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

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t identification information							
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2013	and ending 12	2/31/2013				
A This ret	a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
		a one-participant plan							
B This retu	urn/report is	rt							
		x an amended return/report	a short plan year ret	turn/report (less than 12 m	onths)				
C Check I	box if filing under:	Form 5558	automatic extension	า	DFVC progra	m			
Dant II	Dania Blanduf	special extension (enter desc	• /						
Part II		ormation—enter all requested in	formation			<u> </u>			
1a Name STONEHAM	of plan 1 DRILLING 401K PL/	AN			1b Three-dig plan numb (PN) ▶				
					1c Effective of	date of plan 08/01/2012			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employer (EIN)	Identification Number 74-3249388			
-	town, state or proving DRILLING CORPOR	ce, country, and ZIP or foreign post RATION	tal code (if foreign, see in	structions)	2c Sponsor's telephone number 720-354-3653				
					2d Business	code (see instructions)			
707 17TH S1 SUITE 3250	TREET				211110				
DENVER, CO	O 80202								
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administrator's EIN				
					3c Administrator's telephone number				
					7 Administra	ttor o toropriorio riumbor			
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN				
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a							
a Spons C Plan N	or's name				4d PN				
Cilalin	iaille								
5a Total	number of participants	s at the beginning of the plan year.			5a	83			
		s at the end of the plan year			5b	96			
		account balances as of the end of			5c	30			
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	83			
		articipants at the end of the plan ye			5d(2)	96			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable cau					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	05/25/2018	CLARE MARTIN					
HERE	Signature of plan	administrator	Date	Enter name of individe	ual signing as pla	an administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	individual signing as employer or plan sponsor				

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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) 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 cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		. (See instructions.)		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
а	Total plan assets	7a	1;	31857			504267		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	1;	31857			504267		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	1;	37916					
	(2) Participants	8a(2)	2	15624					
	(3) Others (including rollovers)	8a(3)	Į.	58534					
b	Other income (loss)	8b		53033					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					465107		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(91547					
е	Certain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f 115							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					92697		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					372410		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:		
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)	,	,	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х			
	· ·			10c	Χ		14000		
d		fidelity bo	nd, that was caused			X	11000		
—е	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d					
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Χ		6967		
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 Schedule SB (Form 5500) and line 11a below)								
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 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 Benefits 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.

2047

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt Identification Information					
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2013 and ending	12/31/	2013		
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer list of participating employer information in				
_	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year retum/report (less than 12	! months)			
C Check box if filing under:	Form 5558	automatic extension	DFVC progra	m		
	special extension (enter desc	· '				
Part II Basic Plan In	formation—enter all requested in	formation	74			
1a Name of plan			1b Three-digi	t		
STONEHAM DRILLING	401K PLAN		plan numb	er		
			(PN)	001		
			1c Effective d	· ·		
0- 2			08/01/			
	ployer, if for a single-employer plan) pom, apt., suite no. and street, or P.0) Boyl		dentification Number		
	nce, country, and ZIP or foreign pos		(EIN)74-	3249388		
STONEHAM DRILLING		(ii loroign, ood mondonono)		telephone number		
				54-3653		
			2d Business of	code (see instructions)		
707 17TH STREET						
SUITE 3250 DENVER		CO 80202	211110			
	and address 🛛 Same as Plan Spo		3b Administra	tada CINI		
Ja Flan auministrators flame	and address M Same as Flam Spo	isor.	3D Administra	IOTS EIN		
			3c Administra	Administrator's telephone number		
4 If the name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last return/report filed for	4b EIN			
		and the plan number from the last return/report.				
a Sponsor's name			4d PN			
C Plan Name						
5a Total number of participan	ts at the beginning of the plan year.	an a	5a	83		
		999		96		
		the plan year (only defined contribution plans				
complete this item)				30		
d(1) Total number of active p	participants at the beginning of the pl	an year		83		
		ar	5d(2)	96		
		e plan year with accrued benefits that were less	5e			
Caution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed unless reasonable of	ause is establishe	d.		
Under penalties of perjury and	other penalties set forth in the instru	ctions, I declare that I have examined this return/	report, including, if	applicable, a Schedule		
SB or Schedule MB completed belief, it is true, correct, and cor		as well as the electronic version of this return/rep	ort, and to the best	ot my knowledge and		
Done I is those work and got	TIPIOTO:		1			

Date

Date

Signature of plan administrator

SIGN HERE

SIGN HERE Enter name of individual signing as plan administrator

n-	_	_	2
ra	Ю	е	_

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be plan in 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 condition and use For nsurance pr	dent qualified public a ons.) m 5500-SF and mus ogram (see ERISA se	accoun it inste	tant (10 ad use 4021)?	QPA) • Forn	n 5500.] Yes	∑ Yes [
Pa	rt III Financial Information	V							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r T		(b) E	nd of Year	
а	Total plan assets	7a		131,	857			504	,267
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		131,	857			504	,267
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		137,	916				
	(2) Participants	8a(2)		215,	624				
	(3) Others (including rollovers)	8a(3)		58,	534				
b	Other income (loss)	8b		53,	033				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						465	,107
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		91,	547				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f		1_{i}	150				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						92	, 697
i_	Net income (loss) (subtract line 8h from line 8c)	8i						372	,410
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of PI	an Cha	ıracteri	stic C	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Char	acteris	tic Co	des in the ins	structions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X			14	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			-
е	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.).	ner persons ne or all of th	by an insurance ne benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х			6	,967
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		***************************************	10h		Х			
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					

	Fo	orm 5500-SF 2017		Page 3 -						
Part	VI P	ension Funding Compliance								
11		a defined benefit plan subject to minim 5500) and line 11a below)				omplete Sch	edule S	В	Ye	s No
11a	Enter th	he unpaid minimum required contributi	ons for all years from Schedule Si	B (Form 5500) lin	ne 40		11a			
12	Is this ERISA	a defined contribution plan subject to t ? s," complete line 12a or lines 12b, 12c	ne minimum funding requirements	s of section 412 o	of the Co	de or sectio		***********	Ye	s 🛭 No
а	If a wai	ver of the minimum funding standard for the waiver.	or a prior year is being amortized	in this plan year,			d enter t Day		the letter r Year_	uling
lf		pleted line 12a, complete lines 3, 9,								
b	Enter the	e minimum required contribution for thi	s plan year				12b			
c	Enter the	e amount contributed by the employer	to the plan for this plan year				12c			
d		t the amount in line 12c from the amore amount)					12d			
е	Will the	minimum funding amount reported on	line 12d be met by the funding de	eadline?				Yes	No 🗌	N/A
Part	VII P	lan Terminations and Transf	ers of Assets							
13a	Has a re	esolution to terminate the plan been adop	ted in any plan year?					Yes	No No	
	If "Yes,	enter the amount of any plan assets	hat reverted to the employer this	year			13a			
b		Il the plan assets distributed to particip of the PBGC?							Yes 🛚	No
С		g this plan year, any assets or liabilitie assets or liabilities were transferred. (S		to another plan(s), identi	fy the plan(s)) to			

13c(3) PN(s)

13c(2) EIN(s)

13c(1) Name of plan(s):