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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	ar plan year 2018 or f	scal plan year beginning 01/01/20)18	and ending 12	2/31/2018				
A This ref	a single-employer plan 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 a foreign plan								
R This rote	urn/report is								
D THIS TELL	um/report is								
	an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
	1	special extension (enter descri	· · · · · · · · · · · · · · · · · · ·						
Part II	Basic Plan Info	ormation—enter all requested info	ormation		T -	ı			
1a Name	•				1b Three-digit				
SCOTT'S LI	QUID GOLD, INC. 40	1(K) PLAN			plan number	002			
					(PN)	l .			
					1c Effective date	01 pian 01/1988			
		oyer, if for a single-employer plan)			2b Employer Iden	tification Number			
		m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		ructions)	(=,	0430276			
SLG CHEMI	•		, , ,	,	2c Sponsor's tele	phone number 76-6043			
					2d Business code (see instructions)				
4880 HAVAN SUITE 400	NA STREET				325	600			
DENVER, CO	O 80239								
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	sor.		3b Administrator's	EIN			
					3c Administrator's telephone number				
					JC Administrators	telephone number			
4 If the r	name and/or FIN of th	e plan sponsor or the plan name ha	s changed since the last re	eturn/report filed for	4b EIN				
this pl	lan, enter the plan spo	onsor's name, EIN, the plan name ar							
•	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants	at the beginning of the plan year			5a	66			
		at the end of the plan year			5b	70			
	· ·	account balances as of the end of the		•	5c	49			
d(1) Total number of active participants at the beginning of the plan year									
d(2) Tot	al number of active pa	. 5d(2) 61							
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable car					
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as plete							
SIGN		l/valid electronic signature.	05/10/2019	SHELLEY KENNISON	N				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator			
SIGN	Filed with authorized	I/valid electronic signature.	05/10/2019	SHELLEY KENNISON	N				

Date

Enter name of individual signing as employer or plan sponsor

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_	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes No
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
<u>a</u>	Total plan assets	7a	272	27977				3151542
b	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		27977				3151542
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	Гotal
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		8095				
	(2) Participants	8a(2)	24	43623				
	(3) Others (including rollovers)	8a(3)	7	16690				
<u>b</u>	Other income (loss)	8b	-10	04424				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						863984
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4-	40069				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							440419
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)							423565
<u>j</u>	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	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in the instr	uctions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
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		X		
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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
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 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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(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

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2018

This Form is Open to Public Inspection

		dentification Informatio	n		· · · · · · · · · · · · · · · · · · ·	****	, , , , , , , , , , , , , , , , , , , ,				
For calendar plan year	2018 or fisca	ıl plan year beginning	01/01/201	8	and ending	12/31/	2018				
A This return/report is	for:	a single-employer plan a one-participant plan	a list of participati	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 foreign plan							
B This return/report is	:	the first return/report	the final return/re	oort							
	Ī	an amended return/report			eport (less than 12 i	months)					
	1.		_ a short plan year	Ctuilin	eport (less than 12 i	mornis)					
C Check box if filing u	nder:	Form 5558 special extension (enter desi	automatic extensi	on		☐ DFV	C program				
Davil Davis f	L	m#									
Part II Basic F 1a Name of plan	ian infori	nation enter all requeste	d information								
	ID GOLD,	INC. 401(k) PLAN				1b Three- plan nu (PN) ▶	ımber				
Professional Control of Control o						1c Effectiv	/e date of plan				
Mailing Address (i	nclude room	er, if for a single-employer plan) , apt., suite no. and street, or P country, and ZIP or foreign po	O Box)	instruc	fione)		ver Identification Number 84-0430276				
SLG CHEMICAL		, oe.e.g. pe	our oddo (ii foreign, odd	11100000	aorio,	2c Sponsor's telephone number (303) 576-6043					
4880 HAVANA SUITE 400 US DENVER CO 80						2d Busine 32560	ss code (see instructions)				
		address X Same as Plan S	ponsor			3b Admini	strator's EIN				
						3c Admini	strator's telephone number				
4 If the name and/or this plan, enter the	EIN of the p	lan sponsor or the plan name hor's name, EIN, the plan name	nas changed since the la	st retur	n/report filed for	4b EIN					
a Sponsor's name			-		,	4d PN					
C Plan Name											
5a Total number of pa	irticipants at	the beginning of the plan year				. 5a	66				
b Total number of pa	rticipants at	the end of the plan year	***************************************			5b	70				
C Number of particip	ants with acc	count balances as of the end o	f the plan year (only defi	ned cor	ntribution plans		49				
		ipants at the beginning of the p			***********************		58				
		ipants at the end of the plan ye					61				
less than 100% ve	sted	minated employment during the			***************************************	5e	0				
		incomplete filing of this retu									
Under penalties of per SB or Schedule MB co belief, it is true, correct	mpleted and	er penalties set forth in the instr I signed by an enrolled actuary etc.	uctions, I declare that I h , as well as the electroni	ave ex versio	amined this return/repo	eport, including, ort, and to the be	, if applicable, a Schedule est of my knowledge and				
SIGN Shell	ey 7	renneson	- d - l		HELLEY KENNIS						
HERE Signature of	plan admin	istrator-	Date 5/10/	19 Er	nter name of individu	ual signing as pl	lan administrator				
SIGN Shell	ey 7	Kenneson	E Company of	SI	HELLEY KENNIS	ON					
HERE Signature of employer/plan sponsor Date 5/10/19 Enter name of individual signing as employer or plan sponsor						mployer or plan sponsor					

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Form	5500	·SF	201	х

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						XYes No	
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 canno							
U	If the plan is a defined benefit plan, is it covered under the PBGC ins							No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instructions.)
Pa	art III Financial Information							
7	Plan Assets and Liabilities	2:30:30:32	(a) Beginning o	f Yea	r			(b) End of Year
а	Total plan assets	7a	2,72	27,9	77			3,151,542
b	Total plan liabilities	7b	***************************************		***************************************			· · · · · · · · · · · · · · · · · · ·
С	Net plan assets (subtract line 7b from line 7a)	7с	2,72	27,9	77			3,151,542
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t		<u> </u>		(b) Total
а	Contributions received or receivable from:				0.5			
	(1) Employers	8a(1)		8,0		50 L03 50 L03 54 L03		
	(2) Participants	8a(2)		43,6		2000000 20000000		
_	(3) Others (including rollovers)	8a(3)		16,6		900380 34.53 34.003		
b	Other income (loss)	8b	(104	4,42	4)			
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The Carlot and the Ca					863,984
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4.4	40,0	69	594-55 TO 155		
е	Certain deemed and/or corrective distributions (see instructions)	8e				2000 C		
f	Administrative service providers (salaries, fees, commissions)	8f	· ····			33.655		
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	nativita viginari e savajni manduli maa ee					440,419
Ť	Net income (loss) (subtract line 8h from line 8c)	8i	Section 2010 Annual Control of the C					423,565
i							Grand Comment of the	
p,	Transfers to (from) the plan (see instructions)							
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							
-	2E 2F 2G 2J 2K 2T 3D	ature cout	s iioni tie listoi riaii Gi	laraci	ei isut	Code	35 M W	e instructions;
- h			f 4b - 1 :-4 - f Di Ob	4				
IJ	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic	Codes	s in the	Instructions:
ъ.	nt V Compliance Questions							
10	During the plan year:		7-		Van	N ₂	NIZA	***************************************
a		ione within	the time period		Yes	NO	N/A	Amount
Ī	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						ESTATE OF THE PROPERTY OF THE	·
	Program)		addizing Controllerin	10a		х	ATTACHER CONTRACTOR CONTRACTOR	
t	Were there any nonexempt transactions with any party-in-interest?	? (Do not ir	nclude transactions	100			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100000000
***********	reported on line 10a.)			10b		х	(Constant	
	Was the plan covered by a fidelity bond?		**************************	10c	x			1,000,000
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	•	=	10d		x	Leaving of the control of the contro	
e						1	20012000 20012000	**************************************
	carrier, insurance service, or other organization that provides some							
	the plan? (See instructions.)		***************************************	10e		X	200 E	
	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х	530,1030	
6	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х	50.00	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h				
	If 10h was answered "Yes," check the box if you either provided th		***************************************	1011		X		
'	exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	10i				
			***************************************			٠	100000000000000000000000000000000000000	and the second s

	Form 5500-SF 2018 Page 3 -		
Par	Pension Funding Compliance	•	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500 and line 11a below)		SB Yes 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 se ERISA?	ction 302	of Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver		
if y	rou 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?	. C	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 control of the PBGC?	the	Yes X No

13c(2) EIN(s)

13c(3) PN(s)

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.)

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