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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SUNDANCE ENERGY SERVICES, INC. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SUNDANCE ENERGY SERVICES, INC 91-1638053 (EIN) 2c Sponsor's telephone number 425-481-9660 1314 ANDERSON RD MT VERNON, WA 98274 2d Business code (see instructions) 221100 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1638053 SUNDANCE ENERGY SERVICES, INC. 1314 ANDERSON RD MT VERNON, WA 98274 3c Administrator's telephone number 425-481-9660 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 26 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 20 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 708969 740212 Total plan assets..... 7a 83 7b Total plan liabilities..... 708886 740212 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 21151 (1) Employers 8a(1) 41448 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -142 **b** Other income (loss)..... 8b 62457 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 31131 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 31131 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 31326 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Page 2 -	1
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2E 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		1	1				
		Yes	No		Amo	unt	
a Was there a failure to transmit to the plan any participant contributions within the time period describe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ed 10b		X				
C Was the plan covered by a fidelity bond?	10c	X					150
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?	ud 10d		X				
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	X					45
f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					30
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	10i						
rt VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					П	Yes	X
5500))						Yes	X
	Joue of Se	cuon .	302 OI I	EKISA	· Ц	163	^ '
(If "Yes," complete 12a or 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 in	atri iati a na	and a	ntor th	o doto o	f tha lat		~ ~
granting the waiver.							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			- 7 -				
ii you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and Skip to line	13.						
		Г	12b				
b Enter the minimum required contribution for this plan year			12b 12c				—
Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	left of a						
Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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	[12c 12d	Yes		o []	N/
Enter the minimum required contribution for this plan year	left of a	[12c 12d	Yes	N	0	N/
Enter the minimum required contribution for this plan year	left of a	[12c 12d	Yes X		o []	N/
b Enter the minimum required contribution for this plan year	left of a	[12c 12d			0 📗	N.
Enter the minimum required contribution for this plan year	left of a	 3a	12c 12d		No		
Enter the minimum required contribution for this plan year	left of a		12c 12d [No	o T	
Enter the minimum required contribution for this plan year	left of a	the co	12c 12d [es X	No		×
Enter the minimum required contribution for this plan year	left of a	the co	12c 12d [es X	No	Yes [×
Enter the minimum required contribution for this plan year	left of a	 3a the co	12c 12d [Yes X	No	Yes [×

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, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/28/2012	CURTIS DAHL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/28/2012	CURTIS DAHL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with	the instructi	ons to the Form 550	0-SF.	11	ispection
P	art I Annual Report I	dentification Information	1					
For	the calendar plan year 2011 or fi	scal plan year beginning	01/01	/2011	and ending	12	/31/2011	
Α -	This return/report is for:	x a single-employer plan	a multiple-e	employer plan	(not multiemployer)	Γ	a one-particip	ant plan
	This return/report is:	the first return/report	the final ret	turn/report		I] p	rain plan
_	inis retumneport is.	•	H	•		. 11		
		an amended return/report	H	•	eport (less than 12 mo	ntns)	,	
C	Check box if filing under:	Form 5558	automatic e	extension		L	DFVC progra	m
		special extension (enter descrip	otion)					
Pa	art II Basic Plan Infor	rmation enter all requested	information.					
_	Name of plan						hree-digit	
	Sundance Energy Serv	ices, Inc. 401(K) Plan					olan number	001
	buildance miergy berv.	rees, inc. wor(K) Flan					PN) ► Effective date o	1
						1	1/01/2000	ı pıarı
2a	Plan sponsor's name and addr	ess; include room or suite number	(employer, if for	single-employ	ver plan)			fication Number
	Sundance Energy Serv					1	EIN) 91-16	
						2c F	Plan sponsor's t	elephone number
	1314 Anderson Rd						(425) 481-9	
	1314 MIGGISON NG					2d E	Business code (see instructions)
us	Mt Vernon	WA 98274				2	221100	
3а		address (If same as plan sponsor,	enter "Same")			3b /	Administrator's	EIN
	Same							
						3c /	Administrator's	telephone number
- -	If the name and/or FIN of the r	plan sponsor has changed since the	a last return/reno	art filed for this	nian enter the	4b E	:INI	
•	name, EIN, and the plan numb		s last returninept	511 11100 101 triis	pian, onter the			
_	Sponsor's Name					4c F	'n	
		the beginning of the plan year.				5a		27
b	• •	the end of the plan year count balances as of the end of the				<u>5b</u>		26
C		· · · · · · · · · · · · · · · · · · ·				5c		20
<u>6a</u>		uring the plan year invested in eligi						X Yes No
b		e annual examination and report o			lic accountant (IQPA)			
		See instructions on waiver eligibility						xYes No
	THE RESERVE OF THE PERSON OF T	er 6a or 6b, the plan cannot use I	orm 5500-SF a	ind must inste	ead use Form 5500.			
Pa	rt III Financial Inform	nation		/_		- 1		
1	Plan Assets and Liabilities			(a) Be	eginning of Year	-	(b) End	
a	Total plan assets	• • • • • • • • • • • •	7a		708,969			740,212
b	Total plan liabilities		7b	Jean Committee C	83			
္ထ	Net plan assets (subtract line 7		7c		708,886	- 		740,212
8 a	Income, Expenses, and Transf Contributions received or recei		20.100000000000000000000000000000000000	(a) Amount	Macana	(b)	Fotal
ч	(1) Employers		8a(1)		21,151			
	(2) Participants				41,448			
	(3) Others (including rollovers))						
b	, ,	· · · · · · · · · · · · ·			(142)		and the state of	
С		8a(2), 8a(3), and 8b)						62,457
d	Benefits paid (including direct r	ollovers and insurance premiums				13.636		
	to provide benefits)		8d		31,131			
е		ive distributions (see instructions)						
f	Administrative service provider	s (salaries, fees, commissions) .	8f					
g	Other expenses		8g					
h	Total expenses (add lines 9d 9			THE RESERVE THE PARTY OF THE PA				
	Total expenses (and lines ou, c	Be, 8f, and 8g)	8h			14		31,131
i	• • •	3e, 8f, and 8g)						31,131

	Form 5500-SF 2011			Pa	age 2-					
Par	IV Plan Characteristics									
	f the plan provides pension benefits, enter the applicable pension feat	ure codes	from t	he Lis	t of Plan Charac	cteristic	Codes	in the	instructions:	
	2F 2E 2J 2K 3D									
b	f the plan provides welfare benefits, enter the applicable welfare featu	re codes ti	om th	e List	of Plan Charact	eristic C	odes	in the i	nstructions:	
Par	V Compliance Questions									
10	During the plan year:						Yes	No	Ι Δ	mount
а	Was there a failure to transmit to the plan any participant contribution	ns within th	ne time	e perio	od described in			1		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	y Correction	on Pro	gram)		· 10a	ـ	X		
	on line 10a.)					. 10ь		x		
С	Was the plan covered by a fidelity bond?					10c	х			15,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fide					•		 		
	or dishonesty?					· 10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other programme and the commissions and the commissions are the commission are th	ersons by	an ins	uranc	e carrier,					
	insurance services or other organization that provides some or all of instructions.)	the peneti	s una	er the	plan? (See	. 10e	х			4,58
f	Has the plan failed to provide any benefit when due under the plan?					1		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end	.) .			· 10a	х			3,06
h	If this is an individual account plan, was there a blackout period? (Se	e instruction	ons an	d 29 (CFR			 		
i	2520.101-3.)					· 10h	 	x		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	requirea no	• •	rone	or the	. 101				
	VI Pension Funding Compliance									
11	ls this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Ye	s," see	instr	uctions and com	plete So	chedul	e SB (Form	Yes X No
12	5500))									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab		01 001	30011	F12 01 1110 0000	OI Section	011 002	OILI	iion:	
а	If a waiver of the minimum funding standard for a prior year is being	amortized	in this	plan y	year, see instruc	tions, a	nd ent	er the	date of the le	tter ruling
lf v	granting the waiver					onth		Day	/	ear
b.	Enter the minimum required contribution for this plan year	•	•		•		Γ	12b		
C	Enter the amount contributed by the employer to the plan for this plan							12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th						· -			
	negative amount)						· L	12d		
e Dort	Will the minimum funding amount reported on line 12d be met by the	funding d	eadline	e? .	• • • • •		• •	• •	☐Yes [NoN/A
Part										
13a	Has a resolution to terminate the plan been adopted in any prior year If "Yes," enter the amount of any plan assets that reverted to the emp			• •			٠.	• •	· · · ·	Yes X No
b						• •	<u>· · · · · · .</u>	13a		
D	Were all the plan assets distributed to participants or beneficiaries, transfer the PBGC?	ansterred t	o ano	mer p	ıan, or brought ι	inder the		roi		Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to	anoth	ner pla	an(s), identify the	ə plan(s) to			Land Land
	<u>'</u>							(0) =		T
	3c(1) Name of plan(s):						13	c(2) E	IN(s)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report v			*****						
Under SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB-completed and signed by an enrolled actuary, as well as	eclare that	l I have	e exar	mined this return	report,	includ	ling, if	applicable, a	Schedule
belief,	it is true correct, and complete.		JIIIC VE	2121011	or mis return/re	port, and	u to th	e dest	oi my knowle	eage and
SIG					CURTIS DAH					
HEF		Date 3	22	12	Enter name of i	ndividua	ıl signi	ng as i	olan administ	rator
SIG					CURTIS DAH					
HEF	Signature of employer/plan sponsor	Date 3	22	12.	Enter name of i	ndividua	ıl signi	ng as	employer or p	olan sponsor