Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit SENTINEL REALTY ADVISORS, INC. PROFIT SHARING PLAN plan number 003 (PN) ▶ 1c Effective date of plan 01/01/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SENTINEL REALTY ADVISORS, INC. 36-4199799 (EIN) Sponsor's telephone number 239-494-1290 9790 TREASURE CAY LANE BONITA SPRINGS, FL 34135 Business code (see instructions) 531210 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accounta ions.)	int (IC	PA)				X Y		No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermin	ed
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Eı	nd of			
	Total plan assets	7a	4458	317					45	0859	
	Total plan liabilities	7b	4458	217					15	0859	
	Net plan assets (subtract line 7b from line 7a)	7c		017	+					0009	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				d)) Tot	aı		
	(1) Employers	8a(1)									
	2) Participants	8a(2)									
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	202	278							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	0278	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	126	667							
е	Certain deemed and/or corrective distributions (see instructions)	8e	25	569							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5236	
	Net income (loss) (subtract line 8h from line 8c)	8i								5042	
Par	Transfers to (from) the plan (see instructions)	8j									
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe										
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribution	tions withi	n the time period described in			.,				-	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	nclude transactions reported	10a		X					
	on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			letter ear	ruling	

	Form 5500-SF 2014 Page	3 - 1					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	•		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	other plan, or brought under	the co	ontrol		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan	n(s) to)			
1	3c(1) Name of plan(s):		130	c(2) El	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						

14b Trust's EIN 364069043

14a Name of trust SENTINEL REALTY ADVISORS, INC. PROF

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

► Complete all entries in accordance with the instructions to the Form 5500-SF.

ÓMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information			TO the LOTH DO		
For caler	ndar plan year 2014 or	fiscal plan year beginning	01/01/2	014	and ending	12/31/201	4
_	return/report is for:	a single-employer plan a one-participant plan	a foreign plan	g employe	n (not multiemployer) er information in acco) (Filers checking th	s box must attach a liet
2 (1113)	returniteport is.	☐ the first return/report ☐ an amended return/report	the final return a short plan ye	• • •	report (less than 12	months)	
C Chec	k box if filing under:	x Form 5558 special extension (enter description)	automatic exte	nsion		DFVC pr	ogram
Part II	Basic Plan Inf	ormation enter all requested					
1a Nar	ne of plan	dvisors, Inc. Profit Sha				1b Three-digit plan numbe	003
						(PN) ► 1c Effective da 01/01/19	te of plan
2a Plar Ser	n sponsor's name and a ntinel Reality Ac	address; include room or suite numb lvisors, Inc.	er (employer, if for	a single-e	employer plan)	2b Employer ic (EIN) 36-	entification Number 4199799
979	O Treasure Cay Lane					(239) 49	
	Bonita Springs FL 34					2d Business co 531210	de (see instructions)
yu Fiai	radiministrators name	and address 🕱 Same as Plan Spo	onsor Name			3b Administrate 3c Administrate	or's telephone number
4 If the	e name and/or EIN of t	he plan sponsor has changed since	the last return/repo	rt filed for	this plan, enter the	4b EIN	
	nsor's name					4c PN	
5a Tota	al number of participant	s at the beginning of the plan year	**************		*************************		2
b Tota	ıl number of participant	s at the end of the plan year	*************	*44***********		5b	2
C Num	nber of participants with niete this item)	account balances as of the end of	he plan year (defin	ed benefi	t plans do not	5c	
		articipants at the beginning of the pla				5d(1)	2
							2.
e Num	ber of participants that	articipants at the end of the plan yea terminated employment during the	olan year with accri	ued benef	its that were	5d(2) 5e	2
		e or ไกcomplete filing of this return				<u> </u>	0
Under po SB or So belief, it SIGN HERE SIGN HERE	enalties of perjury and chedule MB completed is true, correct, and so Signature of plan add	other penalties set forth in the instru- and signed by an enrolled actuary, a mplete. Triinistrator	Date	t I have eronic vers	xamined this return/reports on of this return/reports of individual thin the same of individual the same of indivi	eport, including, if a port, and to the best of Phys. La. V, all signing as plan a Phys. La. V all signing as employal signing as employable signing as	applicable, a Schedule If my knowledge and AUNT Iministrator
						L O	

	Form 5500-SF 2014		Page 2						
6a	Were all of the plan's assets during the plan year invested in all it.								
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual exprinction and reset of the annual exprinction and reset of the second reset of the								
	you be a warter of the armual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot fine plan is a defined hopeff vice. In it accessed to the plan is a defined hopeff vice.	of Healto	TO PERO OF AUGUST (*)		_		X Yes No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance j	program (see ERISA section 40	1 use 1 12112	-Onn 550t	i. Ge Thio	Not datameter		
Pa	art III Financial Information					es [] NO	Not determined		
7	Plan Assets and Liabilities	1. 14.	(a) Beginning of Yea		7	25 4 800 1			
а	Total plan assets	7a				(b) End of Year			
b	Total plan liabilities	7b	445,8	3 T /			450,859		
c	Net plan assets (subtract line 7b from line 7a)	7c	445.0	17	 				
8	Income, Expenses, and Transfers for this Plan Year		445,817 (a) Amount			450,859 (b) Total			
а	Contributions received or receivable from: (1) Employers				100	(6) 1			
		8a(1)				da jong 3	alia falla		
	(3) Others (including rollovers)	8a(2)					1944 - 135 - 17 <u>1</u> 3		
b	Other income (loss)	8a(3)							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	20,2	44 (444 c)	4 200	And the second			
d	Benefits paid (including direct rollovers and insurance premiums	8¢				7	20,278		
	to provide benefits)	8d	12,6	67					
	Certain deemed and/or corrective distributions (see instructions)	8e	2,5	69		90'0			
	Administrative service providers (salaries, fees, commissions)	8f				1 H			
	Other expenses	8g					itie pti se		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	90 - 30 - 30 - 30 - 30 - 30 - 30 - 30 -	٠.		· · · · · · · · · · · · · · · · · · ·	15,236		
	Net income (loss) (subtract line 8h from line 8c)	8í		Yes			5,042		
	Transfers to (from) the plan (see instructions)	8j			1				
<u> </u>	rt IV. Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 3D	ature cod	les from the List of Plan Charac	teristi	c Codes in	the instruct	ions:		
b	If the plan provides walfare handlife enterthe and the state of								
~	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	eristic	Codes in t	he instruction	ons:		
Pa	rt V Compliance Questions								
10	During the plan year:								
	Was there a failure to transmit to the plan any participant contribut	ione withi	n the time necied described in	 	Yes No	<u> </u>	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a	x				
b	Were there any nonexempt transactions with any party-in-interest?	' /Do not i	noturie transportions reported			1	-		
	off ane Tua.)	***********	***************************************	10b	x				
d	Was the plan covered by a fidelity bond?	*************	************************************	10c	x				
u	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bor	nd, that was caused by fraud	10d	x				
е	Were any fees or commissions paid to any brokers, agents, or other	er nerson:	s by an insurance carrier	100		<u> </u>			
	insurance service, or other organization that provides some or all of	f the beni	efits under the plan? (See						
- £	instructions.)		*************************************	10e	X				
f	Has the plan falled to provide any benefit when due under the plan			10f	x				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x				
h	If this is an individual account plan, was there a blackout period? (\$	See instru	ctions and 29 CFR			110			
i	2520.101-3.)	********	***************************************	10h	x	李 秋 衛	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10i	į	N. S.			
Pan	t VI Pension Funding Compliance	·	***************************************	[0]		100 TO 100 TO			
11									
	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "	res," see instructions and comp	olete S	chedule S	B (Form			
11a	Enter the unpaid minimum required contribution for current year fro	m Schedi	Ile SB (Form 5500) line 30	********		***************************************	Yes X No		
12	is this a defined contribution plan subject to the minimum funding re	equiremen	its of section 412 of the Code a	VE & & & & & & & & & & & & & & & & & & &	ion 200	EDICAG	П., 		
····	(If "Yes," complete fine 12a or lines 12b, 12c, 12d, and 12e below.	se anali-	this)	n sect	1011 202 OT	EKISA?	Yes X No		
a	If a waiver of the minimum funding standard for a prior year is being	. amortiza	ed in this plan year and in the	ione -	and onter "	00 dot7.1	- f-A		
	granting the waiver		Mon	th	Da	y	Year		

....

Form 5500-SF 2014	Page 3-		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year	***************************************		
		120	
C Enter the amount contributed by the employer to the plan for this plan year		1 42.	
G Subtract the amount in line 12c from the amount in line 12h. Enter the result	(cotor a rainus sient et al. 1 a r	12c	
		12d	
e vviii the minimum funding amount reported on line 12d be met by the funding	deadline?		Yes No NA
Part VII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?			
If "Yes," enter the amount of any plan assets that reverted to the employer th	is vear		Yes X No
b Were all the plan assets distributed to participants or beneficiaries, transferre	od to another plan as formal to a	13a	
			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the p	an(s) to	100 100
13c(1) Name of plan(s):		13c(2) EIN	N(s) 13c(3) PN(s)
		100(2) 211	1(9) 13C(3) FN(S)
Part VIII Trust Information (optional)			
14a Name of trust		4.41-	
		140	Trust's EIN
Sentinel Realty Advisors, Inc. Prof			36-4069043

.

.