Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2017		and ending 1	2/31/2017	
A This ret	urn/report is for:	x a single-employer plan		an (not multiemployer) nployer information in a		
		a one-participant plan	a foreign plan			
B This retu	urn/report is		he final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check I	oox if filing under:	片	automatic extension		DFVC progra	m
- · · ·		special extension (enter description	<i>'</i>			
Part II		ormation —enter all requested information	ation		T 41	
1a Name SCOTT'S LIC	of plan QUID GOLD, INC. 40	1(K) PLAN			1b Three-digi plan numb (PN) ▶	
					1c Effective d	
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo	v)			Identification Number
City or	town, state or province	ce, country, and ZIP or foreign postal co		ructions)	(EIN)	84-0430276 telephone number
SLG CHEMI	CALS, INC.				30	3-576-6043
4880 HAVAN	IA CTDEET				2d Business of	code (see instructions)
SUITE 400 DENVER, CO						325600
		nd address X Same as Plan Sponsor.			3b Administra	tor's FIN
Ja Tiaira	ummistrator s name a	nd address A came as riam oponsor.			OD Administra	IOI 3 EIIV
					3c Administra	tor's telephone number
		e plan sponsor or the plan name has chonsor's name, EIN, the plan name and the			4b EIN	
	or's name SCOTT'S L	· · · · · · · · · · · · · · · · · · ·	ie piair namber nom a	ne last retain/report.	4d PN	
C Plan N	lame					
5a Total	number of participants	s at the beginning of the plan year			. 5a	62
b Total i	number of participants	s at the end of the plan year			. 5b	61
		account balances as of the end of the p		•	5c	44
d(1) Tota	al number of active pa	articipants at the beginning of the plan ye	ear		5d(1)	55
		articipants at the end of the plan year			5d(2)	53
than	100% vested	terminated employment during the plar	,		5e	0
		or incomplete filing of this return/rep				
SB or Sche		ther penalties set forth in the instructions and signed by an enrolled actuary, as we aplete.				
SIGN		d/valid electronic signature.	04/30/2018	SHELLEY KENNISO	N	
HERE	Signature of plan a		Date	Enter name of individ	dual signing as pla	an administrator

04/30/2018

Date

Filed with authorized/valid electronic signature.

SIGN

HERE

SHELLEY KENNISON

Enter name of individual signing as employer or plan sponsor

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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.)						[Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th							Not determined e instructions.)
Pai	t III Financial Information	_						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Yo	ear
a	Total plan assets	. 7a	277	75839			27	27977
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	27	75839			27	27977
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
	Contributions received or receivable from: (1) Employers	. 8a(1)		6945				
	(2) Participants	. 8a(2)	20	35595				
	(3) Others (including rollovers)	. 8a(3)						
<u>b</u>	Other income (loss) 8b 459612							
					7	32152		
	to provide benefits)	efits paid (including direct rollovers and insurance premiums ovide benefits)						
е	Certain deemed and/or corrective distributions (see instructions) 8e							
f	Administrative service providers (salaries, fees, commissions) 8f							
g	g Other expenses							
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)						7	80014
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i			47862			
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 co	des from the List of Pl	an Cha	racteris	stic Co	des in the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instructior	ns:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amo	unt
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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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.)							
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ		
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	he require	d notice or one of the	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 Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′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, an granting the waiver			of the lette Year _	r 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?		Ye	s X N	0
	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 section 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Information	1				
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	17	
A This return/report is for:	a single-employer plan	a multiple-employer p a list of participating e a foreign plan	an (not multiemployer) mployer information in	(Filers checking to accordance with the	nis box must attach ne form instructions.)	
B This return/report is:	the first return/report	the final return/report				
	an amended return/report	a short plan year retu	n/report (less than 12 n	nonths)		
C 01 11 250	☐ Form 5550			Прпи		
C Check box if filing under:	Form 5558 special extension (enter description)	automatic extension		☐ DEAG!	orogram	
D 40 D : DI I						
Part II Basic Plan In 1a Name of plan	formation enter all requested	information		1h There do	. [
3	ID INC 401/L\ DIAN			1b Three-dig plan numb		
SCOIL S HIGOID GO	LD, INC. 401(k) PLAN			(PN) ▶	002	
				1c Effective of 01/01/2		
Mailing Address (include r	ployer, if for a single-employer plan) com, apt., suite no. and street, or P.0 ince, country, and ZIP or foreign post	O. Box) tal code (if foreign, see inst	uctions)	20.00	Identification Number 1-0430276	
	SLG CHEMICALS, INC.					
4880 HAVANA STREE SUITE 400 US DENVER CO 80239						
The second secon	and address X Same as Plan Sp	onsor		3b Administra	ator's EIN	
				3c Administra	ator's telephone number	
4 If the name and/or EIN of this plan, enter the plan sp	the plan sponsor or the plan name had nonsor's name, EIN, the plan name a	as changed since the last re	turn/report filed for	4b EIN		
	'S LIQUID GOLD, INC.	a principalisma materia. The individuo materia contra contra a materia i i i i i i i i i i i i i i i i i i	and the second s	4d PN		
c Plan Name				200		
5a Total number of participan	its at the beginning of the plan year	•••••	***************************************	5a	62	
b Total number of participan	its at the end of the plan year			5b	61	
	h account balances as of the end of			5c	44	
	participants at the beginning of the pla		••••••	5d(1)	55	
d(2) Total number of active p	participants at the end of the plan yea	ar		5d(2)	53	
e Number of participants who less than 100% vested	o terminated employment during the	plan year with accrued ber	efits that were	5e	0	
Caution: A penalty for the la	te or incomplete filing of this retur	rn/report will be assessed	unless reasonable ca	use is establishe	ed.	
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instrud and signed by an enrolled actuary, omplete.	as well as the electronic ve	examined this return/resion of this return/repo	eport, including, if rt, and to the best	applicable, a Schedule of my knowledge and	
SIGN Shelley	herrison	4/30/18	SHELLEY KENNISC	ON		
HERE Signature of plan as	dministrator	Date	Enter name of individu	al signing as plan	administrator	
SIGN Shelley	Kennison	4/30/18	SHELLEY KENNISC	ON		
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individu	ial signing as emp	lover or plan sponsor	

	were all of the plan's assets during the plan year invested in eligible		(45)				••••••	•••••	X Yes	
b	Are you claiming a waiver of the annual examination and report of ar								₩Vaa F	Пы
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot							•••••	X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					70_		□No	□ Not deta	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the								See instructi	
	Total is discovered, effect the my 1704 communication number from the	1 BOO pic	sman ming for this year						occ manaci	0113.)
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	•	_	(b) End o	f Year	
<u>a</u>	Total plan assets	7a	2,77	5,8	39	_			2,727,9	77
b	Total plan liabilities	7b				_				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	2,77		39	_			2,727,9	77
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			GA126ASHI	F-10 100 -	(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		6,9	45					
0	(2) Participants	8a(2)		5,5						
-	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	45	9,6	12					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							732,1	.52
d	Benefits paid (including direct rollovers and insurance premiums	12/10								
-	to provide benefits)	8d	17	9,7	05					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			• •					
<u>g</u>	Other expenses	8g		3	09					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					780,014			
÷	Net income (loss) (subtract line 8h from line 8c)	8i					(47,862)			
	Transfers to (from) the plan (see instructions)	8j								
	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:	
_	2E 2F 2G 2J 2K 2T 3D					_				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	racte	ristic	Codes	in the in	nstruction	s:	
Section 2015										
Pa	art V Compliance Questions						Construction of the Constr			
10	During the plan year:	co Epiterneci	AND VICE TO ME		Yes	No	N/A	,	Amount	
а			. 14							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	(3)	A	40-		x				
	Program) Were there any nonexempt transactions with any party-in-interest?			10a		A				
	reported on line 10a.)			10b		х				
-	Was the plan covered by a fidelity bond?			10c	X				1,00	0,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	50		10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	e or all of	the benefits under	10e		х				
f				10f		х				
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х				
ŀ	If this is an individual account plan, was there a blackout period? (2520.101-3.)	10		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 2520.101	ne required	d notice or one of the	10i						\$45 125

Form	5500	1-SF	2017

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Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)		SB	☐ Ye	es X No		
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion 302	of	☐ Y6	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 enter the date of the letter ruling granting the waiver Month Day Year Par Pa						
lf y	ou 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 the 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					
Par	t 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?			es X] No		
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 13c(2) ii	EIN(s)		13c(3) PN(s)		
e:							