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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(K)-II

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1990

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)
GREEN THUMB INTERNATIONAL INC

PO BOX 111
CANOGA PARK, CA 91305

2b Employer Identification Number (EIN)
95-2381981

2c Plan Sponsor's telephone number
818-340-6400

2d Business code (see instructions)
444200

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.	10/09/2019	H.D. BERGQUIST JR
	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**	297
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)**	258
a(2) Total number of active participants at the end of the plan year	**6a(2)**	256
b Retired or separated participants receiving benefits	**6b**	7
c Other retired or separated participants entitled to future benefits	**6c**	40
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	303
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	304
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	225
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2J 2K 2F 2G 2R 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(K)-II

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GREEN THUMB INTERNATIONAL INC

D Employer Identification Number (EIN)
95-2381981

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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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)

(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 ☐

(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 ☐

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)

(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 ☐

(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
(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.	

(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.	

(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

(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

(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

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(K)-II

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREEN THUMB INTERNATIONAL INC

D Employer Identification Number (EIN)
95-2381981

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DEMSX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	303734
a Name of MTIA, CCT, PSA, or 103-12 IE: DFIEX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11123
a Name of MTIA, CCT, PSA, or 103-12 IE: DIPSX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100009
a Name of MTIA, CCT, PSA, or 103-12 IE: FFNOX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8902
a Name of MTIA, CCT, PSA, or 103-12 IE: FIVFX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9318
a Name of MTIA, CCT, PSA, or 103-12 IE: FSCCX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27099
a Name of MTIA, CCT, PSA, or 103-12 IE: JMGRX			
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.			
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	335343

a Name of MTIA, CCT, PSA, or 103-12 IE: JSMGX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226639
a Name of MTIA, CCT, PSA, or 103-12 IE: MDITX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8391
a Name of MTIA, CCT, PSA, or 103-12 IE: PONPX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53172
a Name of MTIA, CCT, PSA, or 103-12 IE: RFDTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221382
a Name of MTIA, CCT, PSA, or 103-12 IE: RFETX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 342293
a Name of MTIA, CCT, PSA, or 103-12 IE: RFFTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21191
a Name of MTIA, CCT, PSA, or 103-12 IE: RFGTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2005
a Name of MTIA, CCT, PSA, or 103-12 IE: RFHTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1827
a Name of MTIA, CCT, PSA, or 103-12 IE: RFJTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130
a Name of MTIA, CCT, PSA, or 103-12 IE: RFKTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4713

a Name of MTIA, CCT, PSA, or 103-12 IE: RFIJTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3608
a Name of MTIA, CCT, PSA, or 103-12 IE: RIRGX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116218
a Name of MTIA, CCT, PSA, or 103-12 IE: RLBGX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175275
a Name of MTIA, CCT, PSA, or 103-12 IE: RNPGX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 781966
a Name of MTIA, CCT, PSA, or 103-12 IE: RRCTX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183529
a Name of MTIA, CCT, PSA, or 103-12 IE: VBILX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46928
a Name of MTIA, CCT, PSA, or 103-12 IE: VEIRX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1132518
a Name of MTIA, CCT, PSA, or 103-12 IE: VFIAX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267071
a Name of MTIA, CCT, PSA, or 103-12 IE: VFSUX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169476
a Name of MTIA, CCT, PSA, or 103-12 IE: VGSLX		
b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.		
c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 831509

a Name of MTIA, CCT, PSA, or 103-12 IE: VIGAX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167603

a Name of MTIA, CCT, PSA, or 103-12 IE: VIMAX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20903

a Name of MTIA, CCT, PSA, or 103-12 IE: VLCAX

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 901689

a Name of MTIA, CCT, PSA, or 103-12 IE: VMFXX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 438013

a Name of MTIA, CCT, PSA, or 103-12 IE: VSMAX

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126119

a Name of MTIA, CCT, PSA, or 103-12 IE: VTABX

b Name of sponsor of entity listed in (a): MG TRUST FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3146

a Name of MTIA, CCT, PSA, or 103-12 IE: VTINX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39034

a Name of MTIA, CCT, PSA, or 103-12 IE: VWEAX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126858

a Name of MTIA, CCT, PSA, or 103-12 IE: VWETX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3274

a Name of MTIA, CCT, PSA, or 103-12 IE: VWIAX

b Name of sponsor of entity listed in (a): MG TRUST MATRIX FINANCIAL SOLUTIONS, INC.

c EIN-PN 20-1591048-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 718262

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name GREEN THUMB INTERNATIONAL INC. PROFIT SHARING 401(K)-II

b Name of plan sponsor	**c** EIN-PN
GREEN THUMB INTERNATIONAL INC.	95-2381981-003

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(K)-II

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GREEN THUMB INTERNATIONAL INC

D Employer Identification Number (EIN)
95-2381981

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	141262	141035
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	400000	300000
(2) Participant contributions	1b(2)	13262	12720
(3) Other	1b(3)	436533	494092
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)	436533	494092
(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)	7917242	7463733
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	9344832	8905672
	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	9344832	8905672

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)	300000	
	(B) Participants	2a(1)(B)	355539	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		655539
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-430596	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-430596
	(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)	21695	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		21695

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		246638
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	665164	
(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)		665164
f Corrective distributions (see instructions)	2f		
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	20634	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		20634
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		685798
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-439160
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: PENSION ASSURANCE LLP **(2)** EIN: 30-0840934

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		700000
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		X	

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.)

GREEN THUMB INTERNATIONAL INC
PROFIT SHARING PLAN 401(k)-II

Financial Statements with Auditors' Report
As of December 31, 2018 and 2017

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Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PENSION ASSURANCE LLP
401(k) | 403(b) | DEFINED BENEFIT | ESOP | PENSION PLAN AUDITS

20335 Ventura Boulevard
Suite 305
Woodland Hills, CA 91364

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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the plan administrator of the
Green Thumb International Inc Profit Sharing Plan 401(k)-II:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Green Thumb International Inc Profit Sharing Plan 401(k)-II (the Plan), which comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2018 and 2017, the related Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2018, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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

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 6, which was certified by Matrix Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee is complete and accurate.

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

The supplemental schedule, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018, is 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 is 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 the Department of Labor's 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 Trustee, have 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.



Pension Assurance LLP

Los Angeles, California
September 25, 2019

GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(k)-II
Statements of Net Assets Available for Plan Benefits
As of December 31, 2018 and 2017

	2018	2017
Assets:		
Cash, noninterest-bearing	$ 141,035	$ 141,262
Investments, at fair value:		
Mutual funds	7,957,825	8,353,775
Receivables:		
Participant contributions	12,720	13,262
Company contributions	300,000	400,000
Notes receivable from participants	494,092	436,533
	806,812	849,795
Total assets	8,905,672	9,344,832
Liabilities	-	-
Net assets available for plan benefits	$ 8,905,672	$ 9,344,832

See accompanying notes.

GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(k)-II
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2018

Additions to net assets attributable to:		
Contributions:		
Participant	$	355,539
Company		300,000
		655,539
Interest income on notes receivable from participants		21,695
Investment income:		
Dividends		3,458
Total additions		680,692
Deductions from net assets attributable to:		
Net realized and unrealized depreciation in fair value of investments		434,054
Benefits paid to participants		665,164
Administrative expenses		20,634
Total deductions		1,119,852
Net decrease in plan assets		(439,160)
Net assets available for plan benefits:		
Beginning of year		9,344,832
End of year	$	8,905,672

See accompanying notes.

1. Plan Description

The following description of the Green Thumb International Inc Profit Sharing Plan 401(k)-II (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan, originally effective July 1, 1990, and restated February 1, 2017, is a defined contribution plan covering all employees of Green Thumb International Inc. and members of the controlled group (the Company) who have attained 21 years of age, excluding non-resident aliens, union employees, and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Participants may contribute up to 100 percent of annual pre-tax compensation, as defined in the plan document and allowed by law. Participants may also contribute amounts representing distributions from other qualified plans. The Company matches 100 percent of participant deferrals up to 3 percent of compensation plus 50 percent of participant deferrals up to the next 2 percent of compensation for a maximum matching contribution equal to 4 percent of compensation under a safe harbor provision, as set forth in the plan document. Additional company contributions are discretionary. Participants who have attained the age of 21 and completed one year of credited service are eligible to receive company profit sharing contributions, when made. During 2018, the Company contributed $300,000.

c. Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Company's contribution, if applicable, and the Plan's earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

d. Vesting

Participants are immediately vested in their contributions and safe harbor contributions, plus actual earnings thereon. Vesting the company's profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants become 20 percent vested upon completing two years of service and vest an additional 20 percent each year thereafter until they are 100 percent vested after six years of service.

e. Distribution of Benefits

Upon termination of employment due to termination of service, death, disability, or retirement, participants may elect to receive the value of their vested account balance in a lump sum distribution. Participants may also take a financial hardship withdrawal under certain circumstances.

f. Notes Receivable from Participants

Participants may borrow the lesser of $50,000 (reduced by the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan) or 50 percent of their vested account balance with a minimum loan amount of $1,000. Loan terms range up to five years, but may be extended up to ten years if the proceeds are to be used for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. The loans are secured by the balance in the participant's account and bear interest ranging from 5 to 7 percent.

2. Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Administrative Expenses

Certain administrative expenses incidental to the administration of the Plan, including fees of the administrative agent and independent public accountants, may be paid by the Plan. The Company, at its discretion, decided to pay for certain of these administrative expenses on behalf of the Plan. Most investment options have management fees, which reduce the overall return on assets. The net realized and unrealized depreciation in fair value of investments is reflected with these fees.

e. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

f. Payment of Benefits

Benefits are recorded when paid.

g. Subsequent Events

The Plan has evaluated the subsequent events through September 25, 2019, the date the financial statements were available to be issued.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

4. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

4. Fair Value Measurement (Continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There has been no change in the methodology used at December 31, 2018 and 2017.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. Fair Value Measurement (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,957,825	$ -	$ -	$ 7,957,825
Investments, at fair value	$ 7,957,825	$ -	$ -	$ 7,957,825

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 8,353,775	$ -	$ -	$ 8,353,775
Investments, at fair value	$ 8,353,775	$ -	$ -	$ 8,353,775

5. Tax Exempt Status

The Plan has adopted a volume submitter plan document subject to a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014. The plan administrator believes the Plan has been operated in accordance with the applicable provisions of the Internal Revenue Code (IRC). The Company routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plan Compliance Resolution System. Accordingly, the plan administrator believes that the Plan and related trust are designed in accordance with applicable sections of the IRC and, accordingly, are exempt from income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for plan years ending on December 31, 2014, or prior.

6. Summary of Unaudited Information

The Trustee of the Plan certified certain information, which was not audited in accordance with the plan administrator's instructions and as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information certified by the Trustee consists of the following:

- Fair value of investments as reflected in the Statements of Net Assets Available for Plan Benefits as of December 31, 2018 and 2017.
- Dividends and net realized and unrealized depreciation in fair value of investments as reflected in the Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2018.
- Investment information as reflected in Note 4 to these financial statements.
- Investment information as reflected in the Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018.

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

7. Party-in-Interest Transactions

Matrix Trust Company is the Trustee of the Plan and holds and manages investments. Transactions with Matrix Trust Company are party-in-interest transactions, as defined by ERISA.

8. Plan Termination

The Company has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

9. Reconciliation to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 at December 31, 2018 and 2017.

	2018	2017
Net assets available for plan benefits per the financial statements	$ 8,905,672	$ 9,344,832
Participant contributions receivable	(12,720)	(13,262)
Company contributions receivable	(300,000)	(400,000)
Net assets available for plan benefits per the Form 5500	$ 8,592,952	$ 8,931,570

9. Reconciliation to Form 5500 (Continued)

The following is a reconciliation of the change in net assets per the financial statements to the Form 5500 for the year ended December 31, 2018.

Net decrease in plan assets per the financial statements	$	(439,160)
Receipt of participant contributions accrued in prior year		13,262
Receipt of company contributions accrued in prior year		400,000
Participant contributions receivable accrued in current year		(12,720)
Company contributions receivable accrued in current year		(300,000)
Net decrease in plan assets per the Form 5500	$	(338,618)

GREEN THUMB INTERNATIONAL INC PROFIT SHARING PLAN 401(k)-II
EIN: 95-2381981 PLAN: 003
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2018

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:			
	Vanguard	Vanguard Federal Money Market Fund	**	$ 438,013
	American Funds	American Funds Balanced Fund Class R6	**	175,275
	American Funds	American Funds 2015 Target Date Fund	**	130
	American Funds	American Funds 2020 Target Date Fund	**	183,529
	American Funds	American Funds 2025 Target Date Fund	**	221,382
	American Funds	American Funds 2030 Target Date Fund	**	342,293
	American Funds	American Funds 2035 Target Date Fund	**	21,191
	American Funds	American Funds 2040 Target Date Fund	**	2,005
	American Funds	American Funds 2045 Target Date Fund	**	1,827
	American Funds	American Funds 2055 Target Date Fund	**	4,713
	American Funds	American Funds 2060 Target Date Fund	**	3,608
	American Funds	American Funds Capital Income Builder Fund Class R6	**	116,218
	Dimensional Fund Advisors	DFA Emerging Markets Small Cap Portfolio Fund	**	303,734
	Dimensional Fund Advisors	DFA Inflation Protected Securities Portfolio Fund	**	100,009
	Dimensional Fund Advisors	DFA International Core Equity Fund	**	11,123
	Fidelity Investments	Fidelity Oxford Street Trust: Four-In-One Index Fund	**	8,902
	Fidelity Investments	Fidelity International Capital Appreciation Fund	**	9,318
	Janus Henderson	Janus Henderson Enterprise Fund Class I	**	335,344
	Janus Henderson	Janus Henderson Triton Fund Class I	**	226,639
	MFS	MFS International Diversification Fund Class R5	**	8,391
	American Funds	American Funds New Perspective Fund Class R6	**	781,966
	Nuveen	Nuveen Small Cap Value Fund	**	27,099
	PIMCO	PIMCO Income Fund Class P	**	53,172
	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	267,071
	Vanguard	Vanguard Equity Income Fund Admiral Shares	**	1,132,518
	Vanguard	Vanguard Growth Index Fund Admiral Shares	**	167,603
	Vanguard	Vanguard High-Yield Corporate Fund Admiral Shares	**	126,858
	Vanguard	Vanguard Intermediate-Term Bond Index Fund Admiral Shares	**	46,929
	Vanguard	Vanguard Large Cap Index Fund Admiral Shares	**	901,689
	Vanguard	Vanguard Long-Term Investment-Grade Fund Admiral Shares	**	3,274
	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	20,903
	Vanguard	Vanguard Real Estate Index Fund Admiral Shares	**	831,509
	Vanguard	Vanguard Short Term Investment Grade Fund Admiral Shares	**	169,476
	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	**	126,119
	Vanguard	Vanguard Target Retirement Income Fund Admiral Shares	**	39,034
	Vanguard	Vanguard Total International Bond Index Fund Admiral Shares	**	3,148
	Vanguard	Vanguard Wellesley Income Fund Admiral Shares	**	718,263
	Wells Fargo	Wells Fargo Special Mid-Cap Value Fund Institutional Shares	**	27,550
		Total mutual funds		7,957,825
*	Participant Loans	Loans to participants, bearing interest from 5% to 7%	**	494,092
				$ 8,451,917

* Represents a party-in-interest as defined by ERISA
** Not applicable for participant directed plans

See report of independent public accountants and accompanying notes.