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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instru	ctions to the Form 550	0-SF.	Ins	spection
Part I	Annual Report	Identification Information				II.	
For calenda		scal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descript	ion)			_	
Part II	Basic Plan Info	rmation—enter all requested inform	mation				
1a Name	•	·			1b	Three-digit	
SUNDANCE	ENERGY SERVICES	5, INC. 401(K) PLAN				plan number	
					4 -	(PN) •	001
						Effective date of	•
2a Plan si	noneor's name and ad	-employer plan)	2h		/2000		
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SUNDANCE ENERGY SERVICES, INC.				20		fication Number
					2c	Sponsor's telep	hone number
1314 ANDEI	RSON RD					425-48	
MT VERNO	N, WA 98274				2d	Business code	(see instructions)
						22110	00
3a Plan a	dministrator's name a	nd address 🏻 Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
					20	Λ -lu-si-si-st-s-t-s-u's	
					36	Administrators	telephone number
		e plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b	EIN	
	·	mber from the last return/report.			4.0	DNI	
	or's name	at the hardware of the alexander			4c	PN T	
_		at the beginning of the plan year			5a		24
	·	at the end of the plan year			5b		24
		account balances as of the end of the	' '	•	5c		18
6a Were	all of the plan's asset	s during the plan year invested in elig	ible assets? (See instru	ctions.)			X Yes No
		f the annual examination and report o			PA)		V vaa □ Na
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can			 Eorm		X Yes No
•		•			_		7 Not dotomolic od
C if the p	Dian is a defined bene	fit plan, is it covered under the PBGC	insurance program (see	ERISA Section 4021)?	Ц	res IIII	Not determined
Caution: A	penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruction					
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as v plete	well as the electronic ve	rsion of this return/report	t, and t	to the best of my	knowledge and
	I		T	1			
SIGN HERE	Filed with authorized	valid electronic signature.					
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inclu	ide room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)

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Da	.4 111	Financial Information									
	t III	Financial Information		()5							
7_		Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of Year 906786			
-		plan assets	7a	00431	4				90070	0	
		plan liabilities	7b	86451	1	-			90678	6	
_		lan assets (subtract line 7b from line 7a)	7c		+	-		(I-) T -1		0	
		ne, Expenses, and Transfers for this Plan Year ibutions received or receivable from:		(a) Amount				(b) Tota	11		
u		Employers	8a(1)	1918	5						
	(2) P	Participants	8a(2)	4468	4						
	(3) 0	others (including rollovers)	8a(3)	19413	4						
b	Other	income (loss)	8b	19241	5						
С	Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						45041	3	
		fits paid (including direct rollovers and insurance premiums ovide benefits)	8d	39817	2						
е	Certa	in deemed and/or corrective distributions (see instructions)	8e								
f	Admir	nistrative service providers (salaries, fees, commissions)	8f								
g	Other	expenses	8g	997	4						
h	Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h						40814	6	
i	Net in	ncome (loss) (subtract line 8h from line 8c)	8i						4227	2	
j	Trans	fers to (from) the plan (see instructions)	8j								
Par	t IV	Plan Characteristics									
9a	If the	plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instructio	ns:		
b	If the	plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	des in t	he instruction	3:		
Part	V	Compliance Questions									
10	Duri	ing the plan year:				Yes	No	Ar	nount		_
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X				21	18
b		re there any nonexempt transactions with any party-in-interest ine 10a.)			10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c	X				650	00
d	Did	the plan have a loss, whether or not reimbursed by the plan's ishonesty?	fidelity bor	nd, that was caused by fraud	10d		X			000	00
		re any fees or commissions paid to any brokers, agents, or oth			100						
		rance service, or other organization that provides some or all				X					
		ructions.)			10e	, ,				48	18
f	Has	the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	X				6	95
h		is is an individual account plan, was there a blackout period? (0.101-3.)	•		10h		X				
i		Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI	Pension Funding Compliance									
11		is a defined benefit plan subject to minimum funding requirem)) and line 11a below)							Yes	X	No
11a		er the unpaid minimum required contribution for current year fr					11a				
12		nis a defined contribution plan subject to the minimum funding						FRISA?	Yes	X	No
		/es," complete line 12a or lines 12b, 12c, 12d, and 12e below,				-54011	30 <u>2</u> 01			<u> </u>	_
а	If a v	waiver of the minimum funding standard for a prior year is bein ting the waiver.	ng amortize	ed in this plan year, see instruc		, and	enter th		letter ru	ıling	
If	_	completed line 12a, complete lines 3, 9, and 10 of Scheduk					- ~ <i>y</i>				
	•	er the minimum required contribution for this plan year	•				12b				

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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?	. 🔲 `	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				
	13c(1) Name of plan(s):	13c(2) E	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
	Name of trust IDANCE ENERGY SERVICES, INC. 401K		rust's EIN 12031164			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the inst	tructions to the Form 550	0-SF.		
100		Identification Information	/04 /004 5			1== 100=0	
For	calendar plan year 2013 or fisc		01/01/2013			/31/2013	
	This return/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer)	L	a one-partici	oant plan
В	This return/report is:	the first return/report	the final return/repo	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	ionths)	_	
С	Check box if filing under:	Form 5558	automatic extension	n		DFVC progra	ım
		special extension (enter descrip	otion)				
P	art II Basic Plan Info	rmation enter all requested in	nformation				
	Name of plan					hree-digit lan number	
	Sundance Energy Ser	rvices, Inc. 401(k) Plan	L			PN) ►	001
			-			ffective date o	f plan
_				·		1/01/2000	- 0 11 1
2a	Plan sponsor's name and add Sundance Energy Ser	dress; include room or suite number	r (employer, it for a sing	jle-employer plan)		mployer Identi EIN) 91-16	ification Number
				,	`	Sponsor's telep	
	and a dissert and					(425) 481-	
	1314 Anderson Rd						(see instructions)
	Mt Vernon	WA 98274				21100	
3a	Plan administrator's name an	nd address X Same as Plan Spor	nsor Name 🔲 Same a	is Plan Sponsor Address	3b A	dministrator's	EIN
				· · · · · · · · · · · · · · · · · · ·	3c A	dministrator's	telephone number
4	If the name and/or EIN of the	e plan sponsor has changed since th	ne last return/report file	d for this plan, enter the	4b ∈	in .	
•		nber from the last return/report.					
<u>a</u>	Sponsor's name				4c P	N	
5a		at the beginning of the plan year			5a		24
b		at the end of the plan year			5b		24
С		account balances as of the end of th			5c		18
6a		during the plan year invested in elig			***********	************	XYes No
b		the annual examination and report of	•	-			
		(See instructions on waiver eligibilit					X Yes No
_		ther line 6a or line 6b, the plan car it plan, is it covered under the PBGC					Not determined
<u> </u>) [] Not determine
		or incomplete filing of this return					2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
Un SF	ider penalties of perjury and oth	her penalties set forth in the instruct nd signed by an enrolled actuary, as	ions, I declare that I na	ve examined this return/report	oort, incii and to	uding, it applic the best of my	able, a Schedule knowledge and
	lief, it is true, correct, and comp		7 77011 00 010 0100000	volution of the receiver-	.,		
_	ign .	i) Qu/		CURTIS DAHL			
3886	IERE Signature of plan admi	inistrator	Date	Enter name of individua	al signing	as plan admi	nistrator
	3				<u></u>	/ Time term	
33800000	IGN ERE Signature of employer/	Inlan enoneor	Date	Enter name of individua	al signino	as employer	or plan sponsor
C68254888		name, if applicable) and address; inc					number (optional)
' '	, pario. 2				·	•	• • •
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				•	J		
1							
				1			

Pa	rt III Financial Information									_
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a	Total plan assets	7a	864,5	14	90			06,786		
b	Total plan liabilities	7b							_	
c	Net plan assets (subtract line 7b from line 7a)	7c	864,5	14	906.				06,786	
	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	19,1	85						
	(2) Participants	8a(2)	44,6	84				94.5		
	(3) Others (including rollovers)	8a(3)	194,1	34						
	Other income (loss)	8b	192,4	15						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						.4	50,418	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	398,1	72					1.0	
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g	9,9'	74						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	08,146	
	Net income (loss) (subtract line 8h from line 8c)	8i							42,272	
	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	ne instructio	ns:		
<u>h</u>	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ietic (odes.	in the	instruction	6 ·		
. D.	The plan provides werate benefits, enter the applicable werate lea	ture codes	Hom the List of Flam Character	ISHC V	Jours	III LIIK	- maduction	J		
Pa	rt V Compliance Questions	-								
10	During the plan year:				Yes	No		Amou	ınt	
a		ions within	the time period described in ction Program)	10a	x				2,1	18
b		(Do not ir	nclude transactions reported	10b		x			·	
	Was the plan covered by a fidelity bond?			10c	x				65,0	00
U	Did the plan have a loss, whether or not reimbursed by the plan's f			1.00						
	or dishonesty?		***************************************	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	of the bene	fits under the plan? (See	10e	x				4,8	18
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 vear er	nd.)	10g	x				6	95
h		See instruc	ctions and 29 CFR	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 2520.101	e required	notice or one of the	10i						
Pai	tVI. Pension Funding Compliance			L			133030 0000	1000.00100.000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31.35.35.35.7
			(II instructions and some	loto C	abadı	do CD	/Form			
11 	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes 🕱	No
118	Enter the unpaid minimum required contribution for current year fro	m Schedu	ile SB (Form 5500) line 39			11a		-	 _	
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	nts of section 412 of the Code of	sect	ion 30	2 of E	RISA?		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	ed in this plan year, see instructi			nter th		e lette Ye		
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	1 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		***************************************		••••	12b				

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	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 negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?			Yes [□ No □	□ N/A
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?	*************		☐ Ye	es X N	О	
	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 an of the PBGC?			ntrol		☐ Yes [X No
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identi	fy the plan(s) to				
1	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			
Sundance Energy Services, Inc. 401k				91-2031164			