	m 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	1065 of the Employee Re	etirement	2018
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (This Form is Open to	
Pension Be	enefit Guaranty Corporation	 Complete all entries in a 	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection
Part I		dentification Information				
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/20			/31/2018	
A This ret	urn/report is for:	a single-employer plan	list of participating em			king this box must attach a ith the form instructions.)
P This rate	urn/report is	a one-participant plan	a foreign plan			
	in/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC p	rogram
		special extension (enter descrip	otion)			
Part II	Basic Plan Infor	mation—enter all requested info	ormation			
1a Name	•				1b Three	
SENTINEL C	CONSTRUCTION AND	CONSULTING INC. 401(K) PLAN			(PN)	number 001
					()	tive date of plan
	· · · · · · · · · · · · · · · · · · ·	······································				06/28/2007
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		20 Empl (EIN)	oyer Identification Number 43-2068911
-	town, state or province	e, country, and ZIP or foreign posta CONSULTING, INC.	l code (if foreign, see instr	ructions)	()	nsor's telephone number 360-297-0080
				-	2d Busir	ness code (see instructions)
	ARY LANE NE					236110
SUITE 700 KINGSTON,	WA 98346					
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	sor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
					JC Aum	
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	s changed since the last re	eturn/report filed for	4b EIN	
this pl	an, enter the plan spon	sor's name, EIN, the plan name ar				
C Plan N	or's name lame				4d PN	
5a Total r	number of participants a	at the beginning of the plan year			5a	4
		at the end of the plan year			5b	5
		account balances as of the end of the		-	5c	5
d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	4
• •		ticipants at the end of the plan yea			5d(2)	4
		terminated employment during the			5e	1
Caution: A	penalty for the late o	or incomplete filing of this return	report will be assessed	unless reasonable cau		
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete				
SIGN		valid electronic signature.	03/18/2019	DAVID J. GODBOLT		
HERE	Signature of plan ac	C C	Date	Enter name of individu	ual signing :	as plan administrator
SIGN			2010			
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor
		soo the Instructions for Form 5500-			a orgining i	Eorm 5500-SE (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligit	le assets?	(See instructions.)		🗙 Yes 🗌 No	
b	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	ot use Fo	rm 5500-SF and must instead us	e Form 5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)?	' Yes No	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year		. (See instructions.)	
Pa	rt III Financial Information					
7	Plan Assets and Liabilities (a) Beginning of Year (b) End					

7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year
a	Total plan assets	7a	2	71615			270683
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	71615			270683
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		7956			
	(2) Participants	8a(2)	;	32850			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	-3	23747			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17059
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		17831			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		160			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17991
i	Net income (loss) (subtract line 8h from line 8c)	8i					-932
j	Transfers to (from) the plan (see instructions)	8j		0			
Pa	rt 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 Chai	acteris	stic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	ic Coo	les in the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	iduciary Correction	10a		x	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
c	Was the plan covered by a fidelity bond?			10c	X		27162
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	
6	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X		108
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	
Q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х	
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X	
	2320.101-3.)	<u></u>		1011			

10i

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

i

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Filing Authorization for the 2018 Form 5500-SF

Name of Plan: Sentinel Construction and Consulting, Inc. 401(k) Plan

EIN / PN: 43-2068911/001

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the abovenamed return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:

Date: 3.18.19

David J. Godbolt

Form 5500-SF	Short Form Annual		t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed ur	Benefit Plan ader sections 104 and	4065 of the Employee R	etirement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (EF	RISA), and sections 60 evenue Code (the Cod	57(b) and 6058(a) of the	Internal	This Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the ins	tructions to the Form 5	500-SE	Public Inspection
Part I Annual Report Id	dentification Information				
For calendar plan year 2018 or fisc		/01/2018	and ending	12/3	1/2018
A This return/report is for:	print,	a multiple-employer p		Filers check	ing this box must attach a
B This return/report is		the final return/report			
L	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter descriptio	•			
Part II Basic Plan Inform	nation—enter all requested inform	ation			
1a Name of plan				1b Three	e-digit
SENTINEL CONSTRUCT	ION AND CONSULTING INC	2. 401(K) PLAN	Ň		number
				(PN)	
					ive date of plan
2a Plan sponsor's name (employe	r if for a single oppleyor plan)				28/2007
Mailing address (include room,	apt., suite no, and street, or P.O. Bo	x)			byer Identification Number
City or town, state or province,	country, and ZIP or foreign postal co	de (if foreign, see inst	ructions)		43-2068911
SENTINEL CONSTRUCT	ION AND CONSULTING, IN	IC.			sor's telephone number - 2 9 7 - 0 0 8 0
26119 CALVARY LANE SUITE 700	NE				ess code (see instructions)
KINGSTON	WA 98346			2361	10
3a Plan administrator's name and	address 🛛 Same as Plan Sponsor.			3b Admin	histrator's EIN
				3c Admin	istrator's telephone number
4 If the name and/or EIN of the n					
this plan, enter the plan sponso	ian sponsor or the plan name has ch or's name, EIN, the plan name and th	anged since the last r he plan number from t	eturn/report filed for he last refurn/report	4b EIN	
 a Sponsor's name c Plan Name 				4d PN	
5a Total number of participants at	the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	4
	the end of the plan year			5b	5
 C Number of participants with acc 	count balances as of the end of the p	lan vear (only defined	contribution plans	5c	5
	ipants at the beginning of the plan ye		7	5d(1)	4
	ipants at the end of the plan year			5d(2)	4
 e Number of participants who ten 	minated employment during the plar	vear with accrued be	nefits that were less	5e	
than 100% vested Caution: A penalty for the late or i	ncomplete filing of this return/rea	orf will be seened			1
Under penalties of perjury and other SB or Schedule MB completed and s belief, it is true, correct, and complete	penalties set forth in the instructions	I declare that I have	examined this return/ren	ort includin	a if applicable a Schedule
SIGN AL	ANN	3.18.19	DAVID J. GODBO	LT	
HERE Signature of plan adm	inistrator	Date	Enter name of individu	al signing a	s plan administrator
SIGN				- orgining di	
HERE Signature of employer	/nlan sponsor	Data	Catal and a second second second	-1-1	
For Papervork Reduction Act Notice		Date	Enter name of individu	al signing a	s employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

b	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.)	
с	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	

Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) E	nd of Yea	r
a	Total plan assets	7a		271,			<u> </u>		270,683
b		7b			o				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		271,	615				270,683
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)			956		`		
	(2) Participants	8a(2)		32,	850				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		-23,	747				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17,059
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		17,	831				
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			160				
g	Other expenses	8g			0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17,991
i	Net income (loss) (subtract line 8h from line 8c)	8i							-932
j	Transfers to (from) the plan (see instructions)	8i			0				
j Pa 9a	rt IV Plan Characteristics	8j feature co	des from the List of PI	an Cha		stic Co	des in the ir	nstructions	······
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for	feature co			racteri				
9a b Par	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	feature co			racteris	ic Code		structions:	
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for 1f the plan provides welfare benefits, enter the applicable welfare for If the plan provides welfare benefits, enter the applicable welfare for 1f the plan provides welfare benefits, enter the applicable welfare for tv Compliance Questions 1f During the plan year: 1f 1f Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature code eature code	es from the List of Pla	n Chara	racteri				
9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	feature code eature code ions within oluntary Fi	es from the List of Pla	n Chara	racteris	ic Code		structions:	
9a b Par 10 a	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare feet If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)	feature code eature code ions within oluntary Fi	es from the List of Pla n the time period iduciary Correction nclude transactions	n Chara 10a 10b	racteris	No X		structions:	2
9a b Par 10 a b	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's of the plan's state of the plan have a loss.	feature code eature code ions withir oluntary Fi ? (Do not in	es from the List of Pla n the time period iduciary Correction nclude transactions	n Chara 10a 10b 10c	racteris acteris	No X		structions:	
9a b Par 10 a b c d	Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest? was the plan covered by a fidelity bond?	feature code eature code ions withir oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Pla In the time period iduciary Correction Include transactions Include transactions Include transactions Include transactions Include transactions Include transactions Include transactions	n Chara 10a 10b	racteris acteris	No X		structions:	2
9a b Par 10 a b c d	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	feature cod eature code ions within oluntary Fi fidelity bon fidelity bon er persons e or all of t	es from the List of Pla in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	racteris acteris	No X		structions:	27,162
9a b Par 10 a b c d d e f g	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	feature cod eature code ions within oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Pla in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under	n Chara 10a 10b 10c 10d	racteris acteris	No X X X		structions:	27,162
9a b Par 10 a b c d d e f g	It IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2J 3D 2T If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature cod eature code ions within oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Pla in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under ind.) ctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f	racteris acteris	ic Code No X X X X		structions:	27,162

Page 3-

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	iedule S	В		Yes	No No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	Code or sectio	n 302 o	f		Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				l		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	Month	d enter I Day		of the let Yea		ing
If 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				
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 negative amount)	left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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 brou control of the PBGC?	ight under the	,	[Yes	X N	0
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred.						
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN	l(s)
	·					
	· · · · · · · ·		l			