Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

▶ 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

Part I		t Identification Information							
For calend	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017		and ending 1	2/31/2017			
A This re	turn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		-		
P This rot	uma/ranantia	a one-participant plan	a fo	oreign plan					
D This reti	urn/report is	the first return/report	the	final return/report					
		an amended return/report	a sł	hort plan year return	/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	ш	tomatic extension		DFVC pi	rogram		
D (II	Design Discount	special extension (enter descriptions)							
Part II		ormation—enter all requested in	nformatio	n		4 h ==	II. 14		
1a Name SENTINEL (ID CONSULTING INC. 401(K) PLAI	N.			1b Three plan (PN)	number	001	
						1c Effec	ctive date of 06/28		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	O. Box)			2b Emple (EIN)		ication Number	
•	·	ce, country, and ZIP or foreign post D CONSULTING, INC.	tal code	(if foreign, see instru	uctions)	, ,		none number	
						2d Busin		see instructions)	
	ARY LANE NE						23611		
SUITE 700 KINGSTON,	WA 98346								
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor			3b Admir	nistrator's E		
		E came as man open							
						3c Admii	nistrator's te	elephone number	
		ne plan sponsor or the plan name ha				4b EIN			
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the p	olan number from th	e last return/report.	4d PN			
C Plan N						10 110			
5a Total	number of participants	s at the beginning of the plan year				5a		5	
b Total	number of participant	s at the end of the plan year				5b		4	
		account balances as of the end of				5c		4	
d(1) Tot	al number of active pa	articipants at the beginning of the pl	olan year			5d(1)		4	
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ear			5d(2)		4	
than	100% vested	o terminated employment during the				5e		0	
		e or incomplete filing of this return other penalties set forth in the instru-						ahle a Schodulc	
SB or Sche		and signed by an enrolled actuary, a							
SIGN	Filed with authorized	d/valid electronic signature.		03/22/2018	DAVID J. GODBOLT				
HERE	Signature of plan	administrator		Date	Enter name of individual signing as plan administrator				
SIGN									
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	ual signing a	as employe	r or plan sponsor	
E B	and Built offers And Mark						_	FEOO OF (0047)	

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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 cann 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 the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)			
Pa	rt III Financial Information		Γ								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	d of Year			
<u>a</u>	Total plan assets	. 7a	20	00975				271615			
<u>b</u>	Total plan liabilities	. 7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	20	00975				271615			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)		6545							
				33490							
	(2) Participants	8a(2)	`	0							
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b	,	30605				70040			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						70640			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
q	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							0			
	Net income (loss) (subtract line 8h from line 8c)	. 8i						70640			
j	Transfers to (from) the plan (see instructions)	8i	0								
Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the ir	structions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:			
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.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X			20098			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X					
е		ner person ne or all of	s by an insurance the benefits under	10e	X			1034			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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							

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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)		В	. Y	es 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 ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	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?		Yes	X No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to 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)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning A This return/report is for: a one-participant plan b This return/report is the first return/report an amunifipe-employer plan list of participating employer information in accordance with the form instructions.) b This return/report is the first return/report an amended return/report an amended return/report an amended return/report an amended return/report an amount is b Form 5558 automatic extension DFVC program DFVC program DFVC program DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) 1c Effective date of plan 06/28/2007 2a Plan sponsor's name (employer, if for a single-employer plan) Mailling 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) SENTINEL CONSTRUCTION AND CONSULTING, INC.
A This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) C Check box if filling under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) 1c Effective date of plan 06/28/2007 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) SENTINEL CONSTRUCTION AND CONSULTING, INC. 1NC. 2c Sponsor's telephone number Constructions Construc
B This return/report is ightharpoonup the first return/report is the final return/report is the final return/report is in a short plan year return/report (less than 12 months) C Check box if filling under: Form 5558 automatic extension in DFVC program is special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) ↑ 1c Effective date of plan 06/28/2007 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) SENTINEL CONSTRUCTION AND CONSULTING. INC. SENTINEL CONSTRUCTION AND CONSULTING. INC. SENTINEL CONSTRUCTION AND CONSULTING. INC.
B This return/report is
an amended return/report
C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) ▶ 1c Effective date of plan 06/28/2007 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) SENTINEL CONSTRUCTION AND CONSULTING. INC. 2c Sponsor's telephone number
special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) ▶ 1c Effective date of plan 06/28/2007 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) SENTINEL CONSTRUCTION AND CONSULTING. INC. 2c Sponsor's telephone number
Part II Basic Plan Information—enter all requested information 1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) ▶ 1c Effective date of plan 06/28/2007 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) SENTINEL CONSTRUCTION AND CONSULTING. INC. 2b Employer Identification Number (EIN) 43 - 2068911 2c Sponsor's telephone number
1a Name of plan SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1b Three-digit plan number (PN) ▶ 1c Effective date of plan 06/28/2007 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) 43 - 2068911 SENTINEL CONSTRUCTION AND CONSULTING. INC. 2c Sponsor's telephone number
SENTINEL CONSTRUCTION AND CONSULTING INC. 401 (K) PLAN 1c Effective date of plan 06/28/2007 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) SENTINEL CONSTRUCTION AND CONSULTING. INC. 2b Employer Identification Number (EIN) 43-2068911 2c Sponsor's telephone number
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) SENTINEL CONSTRUCTION AND CONSULTING. TNC. 2b Employer Identification Number (EIN) 43 - 2068911 2c Sponsor's telephone number
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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) SENTINEL CONSTRUCTION AND CONSULTING. INC. (EIN) 43 - 2068911 2c Sponsor's telephone number
SENTINEL CONSTRUCTION AND CONSULTING. INC.
360-297-0080
26119 CALVARY LANE NE
SUITE 700 236110
KINGSTON WA 98346
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN
C Plan Name
C Figil Name
5a Total number of participants at the beginning of the plan year
b Total number of participants at the end of the plan year
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
e Number of participants who terminated employment during the plan year with accrued benefits that were less
than 100% vested
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, object, and complete.
SIGN X DAVID J. GODBOLT
HERE
Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepen and conditi ot use Foi surance pi	ndent qualified public accountant (IC ions.)rm 5500-SF and must instead use rogram (see ERISA section 4021)?	□
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	200,975	271,615
	Total plan liabilities	7b	0	C
С	Net plan assets (subtract line 7b from line 7a)	7c	200,975	271,615
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	6,545	
	(2) Participants	8a(2)	33,490	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	30,605	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70,640
d		8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
ī	Net income (loss) (subtract line 8h from line 8c)	8i		70,640
j	Transfers to (from) the plan (see instructions)	8i	0	
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Character	istic Codes in the instructions;

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions 2A 2E 2F 2G 2K 2J 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V | Compliance Questions

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		20,098
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
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.)	10e	Х		1,034
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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	10i			

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Part VI Pension	Funding Compliance				
	enefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche line 11a below)			_ Y	es 🗌 No
11a Enter the unpaid	minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
ERISA?	contribution plan subject to the minimum funding requirements of section 412 of the Code or section te line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f 	_ Y	es 🛛 No
granting the wai	minimum funding standard for a prior year is being amortized in this plan year, see instructions, and er	enter Da		f the letter Year	ruling
If you completed li	e 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimu	required contribution for this plan year	12b			
C Enter the amount	contributed by the employer to the plan for this plan year	12c			
	unt in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
e Will the minimur	funding amount reported on line 12d be met by the funding deadline?		Yes	No [N/A
Part VII Plan Ter	ninations and Transfers of Assets				
13a Has a resolution	terminate the plan been adopted in any plan year?		Yes	X N	0
If "Yes," enter th	amount of any plan assets that reverted to the employer this year	13a			
•	assets distributed to participants or beneficiaries, transferred to another plan, or brought under the GC?		Yes X No		
	n year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) abilities were transferred. (See instructions.)	to			
13c(1) Name of pl	n(s): 13c(2)	EIN(s) 13c(3		13c(3)	PN(s)