463
	T ROWE PRICE	TROWEPRICE RET BAL ADV MUTUAL FUND SHARES	0	7,470
	THE VANGUARD GROUP INC	VANGUARD VIF SMALLCOMPGRTH INS MUTUAL FUND SHARES	0	490,338