For	m 5500-SF	Short Form Annual Re	eturn/Report o Senefit Plan	of Small Employ	vee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		nd 4065 of the Employee	)	2012
	partment of Labor enefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and se Revenue Code (the C		a) of	This Form is Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	ance with the instrue	ctions to the Form 5500	-SF.	Inspection
Part I		entification Information				2010
	ar plan year 2012 or fisca	7 · · · · · ·		<b>~</b>	2/31/2	
	urn/report is for:			lan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:		the final return/report			
			a short plan year retur	n/report (less than 12 mo	nths)	—
C Check b	box if filing under:		automatic extension			DFVC program
		special extension (enter description				
Part II		nation—enter all requested informa	tion		41	
1a Name	of plan ENERGY SERVICES, II				1b	Three-digit plan number
SUNDANCE	ENERGI SERVICES, I	NC. 401(N) FLAN				(PN) ▶ 001
					1c	Effective date of plan
						01/01/2000
2a Plan sp SUNDANCE	oonsor's name and addre	ess; include room or suite number (en NC.	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1638053
1314 ANDEF	RSON RD				2c	Sponsor's telephone number 425-481-9660
	N, WA 98274			-	2d	Business code (see instructions) 221100
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's EIN
				-		Administrator's telephone number
		lan sponsor has changed since the la er from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN
<b>a</b> Sponso	or's name				4c	PN
5a Total r	number of participants at	the beginning of the plan year			5a	26
<b>b</b> Total r	number of participants at	the end of the plan year			5b	27
		count balances as of the end of the pl			۶a	20
					5c	20
<b>b</b> Are yo	ou claiming a waiver of th	uring the plan year invested in eligible e annual examination and report of a See instructions on waiver eligibility a	n independent qualifie	ed public accountant (IQF	PA)	
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use F	orm	5500.
		incomplete filing of this return/rep				
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.				
SIGN	Filed with authorized/va	lid electronic signature.	06/04/2013	CURTIS DAHL		
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	al sig	ning as plan administrator
SIGN	Filed with authorized/va	lid electronic signature.	06/04/2013	CURTIS DAHL		
HERE	Signature of employe		Date			ning as employer or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year		
a Total plan assets	7a	74021	2			864514	
<b>b</b> Total plan liabilities	7b						
<b>C</b> Net plan assets (subtract line 7b from line 7a)		74021	2			864514	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:							
(1) Employers		2059					
(2) Participants		4470	4				
(3) Others (including rollovers)		10.100	4				
<b>b</b> Other income (loss)		10498	4			470000	
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance provided in the second se</li></ul>				_		170283	
to provide benefits)		4598	1				
e Certain deemed and/or corrective distributions (see instru	ructions) 8e						
f Administrative service providers (salaries, fees, commiss	sions) 8f						
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)						45981	
i Net income (loss) (subtract line 8h from line 8c)						124302	
j Transfers to (from) the plan (see instructions)	····· 8j						
2F       2E       2J       2K       3D <b>b</b> If the plan provides welfare benefits, enter the applicable	e welfare feature codes	from the List of Plan Charac	cterist	ic Cod	es in the i	nstructions:	
· -				Vee	Na		
10 During the plan year:	nt contributions within t	he time period described in		Yes	No	Amount	
· -			10a	Yes X	No		
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participa</li></ul>	untary Fiduciary Correc -in-interest? (Do not inc	ction Program)	10a 10b		No X	Amount 640	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc	xtion Program) clude transactions reported					
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol.</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc 	ction Program) clude transactions reported 	10b	Х		640	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons b ome or all of the benefit	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c	Х	×	640 6500	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>Were there any nonexempt transactions with any party on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, againsurance service or other organization that provides so</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc v the plan's fidelity bond ents, or other persons b ome or all of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d	x	×	640 6500	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Volt</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, againsurance service or other organization that provides so instructions.)</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc the plan's fidelity bond ents, or other persons b ome or all of the benefit der the plan?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f	x	× · · · · · · · · · · · · · · · · · · ·	640 6500 504	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, againsurance service or other organization that provides so instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to provide any benefit when due under the plan failed to plan benefit when due under the plan failed to plan benefit when due under the plan benefit when due un</li></ul>	untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons b ome or all of the benefit der the plan? r amount as of year enc ut period? (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e	x x x	× ×	640 6500 504	
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agrinsurance service or other organization that provides sc instructions.)</li> <li>f Has the plan failed to provide any benefit when due und</li> <li>g Did the plan have any participant loans? (If "Yes," enter</li> <li>h If this is an individual account plan, was there a blackor 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum fundin 5500) and line 11a below)</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons b ome or all of the benefit der the plan? r amount as of year enc ut period? (See instruct provided the required n R 2520.101-3 g requirements? (If "Ye	tion Program) clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See the plan? (See the	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Schee	X X X X ule SB (Fi	640 6500 504 159	
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons b ome or all of the benefit der the plan? r amount as of year enc ut period? (See instruct provided the required n R 2520.101-3 g requirements? (If "Ye um funding requirement	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schee	X X X X ule SB (Fr	640 6500 504 159 0rm Yes X No	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol</li> <li>b Were there any nonexempt transactions with any party on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, againsurance service or other organization that provides so instructions.)</li> <li>f Has the plan failed to provide any benefit when due und</li> <li>g Did the plan have any participant loans? (If "Yes," enter</li> <li>h If this is an individual account plan, was there a blackor 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CF</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum fundin 5500) and line 11a below)</li> <li>12 Is this a defined contribution plan subject to the minimum</li> </ul>	untary Fiduciary Correc -in-interest? (Do not inc - the plan's fidelity bond ents, or other persons b ome or all of the benefit der the plan? r amount as of year end ut period? (See instruct provided the required n R 2520.101-3 g requirements? (If "Ye um funding requirement 12e below, as applicabl year is being amortized	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se	X X X Schec	X X X X ule SB (Fr 	640 6500 504 159 0rm Yes X No SA? Yes X No	

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 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?		res 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 of the PBGC?	control		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):	3c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rusťs EIN		

SUNDANCE ENERGY SERVICES, INC. 401K

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Γ.	

Form 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089	
Internal Revenue Service	This form is required to be file		and 4065 of the Employe	æ		2012	
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 60           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					58(a) of This Form is Open to P		
	<ul> <li>Complete all entries in acco dentification Information</li> </ul>	rdance with the instr	uctions to the Form 550	0-SF.			
For calendar plan year 2012 or fisca		01/01/2012	and ending	12	/31/2012		
r	x a single-employer plan	7	plan (not multiemployer)	 Г	] a one-partic	ipent plan	
B This return/report is:	the first return/report	the final return/repor	• • • • • •	L	] a one-partic	ipant plan	
	an amended return/report		um/report (less than 12 n	)			
C Check box if filing under:	Form 5558	automatic extension		ivinuita)	DFVC progr		
	special extension (enter descriptio	1		L	T DEve brogi	d111	
Part II Basic Plan Infor	mation enter all requested info						
a Name of plan	nation ener al requested mit	ITTALION	· · ·	1b	Three-digit	1	
Sundance Energy Serv	ices, Inc. 401(k) Plan				olan number		
studence ruerdy serv	ides, inc. 401(k) Fiam				PN) ► Effective date (	001	
				1	21/01/2000	•	
a Plan sponsor's name and addr Sundance Energy Serv	ess; include room or suite number ( ices, Inc.	employer, if for a singk	a-employer plan)	2b E		lification Number	
1314 Anderson Rd					Sponsor's telep (425) 481-		
				2d 6	Business code	(see instructions)	
18 Mt Vernon a Plan administrator's name and	WA 98274	••• 1 1 m			221100		
A Plan administrator's name and	address X Same as Plan Sponso	or Name 🔄 Same as	Plan Sponsor Address	30 /	\dministrator's	EIN	
If the name and/or EIN of the p	lan sponsor has changed since the	last return/report filed t	for this plan, enter the	4b E		telephone number	
name, EIN, and the plan numb	er from the last return/report.	·				· · · · · · · · · · · · · · · · · · ·	
a Sponsor's name			······································	40 F	N		
a Total number of participants at b Total number of participants at	the beginning of the plan year	*****	**********************************	5a		26	
<ul> <li>Number of participants with act</li> </ul>	the end of the plan year count balances as of the end of the p	olan vear (defined ben	efit plans do not	5b		27	
complete this item)				5c		20	
	iring the plan year invested in eligibl	•	*******************************			XYes No	
under 29 CFR 2520.104-467 (\$	e annual examination and report of a See instructions on waiver eligibility a	and conditions.)				XYes No	
	or line 6a or line 6b, the plan canne						
Under penalties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instructior signed by an enrolled actuary, as w	ns, I declare that I have	e examined this return/rer	ort. incl	uding, if applic	able, a Schedule knowledge and	
SIGN Cine	four		CURTIS DAHL				
HERE Signature of plan admin	istrator	Date 5-2	Enter name of individua	l signing	as plan admir	nistrator	
SIGN							
HERE Signature of employer/p	lan sponsor	Date	Enter name of individua	d signing	as employer	or plan sponsor	
<sup>o</sup> reparer's name (including firm nar	ne, if applicable) and address; includ	le room or suite numb	er (optional)			number (optional)	
	tice and OMB Control Numbe <del>rs</del> , s					orm 5500-SF (2012)	

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P. 005

Form 5500-SF 2012

Part III | Financial Information Plan Assets and Liabilities 7 (a) Beginning of Year (b) End of Year Total plan assets ..... a 7a 740,212 864,514 b Total plan liabilities 7b Net plan assets (subtract line 7b from line 7a) Ĉ 7¢ 740,212 864,514 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 20,595 8a(1) (2) Participants 44,704 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 104,984 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Ċ 8c 170,283 Benefits paid (including direct rollovers and insurance premiums d to provide benefits) 45.981 8đ Certain deemed and/or corrective distributions (see instructions) 80 Administrative service providers (salaries, fees, commissions) f 8f Other expenses g. 8g Total expenses (add lines 8d, 8e, 8f, and 8g) h 45.981 8h Net income (loss) (subtract line 8h from line 8c) .... 8i 124,302 Transfers to (from) the plan (see instructions) ... 8j Part IV | Plan Characteristics 9a) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 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: 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) х 10a 6,404 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) х 10h С Was the plan covered by a fidelity bond? x 10c 65,000 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 104 Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e х 5,049 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 x 1,592 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) ..... 10h x 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 5500) and line 11a below) Yes X No 11a Enter the amount from Schedule SB line 39 ..... 118 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes X No (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 \_ \_ Day \_\_\_\_ Year \_ 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

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	Form 5500-SF 2012	Page 3-				
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 ( negative amount)	enter a minus sign to the left of	a	12d		
e	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					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	)
	If 'Yes," enter the amount of any plan assets that reverted to the employer this			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC7	d to another plan, or brought ur	ider the co	ntroi	Γ	Yes X No
¢	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the	plan(s) to			
1	3c(1) Name of plan(s):		13c	(2) EIN(	5)	13c(3) PN(s)
Part	VIII Trust Information (optional)				L,	
14a Name of trust				14b Trust's EIN		
8	undance Emergy Services, Inc. 401k			9	91-2031:	164