Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ___

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLANET EQUITY GROUP, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

PLANET EQUITY GROUP, LLC

800 HILLGROVE AVE STE 105
WESTERN SPRINGS, IL 60558-1543

800 HILLGROVE AVE STE 105
WESTERN SPRINGS, IL 60558-1543

2b Employer Identification Number (EIN)
46-1996256

2c Plan Sponsor's telephone number
888-845-2539

2d Business code (see instructions)
812990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2018	TIM BAUWENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	790
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	753
a(2) Total number of active participants at the end of the plan year	**6a(2)**	822
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	51
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	873
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	873
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	210
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PLANET EQUITY GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANET EQUITY GROUP, LLC

D Employer Identification Number (EIN)
46-1996256

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	501203-01	21	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
32	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN BLANCHARD
AXA ADVISORS, LLC
1751 LAKE COOK ROAD SUITE 200
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16		COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHRISTOPHER SCHNEIDER
AXA ADVISORS, LLC
1751 LAKE COOK ROAD SUITE 200
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16		COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	16497
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	13058		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	99		
	(4) Transferred from separate account	7c(4)	6848		
	(5) Other (specify below)	7c(5)	312		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	20317
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	20317
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39		
	(2) Administration charge made by carrier	7e(2)	21		
	(3) Transferred to separate account	7e(3)	3760		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	3820
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	16497

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PLANET EQUITY GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANET EQUITY GROUP, LLC

D Employer Identification Number (EIN)
46-1996256

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	22925	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	289	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ETA CONSULTING, LLC

3734 SCUTS COURT
MARION, SC 29571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN		Yes [X] No [ ]	Yes [ ] No [X]	1309	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AXA ADVISORS, LLC

1290 AVENUE OF THE AMERICAS
16TH FLOOR
NEW YORK, NY 10104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISOR		Yes [X] No [ ]	Yes [ ] No [X]	7470	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AXA ADVISORS, LLC	55	7470

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ETA CONSULTING, LLC	13	1309

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 WEST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PLANET EQUITY GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANET EQUITY GROUP, LLC

D Employer Identification Number (EIN)
46-1996256

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	31261	74635
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2621929	3794789
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		16497
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2653190	3885921
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2653190	3885921

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	1602540	
	(C) Others (including rollovers)	2a(1)(C)	212787	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1815327
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2405	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2405
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		532340
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2350072
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1023715	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1023715
f Corrective distributions (see instructions)	2f		71737
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	21889	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21889
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1117341
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1232731
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BKD LLP (2) EIN: 44-0160260

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Planet Equity Group, LLC 401(k) Plan

EIN 46-1996256 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2017 and 2016

BKD LLP
CPAs & Advisors

Planet Equity Group LLC, 401(k) Plan

December 31, 2017 and 2016

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BKD LLP
CPAs & Advisors

1901 S. Meyers Road, Suite 500 // Oakbrook Terrace, IL 60181-5209
630.282.9500 // fax 630.282.9495 // bkd.com

Independent Auditor's Report

Plan Administrator
Planet Equity Group, LLC
401(k) Plan
Western Springs, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Planet Equity Group, LLC 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great West Trust Company LLC and Great West Life & Annuity Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and notes receivable from participants and executed investment transactions related to these assets. The plan administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Oakbrook Terrace, Illinois
September 4, 2018

Federal Employer Identification Number: 46-1996256

Planet Equity Group, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

Assets

	2017	2016
Investments		
At fair value	$ 3,794,790	$ 2,621,929
At contract value	16,496	-
Total investments	3,811,286	2,621,929
Receivables		
Notes receivable from participants	74,635	31,261
Participant contributions	7,197	-
Total receivables	81,832	31,261
Total assets	3,893,118	2,653,190

Liabilities

Excess contributions payable	91,704	20,299
Net Assets Available for Benefits	$ 3,801,414	$ 2,632,891

Planet Equity Group, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

Additions	
Investment income	
Net appreciation in fair value of investments	$ 447,371
Interest and dividends	84,967
Total investment income	532,338
Interest income on notes receivable from participants	2,405
Contributions	
Participants	1,518,035
Rollovers and other	212,787
Total contributions	1,730,822
Total additions	2,265,565
Deductions	
Benefits paid to participants	1,075,153
Administrative expenses	21,889
Total deductions	1,097,042
Net Increase	1,168,523
Net Assets Available for Benefits, Beginning of Year	2,632,891
Net Assets Available for Benefits, End of Year	$ 3,801,414

Planet Equity Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note 1: Description of the Plan

The following description of the Planet Equity Group, LLC 401(k) Plan, formerly the Planet Forward, LLC 401(k) Plan, (Plan) provides only general information. Interested parties should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2010, is a defined contribution profit sharing and 401(k) plan covering substantially all employees of Planet Equity Group, LLC (Company) and is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended by subsequent legislation.

Employees of the Company, except those covered by a collective bargaining agreement and nonresident aliens, are eligible to participate in the Plan on the first day of the next month following three months of service and attaining age 21.

The Company serves as the plan administrator. Effective December 1, 2016, the Plan name changed to Planet Equity Group, LLC 401(k) and Great West Trust Company LLC (Great West) and Empower Retirement Solutions began serving as the plan custodian and record keeper, respectively. Prior to December 1, 2016, AXA Equitable Life Insurance Company (AXA) served as the plan custodian and record keeper.

Contributions

The Plan is funded by voluntary pre-tax and post-tax contributions of participants and discretionary matching contributions of the Company. Eligible employees can elect to contribute to the Plan pre-tax and/or Roth after-tax deferrals of their compensation, as defined by the Plan, through regular payroll deductions, subject to limitations imposed by the Internal Revenue Code.

Participants may also roll over amounts representing distributions from other qualified employee benefit plans. Participants who have attained age 50 before the plan year are eligible to make additional pre-tax contributions, also known as "catch-up" contributions. The Company may make discretionary matching contributions and an additional qualified matching contribution. The Company did not make any matching contributions for the year ended December 31, 2017.

Investment Options

Participants direct their salary deferral contributions and the Company's contributions into a variety of investment funds made available and determined by the plan administrator. Participants may change their investment options at any time.

Planet Equity Group, LLC 401(k) Plan

Notes to Financial Statements

December 31, 2017 and 2016

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's discretionary matching, if any, and an allocation of plan earnings. Plan earnings are allocated to participant's accounts in direct proportion to their respective account balances, based on the performance of participant's investment selections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Notes Receivable From Participants

Participants are permitted to take loans from the Plan for a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. The loans are collateralized by the borrowers' respective vested account balances and bear interest at the prime interest rate plus 1%. Principal and interest are paid through payroll deductions over a period not to exceed five years, unless for the purchase of a primary residence.

Vesting

Participants are immediately fully vested in participant, rollover and matching contributions, plus actual earnings thereon. The portion of the participants' accounts attributable to the Company's discretionary matching contributions becomes 20% vested after two years of service and continues to vest at the rate of 20% for each successive year until 100% vested after six years of service. In the event of death, disability or retirement at designated ages, participants become fully vested.

Forfeited Accounts

Forfeitures of nonvested account balances are used to pay plan administrative expenses and then to offset future Company contributions. There were no forfeitures at December 31, 2017 or 2016, and none were used during the year ended December 31, 2017, to pay plan administrative expenses or offset Company contributions.

Payment of Benefits

On termination of service, if a participant's balance is greater than $5,000, they may (i) maintain their funds in the Plan at no additional cost to the participant (ii) roll the fund over to another tax-qualified plan or (iii) take a distribution. If a participant's balance is equal or less than $5,000, the participant will automatically receive a distribution payout. The participant will receive notification at least 45 days prior to the distribution being mailed to their home address.

Administrative Expenses

Certain administrative expenses of the Plan, such as trustee, recordkeeping, accounting and legal services are paid by the Company. Administrative expenses incurred by the Plan include investment management service fees and are charged directly to participant accounts.

Planet Equity Group, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2017 and 2016

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

In preparing the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of net assets, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. The pooled separate accounts are valued at net asset value (NAV) of units held as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liability. Fully benefit-responsive investment contracts are valued at contract value which approximates fair value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes plan's gains or losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Determination as to when participant loans are considered in default and reclassified as distributions is based on the terms of the plan document.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan at the Company's discretion.

Note 3: Certification of Plan Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Great West Trust Company LLC and Great West Life & Annuity Insurance Company, custodians of the Plan, have certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2017 and 2016
- Investment income, interest and dividends and interest income from notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017
- Investment information and participant loans included in the accompanying schedule of assets (held at year end) as of December 31, 2017

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4: Investment Contract With Insurance Company

In 2017, the Plan entered into a fully benefit-responsive investment contract with Great West Life Insurance Company. Great West Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

The guaranteed investment contract is fully benefit responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by Great West Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to plan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of the subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan

administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note 5: Fair Value Measurements

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2017				
Pooled separate accounts	$ 3,794,790	$ -	Daily	None
December 31, 2016				
Pooled separate accounts	$ 2,621,929	$ -	Daily	None

Note 6: Risks and Uncertainties

The Plan invests in various investment options. These investment options are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment options and the level of uncertainty related to changes in the value of the investment options, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 7: Related Party Transactions

Certain plan investments are units of pooled separate accounts and a guaranteed portfolio fund managed by Great West, which is the custodian as defined by the plan agreement. Therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for these investment management services are included in the net appreciation in the fair value of the investments. During the year ended December 31, 2017, the Plan also made direct payments for administrative expenses to Great West of $21,899.

The terms of the Plan permit loans to participants under certain conditions. These loans, which are party-in-interest transactions, are permitted under ERISA.

Note 8: Income Tax Status

Effective December 1, 2016, the Plan operates under a volume submitter adoption agreement in connection with a prototype profit sharing plan and trust sponsored by ETA Consulting LLC. This prototype plan document has been filed with the appropriate agency and has obtained an opinion letter dated March 31, 2014, from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC) and the related trust was tax exempt as of the financial statement date. The adoption agreement has been amended since the date of the opinion letter. The plan administrator believes that the Plan and adoption agreement, as amended, is designed and being operated in compliance with the applicable requirements of the IRC; therefore believe the Plan is qualified and the related trust is tax exempt as of the financial statement date.

Prior to December 1, 2016, the Plan had adopted the prototype documents sponsored by AXA. The prototype plan obtained its latest opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the IRC.

Note 9: Plan Termination

Although it has not expressed any intention to do so, the plan administrator has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, participants become fully vested in their entire account balance.

Note 10: Reconciliation of Financial Statements and Form 5500 Information

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2017 and 2016:

	2017	2016
Net assets available for benefits per the financial statements	$ 3,801,414	$ 2,632,891
Adjustment for excess participant contributions payable	91,704	20,299
Adjustment for participant contributions receivable	(7,197)	-
Net assets available for benefits per the Form 5500	$ 3,885,921	$ 2,653,190

The following is a reconciliation of participant contributions, total additions, benefits paid to participants and the net increase per the financial statements to the Form 5500 for the year ended December 31, 2017:

Participant contributions per the financial statements	$ 1,518,035
Adjustment for current year excess participant contributions payable	91,704
Adjustment for participant contributions receivable	(7,197)
Participant contributions per the Form 5500	$ 1,602,542
Total additions per the financial statements	$ 2,265,565
Adjustment for current year excess participant contributions payable	91,704
Adjustment for participant contributions receivable	(7,197)
Total additions per the Form 5500	$ 2,350,072
Benefits paid to participants per the financial statements	$ 1,075,153
Adjustment for prior year excess participant contributions payable	20,299
Benefits paid to participants per the Form 5500	$ 1,095,452
Net increase per the financial statements	$ 1,168,523
Adjustment for current year excess participant contributions payable	91,704
Adjustment for prior year excess participant contributions payable	(20,299)
Adjustment for participant contributions receivable	(7,197)
Net increase per the Form 5500	$ 1,232,731

Note 11: Excess Contributions

The Plan is subject to certain nondiscrimination rules under ERISA and the Internal Revenue Code (Code). The Plan failed certain nondiscrimination tests under the Code due to lower contribution percentages by non-highly compensated eligible employees relative to the contribution percentages of highly compensated eligible employees.

Participant contributions of $1,518,035 for the year ended December 31, 2017, are net of excess contributions payable in the amount of $91,704 at December 31, 2017. These excess contributions

payable are due to certain active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

Note 12: Subsequent Events

Subsequent events have been evaluated through September 4, 2018, which is the date the financial statements were available to be issued.

Supplemental Schedule

Planet Equity Group, LLC 401(k) Plan

EIN 46-1996256 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Pooled separate accounts		
	Vanguard	Target Retirement 2015 Inv	**	$ 172,385
	Vanguard	Target Retirement 2020 Inv	**	57,161
	Vanguard	Target Retirement 2025 Inv	**	310,970
	Vanguard	Target Retirement 2030 Inv	**	319,592
	Vanguard	Target Retirement 2035 Inv	**	316,628
	Vanguard	Target Retirement 2040 Inv	**	448,890
	Vanguard	Target Retirement 2045 Inv	**	635,374
	Vanguard	Target Retirement 2050 Inv	**	321,446
	Vanguard	Target Reitrement 2055 Inv	**	223,882
	Vanguard	Emerging Mkts Stock Index Adm	**	38,523
	DFA	Global Real Estate Securities	**	6,270
	Franklin	Gold and Precious Metals R6	**	5,572
	Janus	Triton N	**	106,499
	Perkins	Small Cap Value N	**	19,322
	Vanguard	Small Cap Value Index Admiral	**	68,204
	Vanguard	Mid-Cap Value Index Admiral	**	73,733
	Vanguard	Value Index Adm	**	61,483
	American	American Funds New World R6	**	7,743
	BlackRock	BlackRock Global Allocation K	**	11,732
	Oppenheimer	Oppenheimer International Growth	**	8,121
	Vanguard	Vanguard Developed Markets Index Admiral	**	37,772
	Vanguard	Vanguard Total World Stock Index Inv	**	19,888
	Vanguard	Vanguard Small Cap Growth Index Admiral	**	29,901
	Vanguard	Vanguard Small Cap Index Adm	**	23,173
	Carillon	Carillon Eagle Mid Cap Growth R6	**	64,012
	Fidelity	Fidelity Advisor Mid Cap Value I	**	16,035
	Vanguard	Vanguard Mid-Cap Growth Index Admiral	**	21,369
	Vanguard	Vanguard Mid-Cap Index Fund - Admiral	**	24,886
	ClearBridge	ClearBridge Aggressive Growth IS	**	183
	JPMorgan	JPMorgan Intrepid Value R6	**	20,151
	Vanguard	Vanguard 500 Index Admiral	**	129,663
	Vanguard	Vanguard Growth Index Adm	**	103,902
	Loomis	Loomis Sayles Core Plus Bond N	**	2,508
	PIMCO	PIMCO Foreign Bond (USD-Hedged) I	**	2,310
	Pioneer	Pioneer Multi-Asset Ultrashort Income K	**	1,870
	Vanguard	Vanguard High-Yield Corporate Adm	**	38,467
	Vanguard	Vanguard Interm-Term Bond Index Adm	**	45,170
				3,794,790
		Investment Contract		
	Key	Key Guaranteed Portfolio Fund	**	16,496
*	Participant Loans	Interest rates from 4.25% - 5.25 %	-0-	74,635
				$ 3,885,921

*Indicates a party-in-interest.

**Not required for participant directed investments.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Planet Equity Group, LLC 401(k) Plan
01-JAN-17 to 31-DEC-17

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTXVX			170,021.89	172,385.16
1VTWNX			55,212.62	57,160.75
1VTTVX			287,863.56	310,970.32
1VTHRX			290,852.72	319,592.24
1VTTHX			285,694.19	316,628.14
1VFORX			399,174.55	448,887.33
1VTIVX			567,927.49	635,374.08
1VFIFX			284,623.55	321,445.52
1VFFVX			201,383.29	223,882.46
1RNWGX			7,020.53	7,742.50
1MKLOX			11,803.99	11,731.68
1OIGIX			7,630.97	8,121.43
1VEMAX			34,558.97	38,523.06
1VTMGX			35,702.10	37,772.17
1VTWSX			18,426.82	19,888.30
1DFGEX			6,255.65	6,270.16
1FGPMR6			5,733.04	5,571.75
1JGMNX			95,150.95	106,499.25
1JDSNX			19,045.87	19,321.67
1VSGAX			27,363.12	29,900.76
1VSMAX			21,209.87	23,173.40
1VSIAX			63,807.80	68,203.95
1HRAUX			60,256.78	64,011.77
1FMPOX			15,505.21	16,034.94
1VMGMX			19,460.84	21,368.80
1VIMAX			23,644.43	24,886.47
1VMVAX			68,215.28	73,732.82
1LSIFX			184.75	183.04
1JIVMX			20,696.18	20,151.37
1VFIAX			117,864.68	129,663.20
1VIGAX			97,290.33	103,902.08
1VVIAX			56,805.19	61,482.60
1NERNX			2,509.78	2,508.46
1PFORX			2,298.19	2,310.38
1MAUKX			1,872.75	1,869.92
1VWEAX			38,611.83	38,467.43
1VBILX			45,345.83	45,170.04
1KGPF		1.100	16,400.03	16,496.40
			3,483,425.62	**3,811,285.80**
PARTICIPANT LOANS	VARIOUS	4.250-5.250	74,587.19	74,635.12
FORFEITURES			0.00	0.39

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Planet Equity Group, LLC 401(k) Plan
01-JAN-17 to 31-DEC-17

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTXVX	Vanguard Target Retirement 2015 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv
1MKLOX	BlackRock Global Allocation K
1VEMAX	Vanguard Emerging Mkts Stock Idx Adm
1VTWSX	Vanguard Total World Stock Index Inv
1FGPMR6	Franklin Gold and Precious Metals R6
1JDSNX	Janus Henderson Small Cap Value N
1VSMAX	Vanguard Small Cap Index Adm
1HRAUX	Carillon Eagle Mid Cap Growth R6
1VMGMX	Vanguard Mid-Cap Growth Index Admiral
1VMVAX	Vanguard Mid-Cap Value Index Admiral
1JIVMX	JPMorgan Intrepid Value R6
1VIGAX	Vanguard Growth Index Adm
1NERNX	Loomis Sayles Core Plus Bond N
1MAUKX	Pioneer Multi-Asset Ultrashort Income K
1VBILX	Vanguard Interm-Term Bond Index Adm
1VTWNX	Vanguard Target Retirement 2020 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv
1RNWGX	American Funds New World R6
1OIGIX	Oppenheimer International Growth I
1VTMGX	Vanguard Developed Markets Index Admiral
1DFGEX	DFA Global Real Estate Securities
1JGMNX	Janus Henderson Triton N
1VSGAX	Vanguard Small Cap Growth Index Admiral
1VSIAX	Vanguard Small Cap Value Index Admiral
1FMPOX	Fidelity Advisor Mid Cap Value I
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1LSIFX	ClearBridge Aggressive Growth IS
1VFIAX	Vanguard 500 Index Admiral
1VVIAX	Vanguard Value Index Adm
1PFORX	PIMCO Foreign Bond (USD-Hedged) I
1VWEAX	Vanguard High-Yield Corporate Adm
1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Planet Equity Group, LLC 401(k) Plan
01-JAN-17 to 31-DEC-17

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2KGPF	0.00	0.000000	2	0.00	0.000000	0	0.00	SERIES
4KGPF	(2.30)	0.000000	4	0.00	0.000000	0	0.00	SERIES
1VTXVX	67,827.78	4,485.322925	67	(184,034.22)	(12,003.996345)	47	(180,479.98)	SERIES
1VTWNX	70,052.22	2,339.163495	45	(139,684.28)	(4,787.962926)	24	(138,660.52)	SERIES
1VTTVX	153,455.05	8,796.774699	314	(98,108.96)	(5,493.911611)	89	(92,173.80)	SERIES
1VTHRX	142,423.83	4,535.205933	235	(464,767.59)	(15,075.342315)	76	(451,078.42)	SERIES
1VTTHX	126,067.77	6,541.905568	387	(235,751.70)	(12,689.060819)	98	(231,667.92)	SERIES
1VFORX	158,013.08	4,734.948073	557	(67,257.24)	(1,979.535323)	132	(62,242.39)	SERIES
1VTIVX	229,273.24	10,768.622274	438	(24,781.98)	(1,215.583859)	100	(23,764.32)	SERIES
1VFIFX	165,191.05	4,963.652207	532	(129,638.15)	(3,913.170266)	179	(123,804.44)	SERIES
1VFFVX	136,006.85	3,754.969394	824	(33,016.97)	(893.274099)	182	(30,291.75)	SERIES
1RNWGX	7,787.58	128.156544	263	(815.10)	(12.389908)	105	(767.09)	SERIES
1MKLOX	12,324.53	618.495653	142	(528.43)	(25.986704)	66	(520.56)	SERIES
1OIGIX	8,736.02	213.978734	106	(1,190.14)	(27.835340)	17	(1,105.06)	SERIES
1VEMAX	39,942.16	1,166.600451	776	(6,225.58)	(179.080386)	261	(6,013.38)	SERIES
1VTMGX	48,709.87	3,626.903764	772	(13,493.48)	(1,005.656992)	224	(13,007.69)	SERIES
1VTWSX	32,207.83	1,158.362196	629	(14,253.44)	(500.244503)	326	(13,781.12)	SERIES
1DFGEX	9,970.53	916.087595	746	(7,725.76)	(727.500060)	112	(7,666.50)	SERIES
1FGPMR6	6,655.03	366.365802	92	(6,513.76)	(358.054750)	19	(6,305.84)	SERIES
1JGMNX	50,510.95	1,819.808065	879	(4,406.06)	(160.906529)	159	(4,178.41)	SERIES
1JDSNX	50,300.15	2,245.705565	297	(33,848.83)	(1,465.917595)	170	(32,676.14)	SERIES
1VSGAX	28,891.19	559.339778	200	(1,591.36)	(30.590635)	142	(1,528.13)	SERIES
1VSMAX	27,269.87	420.422052	421	(6,131.38)	(93.021667)	228	(6,060.02)	SERIES
1VSIAX	101,065.93	1,905.806705	1004	(38,907.03)	(725.923822)	234	(38,122.64)	SERIES
1HRAUX	62,316.74	1,107.843400	665	(2,132.63)	(37.769948)	107	(2,059.93)	SERIES
1FMPOX	26,704.29	1,043.325101	152	(11,339.81)	(435.710703)	22	(11,199.07)	SERIES
1VMGMX	20,196.37	403.336330	84	(752.18)	(14.529863)	12	(735.52)	SERIES
1VIMAX	23,736.73	130.460893	157	(99.50)	(0.539415)	22	(92.31)	SERIES
1VMVAX	92,991.09	1,750.251572	860	(26,278.76)	(486.729109)	402	(25,467.32)	SERIES
1LSIFX	2,216.25	9.765132	38	(2,080.61)	(8.957246)	10	(2,031.50)	SERIES
1JIVMX	37,713.10	1,061.205951	677	(17,545.98)	(478.627710)	421	(17,017.06)	SERIES
1VFIAX	151,627.66	678.547059	917	(34,626.31)	(153.211894)	364	(33,763.08)	SERIES
1VIGAX	106,519.68	1,582.386513	806	(9,777.26)	(146.283364)	377	(9,229.41)	SERIES
1VVIAX	71,340.12	1,878.245969	969	(15,730.79)	(413.814794)	181	(15,284.69)	SERIES
1NERNX	10,258.13	794.784150	123	(7,861.24)	(602.417175)	18	(7,748.33)	SERIES
1PFORX	3,822.71	361.030991	364	(1,529.57)	(144.499342)	126	(1,524.52)	SERIES
1MAUKX	1,873.73	187.652746	28	(0.98)	(0.098097)	2	(0.98)	SERIES
1VWEAX	38,732.33	6,518.250301	261	(121.35)	(20.372331)	23	(120.54)	SERIES
1VBILX	54,514.07	4,778.782911	1004	(9,210.72)	(802.545606)	217	(9,168.24)	SERIES
1KGPF	20,220.37	0.000000	446	(3,820.62)	0.000000	134	(3,820.62)	SERIES
5% TRANSACTIONS								
1VTHRX	0.00	0.000000	0	(261,235.00)	(8,432.375865)	2	(252,231.71)	24-APR-17

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Planet Equity Group, LLC 401(k) Plan
01-JAN-17 to 31-DEC-17

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

2KGPF	Key Guaranteed Portfolio Fund
1VTXVX	Vanguard Target Retirement 2015 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv
1MKLOX	BlackRock Global Allocation K
1VEMAX	Vanguard Emerging Mkts Stock Idx Adm
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1JIVMX	JPMorgan Intrepid Value R6
1VIGAX	Vanguard Growth Index Adm
1NERNX	Loomis Sayles Core Plus Bond N
1MAUKX	Pioneer Multi-Asset Ultrashort Income K
1VBILX	Vanguard Interm-Term Bond Index Adm
4KGPF	Key Guaranteed Portfolio Fund
1VTWNX	Vanguard Target Retirement 2020 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv
1RNWGX	American Funds New World R6
1OIGIX	Oppenheimer International Growth I
1VTMGX	Vanguard Developed Markets Index Admiral
1DFGEX	DFA Global Real Estate Securities
1JGMNX	Janus Henderson Triton N
1VSGAX	Vanguard Small Cap Growth Index Admiral
1VSIAX	Vanguard Small Cap Value Index Admiral
1FMPOX	Fidelity Advisor Mid Cap Value I
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1LSIFX	ClearBridge Aggressive Growth IS
1VFIAX	Vanguard 500 Index Admiral
1VVIAX	Vanguard Value Index Adm
1PFORX	PIMCO Foreign Bond (USD-Hedged) I
1VWEAX	Vanguard High-Yield Corporate Adm
1KGPF	Key Guaranteed Portfolio Fund