

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ARTIS NAPLES, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ARTIS NAPLES, INC.</u> <u>5833 PELICAN BAY BLVD</u> <u>NAPLES, FL 34108-2740</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-2322926</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>239-597-1111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-2322926</u>	2c Plan Sponsor's telephone number <u>239-597-1111</u>	2d Business code (see instructions) <u>813000</u>	
2b Employer Identification Number (EIN) <u>59-2322926</u>					
2c Plan Sponsor's telephone number <u>239-597-1111</u>					
2d Business code (see instructions) <u>813000</u>					

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.	10/02/2015	TAMMY READ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2015	TAMMY READ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 559
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) 540
a(2) Total number of active participants at the end of the plan year	6a(2) 558
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 15
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 573
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 573
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 141
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 6
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: 2F 2G 2L 2M 2R 2T 3F	
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ARTIS NAPLES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARTIS NAPLES, INC.	D Employer Identification Number (EIN) 59-2322926	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(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
42-0127290	61271	613953	573	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
0	0

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

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(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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. Specify nature of costs ▶	6d	

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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b Balance at the end of the previous year.....	7b	312972
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c Additions: (1) Contributions deposited during the year	7c(1)	28144	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	3794	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	17803	
▶ OUTSIDE INVESTMENT TRANSFER, PLAN TRANSFER, LOAN PAYMENT			

(6) Total additions.....	7c(6)	49741
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d Total of balance and additions (add lines 7b and 7c(6))	7d	362713
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1555	
(2) Administration charge made by carrier	7e(2)	797	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	79094	
▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER			

(5) Total deductions.....	7e(5)	81446
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	281267
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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 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
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ARTIS NAPLES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARTIS NAPLES, INC.	D Employer Identification Number (EIN) 59-2322926	

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.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(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
13-1624203	69345	314124	242	01/01/2010	12/31/2010

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
0	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

(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

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

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(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	168955

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 ARTIS NAPLES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARTIS NAPLES, INC.	D Employer Identification Number (EIN) 59-2322926	

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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	
PRINCIPAL LIFE INSURANCE COMPANY	
42-0127290	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
TIAA-CREF	PO BOX 1273 CHARLOTTE, NC 28201-1273

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA-CREF	PO BOX 1273 CHARLOTTE, NC 28201-1273

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA-CREF	PO BOX 1273 CHARLOTTE, NC 28201-1273

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

TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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

TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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CHARLOTTE, NC 28201-1273

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TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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

TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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

TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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

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CHARLOTTE, NC 28201-1273

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TIAA-CREF

PO BOX 1273
CHARLOTTE, NC 28201-1273

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

TIAA-CREF

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures 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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	1541	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LPL FINANCIAL LLC - RPCP

04-3046611

(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?
27 50	INVESTMENT ADVISORY	20604	Yes ☒ No ☐	Yes ☐ No ☒	3	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan ARTIS NAPLES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ARTIS NAPLES, INC.	D Employer Identification Number (EIN) 59-2322926	

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: TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a): TIAA CREF		
c EIN-PN 13-1624203-105	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168955

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
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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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ARTIS NAPLES, INC. RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARTIS NAPLES, INC.</u>		D Employer Identification Number (EIN) <u>59-2322926</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	9867	10690
(2) Participant contributions.....	1b(2)	26781	29288
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	74636	57883
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	161030	168955
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	13035387	14268627
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1886751	1820776
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15194452	16356219

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15194452	16356219
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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)	216878	
(B) Participants	2a(1)(B)	611242	
(C) Others (including rollovers)	2a(1)(C)	3113	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		831233
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)	2399	
(F) Other	2b(1)(F)	64807	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67206
(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)	82156	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		82156
(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)		19327
(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)		876806
c Other income.....	2c		2093
d Total income. Add all income amounts in column (b) and enter total.....	2d		1878821

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	539291	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	155617	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		694908
f Corrective distributions (see instructions).....	2f		0
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)	1542	
(3) Investment advisory and management fees.....	2i(3)	20604	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		22146
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		717054

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1161767
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CLIFTON LARSON ALLEN

(2) EIN: 41-0746749

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	0
4b		X	0

	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.)		X	0
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.).....		X	0
e Was this plan covered by a fidelity bond?	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?		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?.....		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?.....		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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)
TIAA-CREF	13-1624203	001

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ARTIS NAPLES, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ARTIS NAPLES, INC.		D Employer Identification Number (EIN) 59-2322926
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): 42-0127290		
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 17
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

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): _____

**ARTIS-NAPLES, INC.
RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

YEARS ENDED DECEMBER 31, 2014 AND 2013

**ARTIS-NAPLES, INC. RETIREMENT PLAN
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YEARS ENDED DECEMBER 31, 2014 AND 2013**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Artis–Naples, Inc. Retirement Plan
Naples, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Artis–Naples, Inc. Retirement Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the *Basis for Disclaimer of Opinion* paragraphs, 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 Delaware Charter Guarantee & Trust Company dba Principal Trust Company (Principal Trust Company), a member of the Principal Financial Group, the Custodian of the Plan, and Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), an agent for JPMorgan Chase Bank, the insurance company of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian and insurance company hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the Custodian and insurance company as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Custodian and insurance company is complete and accurate.

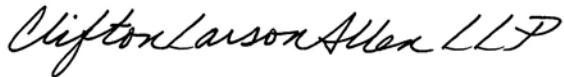
As discussed in Note 4, because of inadequacies in the Plan's prior-year records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the Plan or to satisfy ourselves as to the basis on which participants' equity is stated as of December 31, 2014 and 2013, or the propriety of the distributions to participants who terminated and withdrew from the Plan during the years then ended.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraphs, 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 H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the DOL Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraphs, we do not express an opinion on this supplemental schedule.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Fort Myers, Florida
September 1, 2015

ARTIS-NAPLES, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 8,434,689	\$ 7,574,206
Variable Annuity Accounts	5,800,364	5,460,645
Pooled Separate Account	168,956	161,030
Insurance Company General Account	1,853,478	1,886,751
Total Investments	<u>16,257,487</u>	<u>15,082,632</u>
RECEIVABLES		
Accrued Dividends	892	539
Employee Deferral Contributions	29,288	26,781
Employer Match Contributions	10,690	9,867
Notes Receivable from Participants	57,769	74,497
Total Receivables	<u>98,639</u>	<u>111,684</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 16,356,126</u></u>	<u><u>\$ 15,194,316</u></u>

See accompanying Notes to Financial Statements.

ARTIS–NAPLES, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 635,246	\$ 2,282,451
Interest and Dividends	<u>410,443</u>	<u>252,742</u>
Total Investment Income	1,045,689	2,535,193
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	2,451	4,031
CONTRIBUTIONS		
Participant Contributions	611,281	617,696
Employer Matching Contributions	221,431	169,699
Participant Rollover Contributions	<u>2,603</u>	<u>17,182</u>
Total Contributions	835,315	804,577
BENEFITS PAID TO PARTICIPANTS	(699,501)	(995,591)
ADMINISTRATIVE EXPENSES	<u>(22,144)</u>	<u>(18,658)</u>
NET INCREASE	1,161,810	2,329,552
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>15,194,316</u>	<u>12,864,764</u>
End of Year	<u><u>\$ 16,356,126</u></u>	<u><u>\$ 15,194,316</u></u>

See accompanying Notes to Financial Statements.

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 1 DESCRIPTION OF PLAN

The following description of the Artis–Naples, Inc. Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective January 1, 1989, sponsored by Artis–Naples, Inc. (the Employer and Plan Administrator). The Plan has been amended throughout the years to comply with tax legislation and was most recently amended effective July 1, 2013. The amendment reflected a name change of the Employer and Plan Administrator from Philharmonic Center for the Arts, Inc. to Artis–Naples, Inc., as well as a name change of the Plan from Philharmonic Center for the Arts, Inc. Retirement Plan to Artis–Naples, Inc. Retirement Plan. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Salary Deferrals

Eligible employees are allowed to participate in a salary reduction arrangement on the first day of the month immediately following their hire date.

Employer Contributions

Employees become eligible to participate in Employer matching contributions after completing one year of employment with at least 1,000 hours of service.

Contributions

Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pre-tax contributions to the Plan. Eligible participants are also allowed to contribute age 50 catch-up contributions and special code section 403(b) catch-up contributions.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans or conduit IRAs. Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

The Employer, at their discretion, may make qualified matching and discretionary contributions during the Plan year. The Employer made a matching contribution equal to 100% of deferrals up to 2% of eligible compensation for staff for the years ended December 31, 2014 and 2013. The Employer also made matching contributions equal to 100% of deferrals up to 3% of eligible compensation for musicians for the period from January 1, 2013 through June 30, 2014, and up to 6% for the period from July 1, 2014 through December 31, 2014.

ARTIS-NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's matching contribution (if applicable), and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account. The Plan currently offers various investment options for participants including a pooled separate account, variable annuities, mutual funds, and the insurance company general investment account.

Vesting

Participants are immediately vested in salary deferral and rollover contributions plus actual earnings thereon. Vesting in the employer matching contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after five years of credited service. A participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding note balance during the one-year period ending on the day before the new note is made or the greater of 50% of their vested account balance, \$10,000, or any outstanding note balance on the date the new loan is made. Principal and interest is paid ratably through payroll deductions. Note terms are up to five years, except for notes to fund the purchase of a principal residence, for which the note may be repaid over a reasonable period that may exceed five years. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. At December 31, 2014, the interest rate was 4.25%.

Benefit Payments

Participants may receive the value of their accounts upon termination of service, death, or disability. Distributions may be in the form of a lump sum or installment. The Plan allows for hardship distributions on elective deferrals and in-service distributions upon attainment of age 59½, subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan Administrator will authorize the benefit payment without the participant's consent.

Forfeited Accounts

Forfeited non-vested accounts are used to reduce future Employer contributions and pay administrative expenses. Forfeited non-vested accounts as of December 31, 2014 and 2013 totaled \$-0-. There were \$4,409 and \$-0- of forfeitures used to reduce Employer contributions for the years ended December 31, 2014 and 2013, respectively. There were no forfeitures used to pay administrative expenses for the years ended December 31, 2014 and 2013, respectively.

ARTIS-NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Loans

Participants may borrow amounts from the Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), the Plan insurance company. The loan amount cannot be less than \$1,000, or more than the excess of 90% of the traditional annuity accumulation over the outstanding loan balance for any other loans. In no event can the amount of the loan, when added to the outstanding balance of all other loans from any of the Employer's plans, exceed the least of the following:

- (A) \$50,000 reduced by the excess (if any) of:
 - a. The highest outstanding balance of loans from any of the Employer's plans during the one-year period ending on the day before the date on which the loan is to be made; over
 - b. The outstanding balance of loans from any of the Employer's plans on the date on which the loan is to be made;
- (B) 50% of the present value of the vested accrued benefit under any of the Employer's plans;
- (C) 45% of the value of the accumulation under the Group Supplemental Retirement Annuity Certificate (GSRA) and any companion GSRA issued by TIAA-CREF.

The loans are secured by the balance in the participant's account and bear interest at a rate which is the greater of (a) the "published monthly average" for the calendar month ending two months before the date on which the loan interest rate is determined, and (b) the interest rate to be credited before the annuity starting date or the participant's prior death, as stated in the applicable rate schedule, plus 1% per year. The "published monthly average" is the monthly average corporate yield shown in Moody's Corporate Bond Yield Averages published by Moody's Investor Services, Inc. or any successor thereto. The loan interest rate is adjustable and can be adjusted by TIAA-CREF not more than quarterly, nor less frequent than annually. Interest is paid directly to TIAA-CREF outside of the Plan. At December 31, 2014, interest rates of loans ranged from 4.29% to 4.95%.

Loan terms are up to five years, except for loans to fund the purchase of a principal residence, for which the loan may be repaid over a reasonable period that may not exceed ten years. Upon establishment of the loan, the amount of the loan is transferred to the participant's traditional annuity account, if the amount in the traditional annuity account is not adequate to cover the collateral requirements of the loan. As principal is repaid, the collateral becomes available once again for participant use.

The loans are issued directly from funds owned by TIAA-CREF and not from a participant's account. Accordingly, loan amounts are not recorded as Plan assets in the financial statements. The amount of outstanding Plan loans with TIAA-CREF totaled \$54,299 and \$26,668 at December 31, 2014 and 2013, respectively.

Reclassifications

Certain amounts in the 2013 financial statements were reclassified to conform with the current year presentation. The reclassifications had no effect on prior year net increase or net assets available for benefits.

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 statements of net assets available for benefits present the fair value of the investment contract. Fair value approximates contract value at December 31, 2014 and 2013.

Fair Value Measurements

The Plan categorizes its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued 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.

The pooled separate account is valued at net asset value (NAV) of units, which are based on the market prices of the underlying investments, held by the Plan at year-end. The investment in the insurance company general account held by Principal Trust Company is valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. The investment in the insurance company general account held by TIAA-CREF is valued at contract value which approximates fair value (see Note 11). Mutual funds that are not actively priced are valued at NAV of shares, which are valued by TIAA-CREF at accumulation unit value based on the estimated value of the underlying investments, held by the Plan at year-end. Mutual funds that are actively priced are valued at NAV of shares held by the Plan at year-end. Variable annuity accounts are valued at NAV of shares held by the Plan at year-end, using market quotations or prices obtained from independent pricing services.

Purchases and sales of securities 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Employer pays certain administrative expenses on behalf of the Plan.

Benefit Payments

Benefits are recorded when paid.

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

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

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 1, 2015, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Delaware Charter Guarantee & Trust Company dba Principal Trust Company (Principal Trust Company), a member of the Principal Financial Group, the Custodian of the Plan, and Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), an agent for JPMorgan Chase Bank, the insurance company of the Plan, have supplied the Plan Administrator with certifications as to the completeness and accuracy of Notes Receivable from Participants, and all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2014 and 2013, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2014.

NOTE 4 SCOPE LIMITATION

Information relative to Plan activity and balances prior to 2008 could not be obtained from the Plan's third party administrators. The Plan Administrator believes a good faith effort was made to obtain all relevant information prior to January 1, 2008. However, as a result of the lack of historical Plan level financial reporting, the Plan Administrator is unable to obtain Plan level information prior to January 1, 2008.

As a result of the inability to obtain Plan level information prior to January 1, 2008, certain participant account information could not be obtained from the Plan's third party administrators in order to adequately complete testing of transactions from and allocations to participant accounts. The Plan Administrator is aware of these limitations with the providers and believes a good faith effort was made to obtain this information. Since January 1, 2009, participant information necessary to adequately test transactions from and allocations to participant accounts exists and such tests as deemed necessary have been completed.

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 5 FAIR VALUE OF INVESTMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2014			Total
	Level 1	Level 2	Level 3	
Mutual Funds:				
Target Date	\$ 4,991,832	\$ -	\$ -	\$ 4,991,832
Growth	537,141	-	-	537,141
Equity	95,614	-	-	95,614
International	145,398	-	-	145,398
Fixed	183,267	-	-	183,267
Money Market	302,635	-	-	302,635
Blend	965,967	-	-	965,967
Value	920,901	-	-	920,901
Real Estate	291,934	-	-	291,934
Total Mutual Funds	8,434,689	-	-	8,434,689
Variable Annuity Accounts:				
Target Date	-	350,212	-	350,212
Growth	-	1,428,967	-	1,428,967
Equity	-	1,531,104	-	1,531,104
Index	-	1,042,785	-	1,042,785
International	-	549,687	-	549,687
Fixed	-	275,546	-	275,546
Money Market	-	341,809	-	341,809
Blend	-	23,737	-	23,737
Specialty/Balanced	-	256,517	-	256,517
Total Variable Annuity Accounts	-	5,800,364	-	5,800,364
Real Estate Pooled Separate Account	-	168,956	-	168,956
Insurance Company General Accounts	-	-	1,853,478	1,853,478
Total Investments at Fair Value	<u>\$ 8,434,689</u>	<u>\$ 5,969,320</u>	<u>\$ 1,853,478</u>	<u>\$ 16,257,487</u>

ARTIS-NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Target Date	\$ 4,753,053	\$ -	\$ -	\$ 4,753,053
Growth	453,206	-	-	453,206
Equity	81,625	-	-	81,625
International	108,983	-	-	108,983
Fixed	172,827	-	-	172,827
Money Market	283,626	-	-	283,626
Blend	882,388	-	-	882,388
Value	657,319	-	-	657,319
Real Estate	181,179	-	-	181,179
Total Mutual Funds	7,574,206	-	-	7,574,206
Variable Annuity Accounts:				
Target Date	-	379,326	-	379,326
Growth	-	1,328,804	-	1,328,804
Equity	-	1,639,634	-	1,639,634
Index	-	790,764	-	790,764
International	-	533,314	-	533,314
Fixed	-	179,668	-	179,668
Money Market	-	338,579	-	338,579
Blend	-	21,193	-	21,193
Specialty/Balanced	-	249,363	-	249,363
Total Variable Annuity Accounts	-	5,460,645	-	5,460,645
Real Estate Pooled Separate Account	-	161,030	-	161,030
Insurance Company General Accounts	-	-	1,886,751	1,886,751
Total Investments at Fair Value	<u>\$ 7,574,206</u>	<u>\$ 5,621,675</u>	<u>\$ 1,886,751</u>	<u>\$ 15,082,632</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

	Insurance Company General Account	
	2014	2013
Balance - Beginning of Year	\$ 1,886,751	\$ 1,897,600
Interest and Dividends	65,462	84,666
Purchases	48,306	153,337
Sales	(147,041)	(248,852)
Balance - End of Year	<u>\$ 1,853,478</u>	<u>\$ 1,886,751</u>

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) at December 31:

2014				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Variable Annuity Accounts				
Target Date	\$ 350,212	-	Daily	Daily
Growth	1,428,967	-	Daily	Daily
Equity	1,531,104	-	Daily	Daily
Index	1,042,785	-	Daily	Daily
International	549,687	-	Daily	Daily
Fixed	275,546	-	Daily	Daily
Money Market	341,809	-	Daily	Daily
Blend	23,737	-	Daily	Daily
Specialty/Balanced	256,517	-	Daily	Daily
Real Estate Pooled Separate Account	168,956	-	Quarterly	Quarterly
2013				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Variable Annuity Accounts				
Target Date	\$ 379,326	-	Daily	Daily
Growth	1,328,804	-	Daily	Daily
Equity	1,639,634	-	Daily	Daily
Index	790,764	-	Daily	Daily
International	533,314	-	Daily	Daily
Fixed	179,668	-	Daily	Daily
Money Market	338,579	-	Daily	Daily
Blend	21,193	-	Daily	Daily
Specialty/Balanced	249,363	-	Daily	Daily
Real Estate Pooled Separate Account	161,030	-	Quarterly	Quarterly

The growth fund seeks a long-term total return, mainly through capital appreciation, primarily from equity securities of large and medium-sized domestic companies.

The equity fund invests in broadly diversified portfolios to create long-term rates of return through capital appreciation and investment income.

The index fund tracks the U.S. stock market as a whole and invests in stocks in the Russel 3000 Index.

The international fund seeks a long-term total return, mainly through capital appreciation, primarily from equity securities of foreign issuers.

ARTIS-NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The fixed fund invests in a broad range of fixed income securities and inflation-indexed bonds to produce long-term rate of return with current income while preserving capital.

The money market fund's strategy is to maintain liquidity and preserve capital.

The specialty/balanced fund invests in many different investment types that are suitable from a financial perspective and whose activities are consistent with the fund's social criteria.

The real estate pooled separate account invests in real estate properties and real estate related investments. Its objective is to obtain long-term rate of return through rental income and capital appreciation from the real estate investments.

The target date funds invests in a variety of equity and fixed income securities to seek high total return over time through a combination of capital appreciation and dividend income.

The blend fund invests primarily in equity securities of medium-sized domestic companies and seeks favorable long-term total return, mainly through capital appreciation.

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

December 31,	Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
2014	Custodial Guarantee Interest Contract	\$ 281,267	Discontinuation Value	Composite Crediting Rate	2.00%
2013	Custodial Guarantee Interest Contract	\$ 312,972	Discontinuation Value	Surrender Charge Composite Crediting Rate	5% 2.00%-2.10%
2014	TIAA Traditional Annuity	\$ 1,572,211	Discounted Cash Flow	Surrender Charge Risk-adjusted Discount Rate Applied	5% 3.25%-5.00%
2013	TIAA Traditional Annuity	\$ 1,573,779	Discounted Cash Flow	Risk-adjusted Discount Rate Applied	3.00-5.00%

The Custodial Guaranteed Fund Contracts have a 5% surrender fee should the Plan discontinue the contract without proper notification as prescribed in the contract. Contracts cannot be sold or pledged to third parties per the benefit plan agreement. Proceeds from discontinuation cannot be higher than the fair value amount reflected here.

ARTIS–NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 6 INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31:

	2014	2013
Estimated Fair Value:		
TIAA Traditional	\$ 1,572,211	\$ 1,573,779
CREF Growth	1,420,091	1,320,363
CREF Stock	1,515,880	1,624,990
CREF Equity Index	1,042,785	790,764
T. Rowe Price Retirement 2020 R Fund	968,489	892,378
T. Rowe Price Retirement 2025 R Fund	1,233,962	1,137,190
T. Rowe Price Retirement 2040 R Fund	865,962 *	-

** Does not represent 5% of net assets available for benefits*

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

	2014	2013
Mutual Funds	\$ 165,382	\$ 1,097,060
Pooled Separate Account	19,327	14,283
Variable Annuity Accounts	450,537	1,171,108
Total Net Appreciation	<u>\$ 635,246</u>	<u>\$ 2,282,451</u>

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 PLAN TERMINATION

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

ARTIS-NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 9 PLAN TAX STATUS

The Plan does not have an opinion letter from the Internal Revenue Service (IRS) regarding the Plan's tax status under applicable sections of the Internal Revenue Code (IRC). However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by the Principal Trust Company and TIAA-CREF. Principal Trust Company and TIAA-CREF are the Custodian and insurance company, respectively, as defined by the Plan and therefore, the investment transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are generally assessed as a percentage of assets invested, and are deducted directly from investment returns. For the years ended December 31, 2014 and 2013, fees paid to the Custodian and insurance company totaled \$22,144 and \$18,658, respectively.

NOTE 11 INDIVIDUAL AND GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES

Some participants maintain an individual annuity contract with TIAA-CREF. As part of the contract, TIAA-CREF maintains a portion of the contributions in a "guaranteed account", which is called the Traditional Annuity. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses charged by TIAA-CREF. The guaranteed account is included in the financial statements at fair value (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses) because it is not fully benefit responsive. The Traditional Annuity is subject to a 10-year withdrawal period. Upon termination of the contract, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Traditional Annuity accumulation and the interest rates in the rate schedules under which any premiums, additional amounts, and internal transfers were applied to the account. The average yield and crediting yield was 4.41% and 4.31% for the years ended December 31, 2014 and 2013, respectively. There are no reserves against fair value for credit risk of the contract issuer or otherwise.

ARTIS-NAPLES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

**NOTE 11 INDIVIDUAL AND GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES
(CONTINUED)**

The Plan entered into a group annuity contract with Principal Trust Company. As part of the contract, Principal Trust Company maintains a portion of the contributions in a "guaranteed account" which is called an insurance contract. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Principal Trust Company. The insurance contract is included in the financial statements at the fair value of the investment contract. Fair value approximates contract value at December 31, 2014 and 2013. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Principal Trust Company is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting yield was approximately 2.00% and 2.10% for the years ended December 31, 2014 and 2013, respectively.

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to the Form 5500:

	2014	2013
Net Assets Available for Benefits per the Financial Statements	\$ 16,356,126	\$ 15,194,316
Rounding	93	136
Net Assets Available for Benefits per the Form 5500	<u>\$ 16,356,219</u>	<u>\$ 15,194,452</u>

The following is a reconciliation of the Plan's change in net assets for the years ended December 31, 2014 and 2013 to the Form 5500:

	2014	2013
Net Increase in Net Assets Available for Benefits per the Financial Statements	\$ 1,161,810	\$ 2,329,552
Miscellaneous Adjustment	(43)	(61)
Net Increase in Net Assets Available for Benefits per the Form 5500	<u>\$ 1,161,767</u>	<u>\$ 2,329,491</u>

The Plan's interest in variable annuity products are reported by the underlying assets (mutual funds) in the Plan's Annual Return/Reports (Form 5500) prepared and submitted for the subject audit year. However, the financial statements for the Plan reflect its representative value in the variable annuity products.

ARTIS-NAPLES, INC. RETIREMENT PLAN
E.I.N. 41-0694747 – PLAN NO. 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Principal Trust Company	Description of Investment	Cost Value	Current Value
		<u>Mutual Funds:</u>		
	AIM Investments	Invesco Diversified Dividend A Fund	**	\$ 211,454
	American Funds	Europacific Growth Fund	**	145,398
	American Funds	New Perspective R4 Fund	**	211,074
	Columbia Funds	Small Cap Core A Fund	**	24,401
	Fidelity	Advisor Div Stock A Fund	**	121,640
	JP Morgan Funds	Small Cap Value A Fund	**	313,031
	PIMCO Funds	Real Return A Fund	**	99,720
	PIMCO Funds	Total Return A Fund	**	183,267
*	Principal	International Equity Index R5 Fund	**	1,379
*	Principal	Large Cap Growth I R5 Fund	**	185,482
*	Principal	Large Cap S&P 500 Index R5 Fund	**	526,285
*	Principal	Mid Cap Blended Fund	**	95,614
*	Principal	Mid Cap S&P 400 Index Fund	**	313,538
*	Principal	Mid Cap Value I R5 Fund	**	33,447
*	Principal	Money Market Fund	**	302,635
*	Principal	Real Estate Securities Fund	**	291,934
*	Principal	Small Cap Growth I R5 Fund	**	17,354
*	Principal	Small Cap S&P 600 Index Fund	**	252,259
	T. Rowe Price	Retirement 2010 R Fund	**	41,880
	T. Rowe Price	Retirement 2015 R Fund	**	169,371
	T. Rowe Price	Retirement 2020 R Fund	**	968,489
	T. Rowe Price	Retirement 2025 R Fund	**	1,233,962
	T. Rowe Price	Retirement 2030 R Fund	**	656,386
	T. Rowe Price	Retirement 2035 R Fund	**	620,066
	T. Rowe Price	Retirement 2040 R Fund	**	865,962
	T. Rowe Price	Retirement 2045 R Fund	**	271,516
	T. Rowe Price	Retirement 2050 R Fund	**	12,397
	T. Rowe Price	Retirement 2055 R Fund	**	46,297
	T. Rowe Price	Retirement Income R Fund	**	105,506
	Wells Fargo	ADTG Discount A Fund	**	112,945
		Total Mutual Funds		\$ 8,434,689

ARTIS-NAPLES, INC. RETIREMENT PLAN
E.I.N. 41-0694747 – PLAN NO. 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Principal Trust Company	Description of Investment	Cost Value	Current Value
		<u>Variable Annuity Accounts:</u>		
*	CREF	Bond Market Fund	**	\$ 221,461
*	CREF	Equity Index Fund	**	1,042,785
*	CREF	Global Equities Fund	**	549,687
*	CREF	Growth Fund	**	1,420,091
*	CREF	Inflation-Linked Bond Fund	**	54,085
*	CREF	Money Market Fund	**	341,809
*	CREF	Social Choice Fund	**	256,517
*	CREF	Stock	**	1,515,880
*	TIAA	Access International Equity Fund	**	1,953
*	TIAA	Access Lifecycle 2020 Fund	**	200,296
*	TIAA	Access Lifecycle 2025 Fund	**	149,916
*	TIAA	Access Midcap Growth Fund	**	2,775
*	TIAA	Access Midcap Value Fund	**	23,737
*	TIAA	Access Smallcap Equity Fund	**	13,271
*	TIAA	Access Smallcap Index Fund	**	6,101
		Total Variable Annuity Accounts		5,800,364
		<u>Pooled Separate Account:</u>		
*	TIAA	Real Estate Pooled Separate Account	**	168,956
		<u>Insurance Company General Accounts:</u>		
*	TIAA	Traditional Annuity	**	1,572,211
*	Principal	Prin Fixed Income Guarantee Option	**	281,267
		Total Insurance Company General Accounts		1,853,478
*	Participants	Participant Loans, rate of 4.25%	-	57,769
				<u>\$ 16,315,256</u>

* Indicates Party-in-Interest

**Cost omitted for participant-directed accounts

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ARTIS NAPLES, INC. RETIREMENT PLAN

EIN 59 2322926
 PLAN NUMBER 001
 PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, 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
	The American Funds	Registered Investment Company Am Fds EuroPacific Grth R4 Fd	\$ 0.00	\$ 145,397.75
	American Funds Service Company	Registered Investment Company Am Fds New Persp R4 Fund	\$ 0.00	\$ 211,073.61
	Columbia Funds	Registered Investment Company Columbia Small Cap Core A Fd	\$ 0.00	\$ 24,401.16
	TIAA CREF	Registered Investment Company Cref Bond Market X5	\$ 0.00	\$ 221,461.00
	TIAA CREF	Registered Investment Company CREF EQUITY INDEX X8	\$ 0.00	\$ 1,042,785.00
	TIAA CREF	Registered Investment Company CREF GLOBAL EQUITIES X6	\$ 0.00	\$ 549,687.00
	TIAA CREF	Registered Investment Company CREF GROWTH X7	\$ 0.00	\$ 1,420,091.00
	TIAA CREF	Registered Investment Company CREF INFLATION LINKED BOND X9	\$ 0.00	\$ 54,084.00
	TIAA CREF	Registered Investment Company CREF MONEY MARKET X3	\$ 0.00	\$ 341,809.00
	TIAA CREF	Registered Investment Company CREF SOCIAL CHOICE X4	\$ 0.00	\$ 256,517.00
	TIAA CREF	Registered Investment Company CREF STOCK X2	\$ 0.00	\$ 1,515,880.00
	Fidelity Investments	Registered Investment Company FID ADVISOR DIV STOCK A FUND	\$ 0.00	\$ 121,640.15
	Invesco Funds Group, Inc.	Registered Investment Company Invesco Divers Dividend A Fund	\$ 0.00	\$ 211,453.76
	JP Morgan Funds	Registered Investment Company JP Morgan Sm Cap Value A Fund	\$ 0.00	\$ 313,015.25
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	\$ 0.00	\$ 281,266.54

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ARTIS NAPLES, INC. RETIREMENT PLAN

EIN 59 2322926

PLAN NUMBER 001

PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, 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
*	Principal Funds Inc	Registered Investment Company Prin LargeCap Growth I R5 Fund	\$ 0.00	\$ 185,482.00
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P 500 Idx R5 Fund	\$ 0.00	\$ 526,285.14
*	Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R5 Fd	\$ 0.00	\$ 313,537.97
*	Principal Funds Inc	Registered Investment Company Prin MidCap Value I R5 Fund	\$ 0.00	\$ 33,446.50
*	Principal Funds Inc	Registered Investment Company Prin Money Market Inst Fund	\$ 0.00	\$ 302,635.05
*	Principal Funds Inc	Registered Investment Company Prin Real Estate Secs R5 Fund	\$ 0.00	\$ 291,933.70
*	Principal Funds Inc	Registered Investment Company Prin SmallCap Growth I R5 Fund	\$ 0.00	\$ 17,354.25
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx R5 Fund	\$ 0.00	\$ 252,258.49
*	Principal Funds Inc	Registered Investment Company Principal Int'l Eq Index R5 Fd	\$ 0.00	\$ 1,379.12
*	Principal Funds Inc	Registered Investment Company Principal MidCap R5 Fund	\$ 0.00	\$ 95,613.56
	PIMCO Funds	Registered Investment Company PIMCO Real Return A Fund	\$ 0.00	\$ 99,784.11
	PIMCO Funds	Registered Investment Company PIMCO Total Return A Fund	\$ 0.00	\$ 183,648.47
	TIAA-Cref	Registered Investment Company PLAN LOAN DEFAULT FUND 98	\$ 0.00	\$ 21,446.00
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt Bal R Fund	\$ 0.00	\$ 105,953.44
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2010 R Fund	\$ 0.00	\$ 41,880.05

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ARTIS NAPLES, INC. RETIREMENT PLAN

EIN 59 2322926
 PLAN NUMBER 001
 PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, 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 Funds	Registered Investment Company T. Rowe Price Rtmt 2015 R Fund	\$ 0.00	\$ 169,371.43
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2020 R Fund	\$ 0.00	\$ 968,488.53
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2025 R Fund	\$ 0.00	\$ 1,233,962.44
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2030 R Fund	\$ 0.00	\$ 656,386.27
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2035 R Fund	\$ 0.00	\$ 620,066.07
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2040 R Fund	\$ 0.00	\$ 865,962.09
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2045 R Fund	\$ 0.00	\$ 271,515.93
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2050 R Fund	\$ 0.00	\$ 12,396.71
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2055 R Fund	\$ 0.00	\$ 46,296.54
	TIAA-Cref	Registered Investment Company TIAA Access Lifecycle 2025 T4 83	\$ 0.00	\$ 149,916.00
	TIAA CREF	Registered Investment Company TIAA ACCESS INTL EQUITY T4	\$ 0.00	\$ 1,953.00
	TIAA CREF	Registered Investment Company TIAA ACCESS LIFECYCLE 2020 T4	\$ 0.00	\$ 200,295.00
	TIAA-Cref	Registered Investment Company TIAA ACCESS MID-CAP GR T4	\$ 0.00	\$ 2,774.00
	TIAA-cref	Registered Investment Company TIAA ACCESS MID-CAP VAL T4	\$ 0.00	\$ 23,736.00
	Tiaa-Cref	Registered Investment Company TIAA ACCESS SM-CAP BL IDX T4	\$ 0.00	\$ 6,101.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 59 2322926
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

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