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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information						
For calend	dar plan year 2016 or f	iscal plan year beginning 01/01/20	ond ending 1	2/31/2016				
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a a foreign plan					
B This ref	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 n	nonths)				
C Check	box if filing under:	Form 5558	automatic extension	DFVC program				
		special extension (enter descri	ption)					
Part II	Basic Plan Info	ormation—enter all requested info	ormation					
1a Name SENTINEL		INC. PROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	003			
				1c Effective date 01/	of plan 01/1995			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2b Employer Identification Number (EIN) 36-4199799				
	REALTY ADVISORS,	2c Sponsor's telephone number 239-494-1290						
	SURE CAY LANE RINGS, FL 34135			2d Business code 53°	e (see instructions) 210			
3a Plan a	administrator's name a	nd address X Same as Plan Spon	sor.	3b Administrator's	S EIN			
4 If the	name and/or EIN of th	ne plan sponsor has changed since t	the last return/report filed for this plan, enter the	4b EIN	s telephone number			
		imber from the last return/report.	' ' '					
a Spons	sor's name			4c PN				
5a Total	number of participants	s at the beginning of the plan year		5a				
		• •		5b				
			he plan year (only defined contribution plans	5c				
d(1) To	tal number of active pa	articipants at the beginning of the pla	an year	5d(1)				
			ır	5d(2)				
than	100% vested		plan year with accrued benefits that were less	5e				
			/report will be assessed unless reasonable ca		Baabla a Ostrodol			
SB or Sch		and signed by an enrolled actuary, a	tions, I declare that I have examined this return/res well as the electronic version of this return/repo					

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

PAMELA VINCENT

Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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6a Were all of the plan's assets during the plan year invested in e	eligible assets?	(See instructions.)						X Ye	s No
b Are you claiming a waiver of the annual examination and repo under 29 CFR 2520.104-46? (See instructions on waiver eligible)								X Ye	s \square No
If you answered "No" to either line 6a or line 6b, the plan of	•	,							
c If the plan is a defined benefit plan, is it covered under the PBC	GC insurance p	rogram (see ERISA se	ection 4	021)?	[Yes	No	Not det	termined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a		438394					45891	4
b Total plan liabilities	7b								0
C Net plan assets (subtract line 7b from line 7a)	7с		438394					45891	4
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Γotal	
a Contributions received or receivable from:	90(4)								
(1) Employers									
(2) Participants	` ` `								
(3) Others (including rollovers)			42045						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1 1							4204	5
d Benefits paid (including direct rollovers and insurance premiun									
to provide benefits)			21525						
e Certain deemed and/or corrective distributions (see instruction	s). 8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				21525				
i Net income (loss) (subtract line 8h from line 8c)	8i							2052	.0
j Transfers to (from) the plan (see instructions)	····· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pen 2E 3D	sion feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
b If the plan provides welfare benefits, enter the applicable welfare benefits, enter the applicable welfare benefits.	are feature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DO Program)	L's Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interpreted on line 10a.)	erest? (Do not i	nclude transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the p by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides the plan? (See instructions.)	or other persons some or all of	s by an insurance the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the					X				
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х				
h If this is an individual account plan, was there a blackout peri 2520.101-3.)			10h		X				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification Information				
or	calendar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/2016	
Α	This return/report is for:	x a single-employer plan	a multiple-employer plant a list of participating er	in (not multiemployer) nployer information in	(Filers checking this accordance with the	box must attach form instructions.)
		a one-participant plan	a foreign plan			
B This return/report is:		the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12	months)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter desc	cription)			· where
P	art II Basic Plan Inf	ormation enter all requested	information			
1a	Name of plan		·		1b Three-digit plan number	
	Sentinel Realty A	dvisors, Inc. Profit Sha	aring Plan		(PN) ►	003
					1c Effective dat 01/01/19	95
2a	Mailing Address finclude n	ployer, if for a single-employer plan born, apt., suite no. and street, or F nce, country, and ZIP or foreign po	!O. Box)	nuctions)	2b Employer Ide (EIN) 36-	entification Number 4199799
	Sentinel Realty A		otti oodo (ii joroigii, ooo iiio	,	2c Sponsor's te (239) 49	lephone number 4-1290
	9790 Treasure Cay	Lane			2d Business co 531210	de (see instructions)
	US Bonita Springs FL 3	4135				
38	Plan administrator's name	and address X Same as Plan S	ponsor		3b Administrato	or's EIN
		•				
					3c Administrate	or's telephone number
4	If the name and/or EIN of	the plan sponsor has changed since	ce the last return/report filed t	or this plan, enter the	4b EIN	
	rame, EIN, and the plan	number from the last return/report.			4c PN	
	a Sponsor's name	nts at the beginning of the plan yea	*		5a	2
	a Total number of participal	nts at the beginning of the plan year	4.5044.5064.5064.4064.4064.4064.4064.406			2
t	o Total number of participal	th account balances as of the end	of the plan year (only defined	contribution plans	5c	
	complete this item)	·	**********************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**	2 2
		participants at the beginning of the				
(d(2) Total number of active	participants at the end of the plan y	ear		5d(2)	2
•	less than 100% vested	at terminated employment during the	*****************************	***************************************		0
(Caution: A penalty for the la	ate or incomplete filing of this re	turn/report will be assesse	d unless reasonable	cause is establishe	d
		dealers was still a sat forth in the inc	tructions. I declare that I have	e examined this returi	h/report, including, if a	applicable, a Schedule
	SB or Schedule MB complete belief, it is true correct, and a	ed and signed by an enrolled actual	y, as well as the electronic v	ersion of this return/re	eport, and to the best	of thy knowledge and
		P(1) = 1 [D) 5		Parisa x VIN	cont thon	<u>~0~</u>
-	HERE Signature of plan a	administrator	Date 7/27/17	Enter name of indivi	idual signing as plan	administrator
H	HENE Signature of plant	6 to 1		1	in cut the	enda Vivis
	SIGN 37 War.	Car Just	Date 7/2/1		idual signing as empl	over or plan sponsor
	HERE Signature of emplo	oyer/plan sponsor	Date 12111	1	Preparer's telept	
	Preparer's name (including fi Skip this question	rm name, if applicable) and addres	s (include footh of suite half	Del)	Skip this qu	

b Ar											
	ere all of the plan's assets during the plan year invested in eligible e you claiming a walver of the annual examination and report of ar						*******	*****	XYes	□No	
	der 29 CFR 2520,104-46? (See instructions on waiver eligibility ar							*****	x Yes	☐ No	
	you answered "No" to either line 6a or line 6b, the plan canno										
C If	the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 4021	1)?		Yes	☐ No	Not de	etermined	
Part	III Financial Information										
·	an Assets and Liabilities	第 第 5	(a) Beginning of	Year			(!	b) End	of Year		
a To	otal plan assets	7a	43	8,39	4				458,	914	
	otal plan liabilities	7b								0	
	et plan assets (subtract line 7b from line 7a)	7c	43	8,39	4				458,	914	
	come, Expenses, and Transfers for this Plan Year	14. 香蕉	(a) Amount					(b) T	otal		
ас	ontributions received or receivable from:								(2017) 10 (1917) 1. (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
(1) Fmployers	8a(1)				建		160 No.	and was as a		
) Participants	8a(2)									
`) Others (including rollovers)	8a(3)				金四部。					
	ther income (loss)	86	4	2,04	.5 "',	14/54					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			w Je	25-a-5 34		2 E 19	42,	045	
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	2	1,52	25	The second second second second					
	ertain deemed and/or corrective distributions (see instructions)	8e									
	dministrative service providers (salaries, fees, commissions)	8f	-								
	ther expenses	8g									
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		传作	90 j _e (21,525				525	
	et income (loss) (subtract line 8h from line 8c)	81				20,520					
	ransfers to (from) the plan (see instructions)	- 8i	10.00								
Par	t IV Plan Characteristics the plan provides pension benefits, enter the applicable pension f	esture cor	les from the List of Plan C	harac	teristi	c Cod	es in the	e instruc	ctions:		
98 11	the plan provides pension benefits, effect the applicable pension. 2E 3D	Calaic Gov	100 110111 2110 2110 1111								
	the plan provides welfare benefits, enter the applicable welfare fe	obura cado	o from the Liet of Plan Ch	aracte	ristic	Code	s in the	instruct	ions:		
			3 HOLL ELSCOTT LEAT ON							3-10-10-1	
Par	t.V. Compliance Questions			 1					Amount		
10	During the plan year:		• 4 1 1	_	Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribu	ations with	in the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10a		x					
	Program)	f? (Do not	include fransactions				id Partielly				
Ω	reported on line 10a.)		***************	10b		X					
C	Was the plan covered by a fidelity bond?			10c		x					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	and, that was caused	10d		x					
е	Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	the benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the plan	an?	***************************************	10f		x				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Did the plan have any participant loans? (if "Yes," enter amount			10g		х					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	See inst	ructions and 29 CFR	10h		x	野草				
*	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i			50u 50				

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Part VI Pension Fun	ding Compliance							
11 Is this a defined benefit p	lan subject to minimum funding						Yes [X No
	m required contributions for all y				11a			
12 Is this a defined contribu	tion plan subject to the minimu	m funding requirements of	section 412 of the C				Yes [X No
a If a waiver of the minimu	m funding standard for a prior y	ear is being amortized in th			and enter Day		of the letter	ruling
	complete lines 3, 9, and 10 of				Day			
	red contribution for this plan year				12b			
	uted by the employer to the pla				12c		101-A11-	
d Subtract the amount in It	ne 12c from the amount in line	12b. Enter the result (enter	a minus sigл to the	left of a	12d		· · · · · · · · · · · · · · · · · · ·	
	g amount reported on line 12d b					Yes 🗌	No 🗌	N/A
Part VII Plan Termin	ations and Transfers of	Assets						
	nate the plan been adopted in a	any plan year?	*****************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X No	
	nt of any plan assets that revert				13a			
b Were all the plan assets control of the PBGC?	distributed to participants or be	neficiaries, transferred to a	nother plan, or brou	ght under	the		∕es X N	lo .
c If, during this plan year,	any assets or liabilities were tra s were transferred. (See instruct	nsferred from this plan to a	nother plan(s), ident	tify the pla	ın(s) to			
13c(1) Name of plan(s):				13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII Trust Inform	nation - Skip These Que	stions						
14a Name of trust					14b	Trust's El	N	
14c Name of trustee or cust	odian				, ,		r custodian's number	}
Part IX IRS Compli	ance Questions - Skip T	hese Questions						
15a is the plan a 401(k) plan	n? If "No," skip b	27024			Yes		□ No	
15b How did the plan satisfy 401(k)(3) for the plan ye	the nondiscrimination requirement? Check all that apply:	ents for employee deferral	s under section		Design-base safe harb		"Prior test	year" ADP
					"Current of ADP test		☐ N/A	
16a What testing method w year? Check all that ap	as used to satisfy the coverage oly:	requirements under section	410(b) for the plan		Ratio percentar test	ge 🔲	Average benefit test	□ N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

☐ No

☐ No

Yes No

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

and serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from