Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annuai Repor	t identification information	[]						
For calend	ar plan year 2015 or	fiscal plan year beginning 01/01	/2015	and ending 12	2/31/2015				
∆ This ref	turn/report is for:	X a single-employer plan	a multiple-employer	_					
A IIIIS IEI	idin/report is for.	a one-participant plan	list of participating employer information in accordance with the form instruction a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report	İ					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progr	am		
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name SENTINEL	•	S, INC. PROFIT SHARING PLAN			•	ree-digit n number N)	003		
						ective date of	plan 1/1995		
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Emp (EIN		ication Number 199799		
	town, state or proving REALTY ADVISORS,	nce, country, and ZIP or foreign pos INC.	stal code (if foreign, see ins	structions)	2c Spo	hone number 94-1290			
9790 TREAS	SURE CAY LANE				2d Bus	iness code (see instructions)		
BONITA SPF	RINGS, FL 34135				531210				
3a Plan a	dministrator's name	and address XSame as Plan Spor	nsor.		3b Adn	ninistrator's E	EIN		
4 If the r	name and/or EIN of t	he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN		elephone number		
	, EIN, and the plan n or's name	umber from the last return/report.			4c PN				
5a Total i	number of participant	ts at the beginning of the plan year			5a 2				
b Total i	number of participant	ts at the end of the plan year			5b				
C Numb	er of participants with	n account balances as of the end o	f the plan year (defined be	nefit plans do not	5c				
		articipants at the beginning of the			5d(1)		2		
		participants at the end of the plan ye			5d(2)				
e Numb	per of participants that	at terminated employment during th	e plan year with accrued b	enefits that were less	5e				
		e or incomplete filing of this retu			ise is esta	blished.			
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.							
SIGN		d/valid electronic signature.	07/18/2016	THOMAS VINCENT					
HERE	Signature of plan	administrator	Date Enter name of individ		ividual signing as plan administrator				
SIGN									
HERE		loyer/plan sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (include room or suite numl	per)	Preparer	's telephone	number		

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccount	ant (IQ ad use	PA) Form	5500.			X Ye	s 🗌 No
	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u></u>	lot dete	rmined
Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning	•		_		(b) E	nd of	Year	
	Total plan assets	. 7a		450)859					438	394
	Total plan liabilities	. 7b		450	1950					120	204
	Net plan assets (subtract line 7b from line 7a)	. 7c	(a) Ama-	450859				438394			
	Contributions received or receivable from:		(a) Amou	ınt				(1)) Tot	aı	
	(1) Employers	. 8a(1)									
	(2) Participants	. 8a(2)									
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		2	2139						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								2	139
	to provide benefits)	. 8d		14	1604						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									604
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-12	465
	Transfers to (from) the plan (see instructions)	8j									
Par			1 (11 11 (17	01		0					
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Cc	ides in 1	the inst	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	les in th	e instr	uction	ns:	
Part	•				T.,			I			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		Yes	No	N/A		- /	Mount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					X					
	reported on line 10a.)			10b							
c	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under	100		X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e		X					
-	· · · · · · · · · · · · · · · · · · ·			10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
j	Did the plan trust incur unrelated business taxable income?			10j			X				
Part	VI Pension Funding Compliance			•	•	•		•			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the	he Cod	le or se	ction 3	302 of E	RISA?	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d	Subtra	12d							
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?	П	Yes	No 🗆	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Haine of tracted of eastedian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of OMB Nos. 1210-0110 1210-0089

2015

the Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

LÓ	calendar plan year 2015 or i	riscal plan year beginning	01/01/2015	and ending	12/31/20	(-
		x a single-employer plan				
Α	This return/report is for:	A chiga chiployof plant	a munipie employer p	olan (not multiemployer) employer information in	(Filers checking the	nis box must attach
		a one-participant plan	a foreign plan	employer unormation in	accordance with N	ne form instructions)
В	This return/report is:	the first return/report	the final return/report	•		
		an amended return/report	· ·		nd III	
		L an amonaga return eport	a sunit bigu Aest tetri	rn/report (less than 12	months) I	
C	Check box if filing under:	Form 5558	automatic extension		∏ DFVC p	rodram
		special extension (enter descr	· ·		<u> </u>	rogram
Б	art III Basic Plan Inf				3	
_	Name of plan	ormation enter all requested	<u>information</u>		No.	· · · · · · · · · · · · · · · · · · ·
					1b Three-digit	
Sentinel Realty Advisors, Inc. Profit Sharing Plan						003
					(PN) ► 1c Effective d	ate of plan
2-					01/01/1	
28	Plan sponsors name (emp Mailing Address (include ro	loyer, if for a single-employer plan) rom, apt., suite no. and street or P.C) Paul		2b Employer	dentification Number
	City or town, state or provin	nce, country, and ZIP or foreign posi-	י, בטגן tal code (if foreign, see ins	tructions)	(EIN) 36	-4199799
	Sentinel Realty Ad	visors, Inc.	`	,	2c Sponsor's	telephone number
						94-1290
	9790 Treasure Cay	Lanc				ode (see instructions)
	, aronomic cay	none			531210	
	US Bonita Springs FL 34		<u> </u>			
3a	Plan administrator's name	and address X Same as Plan Spo	onsor Name		3b Administra	tor's EIN
					SAME SAME	
	•				3c Anministra	tor's telephone number
				•		tor a comprione names
4	If the name and/or EIN of the	ne plan sponsor has changed since imber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EN	
2		moer nom tre last return/report.				
	Sponsor's name				4c PN	
		s at the beginning of the plan year			5a	. 2 .
b	Number of participants	s at the end of the plan year	******************	*******************************	5b	. 2
C	complete this item)	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	2
d(rticipants at the beginning of the pla			E-1(4)	
					5d(1)	2
Q {,	2) Total number of active pa	rticipants at the end of the plan yea	T	******************	5d(2)	2
e	less than 100% vested	terminated employment during the	plan year with accrued ber	efits that were	5e	
~-	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
		or incomplete filing of this return				
SB	der penaities of perjury and d or Schedule MB completed:	other penalties set forth in the instru- and signed by an eprolled actuary, a	ctions, I declare that I have	examined this return/n	eport, including, if	applicable, a Schedule
bel	ief, it is true, correct, and cor	riplete.	as well as the electrothic ve	. A	it, and tokne best	or my knowledge and
C	GN Y 7	- Un lit	QL+	VVI 1	7.1	Vm
			× 1	RT WIND		
	RE Signature of plan adn	musuator /	Date	Enter name of individu		
	GN 1/LWO	- Tanselal	dy 2	XPanda 7	Kny Vn	re.
1	ERE Signature of employe		Date	Enter name of individu	al signing as emplo	yer or plan sponsor
Pre	parer's name (including firm	name, if applicable) and address; in	iclude room or suite number	er	Preparer's teleph	one number
					Words.	
					WASHINGTON AND AND AND AND AND AND AND AND AND AN	

	Form 5500-SF 2015 Page 2									
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)							unque, unque lunque lunque		
b	Are you claiming a waiver of the annual examination and report of a	e sesetet.	(See Instructions.)		***********		 E	Yes No		
	under 29 CFR 2520 104-462 (See instructions on tentous statute of	2						W/Van Dela		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA sect	ion 40.	21)?	[Ye	s No Not determined		
P	art III Financial Information		***				1			
7	Plan Assets and Liabilities		(a) Beginning (of Yea	r		rvalice	(b) End of Year		
<u>a</u>	Total plan assets	. 7a	4	50,8	59			438,394		
<u>b</u>	Total plan liabilities	. 7b					1			
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	4	50,8	59		438,394			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ţ .			*	(b) Total		
	(1) Employers	8a(1)						基础。		
	(2) Participants	8a(2)			-		100			
7.	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	85		2,1	39	No.	14 . A.			
- C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		h,	in i		13	2,139		
	to provide benefits)	8d		14,6	0.4	page 1				
e	Certain deemed and/or corrective distributions (see instructions)	8e				<u> </u>				
	Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·			77.				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2 10	S			14,604		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1	(12,465)		
1 177	Transfers to (from) the plan (see instructions)	8j			1					
1	irt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe									
(A)	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	naracte	ristic C	odes	in the	e instructions:		
10	During the plan year:						1 1			
	Was there a failure to transmit to the plan any participant contribut	fions within	the time period		Yes N	ie i	N/A	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	luntary Fid	uclary Correction	10a		x !	4			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	iclude fransactions	10b		x	12			
c	Was the plan covered by a fidelity bond?	~~~~~		10c		x ,				
d 	by fraud or dishonesty?			10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of ti	ne benefits under							
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan			10e 10f		τ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	id.)	10g		z i	2.4	,		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	fions and 29 CFR	10h		ζ				
Ĭ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	101				The state of the s		
j	Did the plan trust incur unrelated business taxable income?	 		10j			x	<u>ので見れる。</u> 世界の主張、作業的からと、社会に、 <u>に</u> なってきまった。 いっぱり		
Par	Pension Funding Compliance							, , , , , , , , , , , , , , , , , , ,		
11	Is this a defined benefit plan subject to minimum funding requirems 5500) and line 11a below)	ents? (If "Y	es," see instructions and	comp	lete Sc	hedu	ile SB	G (Form Yes X No		
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding re							RISA? Yes X No		
			- Juli				Secritical			

and description of the second

Form 5500-SF 2015 Page 3 -	Marken School			
(If "Yes," complete line 12a or lines 12h, 12c, 12d, and 12a halow, as any line black.	- G	T		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver. Month	id enter	the date of i	he letter	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day _	Yea	<u>r</u>	
b Enter the minimum required contribution for this plan year	12b			<u> </u>
c Enter the amount contributed by the employer to the plan for this plan year	#12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	1	Yes		7
Part VII Plan Terminations and Transfers of Assets	1	T 162 T	No L	N/A
13a Has a resolution to terminate the plan been adopted in any plan year?	Th.	Yes 🗓 No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	162 (V) 140		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	1 1	 		
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to I		Yes	<u> ∆i No</u>
12 of the Name of plants.	c(2) EII	d(e)	40-141	DNI/-1
	<u> </u>	4(2)	13c(3)	PN(s)
	Maria Company			
Part VIII Trust Information	DOSCO-			
14a Name of trust	14b	Trust's EIN		
	C. continue (iz.)			
14c Name of trustee or custodian	464 -3 -	- .		
	, ,	Trustee or cuephone number		s
Part IX IRS Compliance Questions				
- 352. Malla, 19, 10				
15a is the plan a 401(k) plan:	T	as [] No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer		esign-		A00
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ha ha	ased safe [arbor	ADP// test	ACP
	m	ethod		
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-	📳 Ye	es [J No	
2(a)(2)(ii))?	SSIMBELIO A			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	Ra	atio _		
		ercentage	Avera Benef	ge it Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Ye		No	
17a Has the Plan been timely amended for all required law changes?	Ϋ́	es F	☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//Enter the instructions for tax law changes and codes).	e applic	able code _	(See	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to	o a favo	rable IRS or	inion or	
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the day	*			
	o or pia	113 1431 14701	avie	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Ye	s [] No	
19 Were in-service distributions made during the plan year?	∏ Ye	s _] No	
If Yes, enter amount	19	W. VIII MILLION		
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?	☐ Ye	s [No	□ N/A
				
	(siley) ensou			