Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

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For calendar plan year 2017 or	r fiscal plan year beginning 01/01/			2/31/2017				
A This return/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac	_				
D	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 retu	rn/report (less than 12 m	nonths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program				
	special extension (enter desc	. ,						
	formation—enter all requested in	nformation						
1a Name of plan				1b Three-digit				
SENTINEL REALTY ADVISORS	S, INC. PROFIT SHARING PLAN			plan number (PN) ▶	003			
				1c Effective date o				
					1/1995			
Mailing address (include re	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.		(martin and	2b Employer Identii (EIN) 36-4	ication Number 199799			
SENTINEL REALTY ADVISORS	ince, country, and ZIP or foreign pos 5, INC.	stal code (if foreign, see ins	tructions)	2c Sponsor's telep				
				2d Business code (see instructions)			
9790 TREASURE CAY LANE BONITA SPRINGS, FL 34135				531210				
DONITA SPRINGS, PL 34133								
3a Plan administrator's name	and address X Same as Plan Spo	onsor.		3b Administrator's	ΞΙΝ			
				3c Administrator's t	elephone number			
	the plan sponsor or the plan name h			4b EIN				
this plan, enter the plan s a Sponsor's name	ponsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN				
C Plan Name				74 111				
5a Total number of participar	nts at the beginning of the plan year			5a	2			
	nts at the end of the plan year			5b	2			
	th account balances as of the end of		· ·	5c 2				
d(1) Total number of active	5d(1) 2							
d(2) Total number of active	5d(2) 2							
Number of participants w than 100% vested	5e	0						
Caution: A penalty for the last	te or incomplete filing of this retu	rn/report will be assessed	d unless reasonable ca					
	other penalties set forth in the instru I and signed by an enrolled actuary, emplete.							
	ed/valid electronic signature.	07/17/2018	THOMAS VINCENT					
HERE Signature of plan administrator Date Enter name of ind				lividual signing as plan administrator				

07/17/2018

Date

THOMAS VINCENT

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th							Not determined . (See instructions.)		
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year		
a	Total plan assets	. 7a	4:	58914		4179				
b	Total plan liabilities	7b		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	4	58914		4179				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	10	04829						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						104829		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55	59564						
	Certain deemed and/or corrective distributions (see instructions)	8e			_					
f	Administrative service providers (salaries, fees, commissions)	. 8f			_					
	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						559564		
	Net income (loss) (subtract line 8h from line 8c)	. 8i						-454735		
	Transfers to (from) the plan (see instructions)	8j								
_	t IV Plan Characteristics			01		0	1 1 11 1			
9a 	If the plan provides pension benefits, enter the applicable pension 2E 3D	reature co	des from the list of Pi	an Cna	racteri	Stic Co	des in the ins	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the inst	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu 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 reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d						Χ				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g				10g		X				
h ——	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` •••••		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A		
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No		
С	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					
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)		

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Department of Labor Employee Benefits Security Administration

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

QMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

P	irt 🔼 Annual Report	Identification Information					
For	calendar plan year 2017 or fi	scal plan year beginning	01/01/201	7	and ending	12/3	1/2017
Α -	This return/report is for:	x a single-employer plan	a multiple-emplo a list of participat	yer plan (i ing emplo	not multiemplo oyer information	yer) (Filers cheo n in accordance	king this box must attach with the form instructions.)
B -	This return/report is:	a one-participant plan the first return/report	the final return/re	port			
	The return report to.	an amended return/report	a short plan year	•	port (less than	12 months)	
C	Check box if filing under:	Form 5558	automatic extens	sion			FVC program
		special extension (enter descr	iption)				
Pa	rtill Basic Plan Info	ormation enter all requested	information		2.05-114		
1a	Name of plan					1b Thr	ee-digit number
	Sentinel Realty Ad	visors, Inc. Profit Sha	ring Plan			(PN	1
							ective date of plan /01/1995
2a	Mailing Address (include to	loyer, if for a single-employer plan) orn, apt., suite no. and street, or Pace, country, and ZIP or foreign pos	O. Box) tal code (if foreign, se	e instruct	ions)		ployer Identification Number N) 36-4199799
	Sentinel Realty Ad		.a. oo da (a toro,g.,; oo	• .,,======	,		onsor's telephone number 39) 494-1290
	9790 Treasure Cay	Lane				2d Bus	siness code (see instructions)
	US Bonita Springs FL 34					24.01	* *
3а	Plan administrator's name	and address X Same as Plan Sp	onsor			30 Adi	ministrator's EIN
						3€ Ad	ministrator's telephone number
4	If the name and/or EIN of t this plan, enter the plan sp	he plan sponsor or the plan name honsor's name, EIN, the plan name	es changed since the	last retui	m/report filed fo ast return/repor	or 4b Ell t.	1
a	Sponsor's name					4d PN	•
С	Plan Name						
52	Total number of participen	ts at the beginning of the plan year	BF93 BF4770007FF307777000000000000000000000000		****	5a	2
b	Total number of participan	ts at the end of the plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	######################################	5b	2
C	Number of participants with	h account balances as of the end of	f the plan year (оп <mark>ly</mark> d	efined col	ntribution plans	5c	2
đ	· · · · · · · · · · · · · · · · · · ·	articipants at the beginning of the p				5d(1)	2
d	(2) Total number of active p	articipants at the end of the plan ye	ar			5d(2)	2
е	Number of participants wh	o terminated employment during the	e plan year with accru	ed benefi	its that were	5e	0
C	aution: A penalty for the la	te or incomplete filing of this retu	rn/report will be ass	essed ur	nless reasonal	ole cause is es	tablished.
S	nder penalties of perjury and B or Schedule MB completed elief, it is true, correct, and co	other penalties set forth in the instr d and signed by an enrolled actuary emplete.	uctions, I declare that , as well as the electr	i I have ex onic versi	xamined this re on of this retuπ	turn/report, incl n/report, and to	uding, if applicable, a Schedule the best of my knowledge and
	X-F-G	2 June		-	Thomas	Vincen	
	HERE Signature of plan a	Iministrator	Date 1/7//) E	nter name of in		as plan administrator .
					Mm45	VSIMENT	

HERE Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

<u> </u>	'n	
Page	_	

10h

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	*******	. 1 . 1. 1. 1. 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	******	16880884488		X Yes No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	n independ	lent qualified public accour	ntant	(IQPA) 	**********	[XYes No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Fon	n 5500-SF and must inst	ead ι	se Fo	rm 55	00.			
С	if the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section	402	1)?		Yes	☐ No [☐ Not determined	
_	If "Yes" is checked, enter the My PAA confirmation number from the								e instructions.)	
P	int III Financial Information							impani .		
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of	Year	
a	Total plan assets	7a	451	3,91	4			·	4,179	
b	Total plan liabilities	7b			0					
c	Net plan assets (subtract line 7b from line 7a)	7c	45	8,91	.4				4,179	
8	Income, Expenses, and Transfers for this Plan Year	Y	(a) Amount					(b) Tot	al	
a	Contributions received or receivable from: (1) Employers	. 8a(1)								
	(2) Participants	8a(2)							36 各	
_	(3) Others (including rollovers)	. 8a(3)					持機	的人物	a irregitation of the	
b	Other income (loss)	. 85	10	4,82	29				E CALL TO SHOW THE SAME THE SA	
~	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			ageil	5 1 2	104,829			104,829	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0-1	559,564							
e	Certain deemed and/or corrective distributions (see instructions)	1						Control of the second s		
f	Administrative service providers (salaries, fees, commissions)	. 8f								
÷		. 8g								
<u>g</u>	Other expenses	. 8h		GOLLANS STORY	47 47 11 11 11 11 11 11 11 11 11 11 11 11 11	559,564 (454,735)				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			in T	e politica de la compansión de la compan					
1_	Net income (loss) (subtract line 8h from line 8c)	8i	Management of the paper of the contraction of the c	er e e eggs	organiza, a sa	如果。	WELFELD TO A SECURITY			
1320	Transfers to (from) the plan (see instructions)	OJ								
F	art W Plan Characteristics			·	41 - 41	- 0-4		o inatavativ		
98	If the plan provides pension benefits, enter the applicable pension	feature cod	tes from the List of Plan C	narac	zensu	5 600	ອຣາກພ	e asauca	JIIS.	
	2E 3D									
Ł	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Ch	aract	eristic	Code	s in the	instruction	ns:	
F	art V Compliance Questions						18 00s 551			
10				1	Yes	No	N/A		Amount	
	a Was there a failure to transmit to the plan any participant contrib	utions with	in the time period	İ						
	described in 29 CFR 2510.3-102? (See instructions and DOL's \					57				
	Program)	************	***************************************	10a		X	Section 1	-		
	b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	4000000000000000		10b		x				
	c Was the plan covered by a fidelity bond?	*********	+2×1+++++++++++++++++++++++++++++++++++	10c		X_	128			
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x				
	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x				
	f Has the plan failed to provide any benefit when due under the pl			10f		x	新花的			
	The state of the s			100	Į.	x	F since	-		
_				1.58	1			2357	14. 15. 1 5. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1	
•	h If this is an individual account plan, was there a blackout period	r (See Inst	ructions and 29 CFA	in	.]	-		Life Sales		

2520.101-3.) 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

Form 5500-SF 2017

Page 3 -		
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Part VI **Pension Funding Compliance** 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes X No (Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 _____ Month _ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year. 12c c Enter the amount contributed by the employer to the plan for the plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes 🗌 No T N/A Plan Terminations and Transfers of Assets Part VII X No 13a Has a resolution to terminate the plan been adopted in any plan year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC? 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.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s):

Form 5500-SF 2017