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.)
- ☒ 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
GREEN FARMS INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/28/2017

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 FARMS INC

2652 LONG BEACH AVE
LOS ANGELES, CA 90058-1323

2b Employer Identification Number (EIN)
95-4550087

2c Plan Sponsor's telephone number
213-747-4411

2d Business code (see instructions)
424400

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.	10/16/2019	RON WARENKIEWICZ
	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**	295
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)**	268
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	42
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	310
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	310
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	256
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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 2T 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)	[X] Trust	**(3)**	[X] Trust
(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)** [X] **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 FARMS INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4550087

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)

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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?
15 26	RECORDKEEPER	6447	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

S.L. REED & COMPANY

11111 SANTA MONICA BLVD.
SUITE 1200
LOS ANGELES, CA 98025

(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?
15 26	ADVISOR	5280	Yes [ ] No [X]	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 FARMS INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4550087

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: METLIFE GAC SERIES 25053 0

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	8269

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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	
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

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 FARMS INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4550087

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	40711	46025
(9) Value of interest in common/collective trusts	1c(9)	6750	8269
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2010625	2120230
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2058086	2174524
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
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	2058086	2174524

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)	90041	
	(B) Participants	2a(1)(B)	259667	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		349708
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	2157	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2157
	(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)	102029	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		102029
	(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)		221
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-245023
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		209092
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62731	
(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)		62731
f Corrective distributions (see instructions)	2f		15682
g Certain deemed distributions of participant loans (see instructions)	2g		911
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6986	
(3) Investment advisory and management fees	2i(3)	6344	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13330
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		92654
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		116438
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: LEONARD & SEFILYAN, LLP **(2)** EIN: 47-4648080

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		205809
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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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 FARMS INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4550087

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2018 AND 2017

INDEX

	Page
Independent Auditors' Report	2-3
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplemental Schedules	
Schedule of Assets (Held at End of Year) 2018	13
Schedule of Assets (Held at End of Year) 2017	14

J. PEARSE LEONARD
CPA/PARTNER

NARINE SEFILYAN
CPA/PARTNER

Leonard & Sefilyan LLP

CERTIFIED PUBLIC ACCOUNTANTS
MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Green Farms Inc. 401(K) Profit Sharing Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2018 and five months 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 the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for 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 a 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 C, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 and five months ended December 31, 2017, that the information provided to the Plan administrator by the trustees is complete and accurate.

J. PEARSE LEONARD
CPA/PARTNER

NARINE SEFILYAN
CPA/PARTNER

Leonard & Sefilyan LLP

CERTIFIED PUBLIC ACCOUNTANTS
MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

(Continued)

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.

Basis of Accounting

We draw attention to Note B to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2018 and 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 are 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 the supplemental schedules referred to above.

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 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.

Leonard & Sefilyan, LLP

Certified Public Accountants

Studio City, California
September 12, 2019

11712 MOORPARK STREET, SUITE 208, STUDIO CITY, CA 91604
TEL (818) 473-3333 · FAX (818) 210-3373 · WWW.CPASLS.COM

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments (at fair value)		
Common/collective trusts	$ 8,269	$ 6,750
Registered investment companies (See notes C & D)	2,120,230	2,010,625
Total Investments	2,128,499	2,017,375
Receivables		
Notes receivable from participants	46,025	40,711
Total Receivables	46,025	40,711
TOTAL ASSETS	2,174,524	2,058,086
LIABILITIES		
Other Liabilities	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,174,524	$ 2,058,086

See Independent Accountants' Report and Accompanying Notes

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018 AND FIVE MONTHS ENDED DECEMBER 31, 2017

	2018	2017
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (Note C)	$ -	$ 16,465
Dividends	102,029	47,017
	102,029	63,482
Interest - notes receivable from participants	2,157	554
Contributions		
Employer (Note A)	90,041	36,991
Participant	259,667	100,274
	349,708	137,265
TOTAL ADDITIONS	453,894	201,301
DEDUCTIONS		
Deductions from net assets attributed to:		
Investment income:		
Net depreciation in fair value of investments (Note C)	244,802	-
Benefits paid to participants	62,731	173,393
Corrective & deemed distributions	16,593	-
Administration expense	13,330	1,235
TOTAL DEDUCTIONS	337,456	174,628
NET INCREASE	116,438	26,673
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	2,058,086	2,031,413
End of year	$ 2,174,524	$ 2,058,086

See Independent Accountants' Report and Accompanying Notes

NOTE A - DESCRIPTION OF PLAN

The following description of the GREEN FARMS INC. ("Company") 401(K) Profit Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company. The Plan excludes union employees and employees that are not common law employees. For employee and employer contributions, participants must be age 21 and have completed three (3) consecutive months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute a portion of their pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company contributes an employer match of the lesser of (1) 50 percent of the amount the participant contributes to the Plan or (2) 3 percent of base compensation of the participant, maximum $3,000 annually, on a per payroll basis. At the discretion of the Board of Directors, the Company makes a discretionary profit sharing contribution to the Plan as well. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and Company matching contributions as well as allocations of Plan earnings (losses). Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts, the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants' account and bear interest at rates of 4.25% and 6.25%. Principal and interest is paid ratably through weekly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, or termination of service due to other reasons, a participant may receive a lump-sum or direct transfer amount equal to the value of the participant's vested interest in his or her account. Amounts totaling $451,391 and $442,118 represent accounts of participants that have withdrawn from the plan but have not been paid as of December 31, 2018 and 2017, respectively.

NOTE A - DESCRIPTION OF PLAN *(CONTINUED)*

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are fully vested when their employment terminates by reason of normal retirement, death or disability. Other than the aforementioned reasons, vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Forfeited Accounts

Forfeited amounts totaled $1,796 and $536 for the years ended December 31, 2018 and 2017, respectively. No forfeitures were used to reduce administrative fees during the years ended December 31, 2018 or 2017. No forfeitures plus earnings were credited back to a participant for excess forfeited amounts during the year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting; investments are reported on the cash basis and receivables on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded as received. Net increase (decrease) in the fair value of investments includes the Plan's gains and 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. Interest income is recorded when received. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(CONTINUED)*

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of maintaining the Plan are paid by the Plan except for withdrawals, distributions and loan origination fees associated with notes receivable from participants.

Subsequent Events

The Plan has evaluated events subsequent to December 31, 2018 and 2017, to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through September 12, 2019, the date the financial statements were available to be issued. Based upon this evaluation, it was determined no subsequent events occurred that require recognition or additional disclosure in the financial statements.

NOTE C - INVESTMENTS (UNAUDITED)

The Plan's investments were held by Mid Atlantic Trust Company and administered by Paychex Retirement Services. All investment information presented in the accompanying financial statements and supplemental schedule, including investments held and net appreciation/depreciation in fair value of investments, interest and dividends, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
INVESTMENTS AT FAIR VALUE:	2018	2017
State Street Target Retirement 2030 K	$ 528,340	$ 558,924
State Street Target Retirement 2040 K	211,621	207,374
TIAA Cref Equity Index Institut	113,636	59,316
State Street Target Retirement 2045 K	125,924	103,466
State Street Target Retirement 2020 K	164,169	150,898
State Street Target Retirement 2025 K	699,404	687,027

During 2018 and 2017, the Plan's investments (including gains and losses from registered investment companies bought and sold, as well as held during the year) depreciated and appreciated, respectively, in value by $244,802 and $16,465, respectively.

NOTE D - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3).

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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE D - FAIR VALUE MEASUREMENTS *(CONTINUED)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

	Fair Value Measurements at December 31, 2018			
	Level 1	Level 2	Level 3	Total
Common/collective trusts	$ 8,269	$ -	$ -	$ 8,269
Mutual Funds	2,120,230	-	-	2,120,230
	$ 2,128,499	$ -	$ -	$ 2,128,499

	Fair Value Measurements at December 31, 2017			
	Level 1	Level 2	Level 3	Total
Common/collective trusts	$ 6,750	$ -	$ -	$ 6,750
Mutual Funds	2,010,625	-	-	2,010,625
	$ 2,017,375	$ -	$ -	$ 2,017,375

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan 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.

NOTE F - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Notes receivable from participants and the related interest income are considered party-in-interest transactions. No Plan investments are shares of mutual funds managed by Mid Atlantic Trust Company. Mid Atlantic Trust Company is the trustee as defined by the Plan and, therefore, there are no party-in-interest transactions. Fees paid to Mid Atlantic Trust Company for investment management services are included as administrative expenses on the Statement of Changes in Net Assets Available for Benefits.

NOTE G - TAX STATUS

The Internal Revenue Service has determined and informed the Trustee by the latest letter dated April 10, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

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 be sustained upon examination by the Department of Labor. 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 tax years prior to 2016 and 2015, federal and state, respectively.

NOTE H - 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 investment securities, 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 statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
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	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	COMMON/COLLECTIVE TRUSTS				
	METLIFE GAC SERIES 25053 0	47.66	Common/Collective Trusts	^	8,269
		47.66	**TOTAL COMMON/COLLECTIVE TRUSTS**		8,269
	MUTUAL FUNDS				
	STATE STREET TARGET RETIREMENT 2030 K	49,275.019	Registered Investment Company	^	528,340
	STATE STREET TARGET RETIREMENT 2040 K	19,527.734	Registered Investment Company	^	211,621
	STATE STREET TARGET RETIREMENT K	31.687	Registered Investment Company	^	317
	TIAA CREF EQUITY INDEX INSTITUTIONAL	6,242.514	Registered Investment Company	^	113,636
	STATE STREET TARGET RETIREMENT 2060 K	2,366.960	Registered Investment Company	^	24,619
	STATE STREET AGGREGATE BOND INDEX K	20.032	Registered Investment Company	^	257
	STATE STREET EQUITY 500 INDEX K	131.659	Registered Investment Company	^	2,598
	STATE STREET TARGET RETIREMENT 2045 K	11,631.595	Registered Investment Company	^	125,924
	STATE STREET TARGET RETIREMENT 2020 K	15,912.756	Registered Investment Company	^	164,169
	STATE STREET TARGET RETIREMENT 2035 K	4,213.205	Registered Investment Company	^	45,686
	NORTHERN BOND INDEX	67.281	Registered Investment Company	^	786
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	30.423	Registered Investment Company	^	382
	US INDEX K	764.035	Registered Investment Company	^	6,471
	STATE STREET TARGET RETIREMENT 2015 K	1,468.857	Registered Investment Company	^	14,840
	STATE STREET TARGET RETIREMENT 2050 K	4,019.009	Registered Investment Company	^	43,496
	NORTHERN SMALL CAP INDEX	1,834.010	Registered Investment Company	^	19,782
	STATE STREET TARGET RETIREMENT 2055 K	3,360.345	Registered Investment Company	^	36,293
	STATE STREET TARGET RETIREMENT 2025 K	66,228.656	Registered Investment Company	^	699,404
	VANGUARD BALANCED INDEX ADML	323.615	Registered Investment Company	^	10,921
	VANGUARD GROWTH INDEX ADML	125.847	Registered Investment Company	^	8,952
	VANGUARD SMALL CAP GROWTH INDEX ADML	191.682	Registered Investment Company	^	10,197
	VANGUARD SMALL CAP INDEX ADML	17.947	Registered Investment Company	^	1,141
	VANGUARD SMALL CAP VALUE IND ADM	23.827	Registered Investment Company	^	1,174
	VANGUARD VALUE INDEX ADML	1,165.167	Registered Investment Company	^	44,499
	ISHARES RUSSELL MID-CAP INDEX K	521.281	Registered Investment Company	^	4,726
		189,495.142	**TOTAL MUTUAL FUNDS**		2,120,230
	PARTICIPANT LOANS				
*	MASTER NOTE	46,024.80	SECURED BY VESTED INTEREST 4.25-6.25%	^	46,025
		46,024.80	**TOTAL PARTICIPANT LOANS**		46,025
			TOTAL ASSETS		2,174,524

* Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	COMMON/COLLECTIVE TRUSTS				
	METLIFE GAC SERIES 25053 0	40.15	Common/Collective Trusts	^	6,750
		40.15	**TOTAL COMMON/COLLECTIVE TRUSTS**		6,750
	MUTUAL FUNDS				
	STATE STREET TARGET RETIREMENT 2030 K	46,403.771	Registered Investment Company	^	558,924
	STATE STREET TARGET RETIREMENT 2040 K	16,810.338	Registered Investment Company	^	207,374
	STATE STREET TARGET RETIREMENT K	2,977.607	Registered Investment Company	^	31,890
	TIAA CREF EQUITY INDEX INSTITUTIONAL	3,008.602	Registered Investment Company	^	59,316
	STATE STREET TARGET RETIREMENT 2060 K	1,186.188	Registered Investment Company	^	14,394
	VANGUARD GROWTH INDEX INV	58.483	Registered Investment Company	^	4,271
	STATE STREET TARGET RETIREMENT 2045 K	8,336.562	Registered Investment Company	^	103,466
	STATE STREET TARGET RETIREMENT 2020 K	13,280.650	Registered Investment Company	^	150,898
	STATE STREET TARGET RETIREMENT 2035 K	4,772.360	Registered Investment Company	^	58,556
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	299.875	Registered Investment Company	^	4,291
	US INDEX K	399.925	Registered Investment Company	^	4,310
	STATE STREET TARGET RETIREMENT 2015 K	803.157	Registered Investment Company	^	8,838
	STATE STREET TARGET RETIREMENT 2050 K	3,703.030	Registered Investment Company	^	45,516
	VANGUARD VALUE INDEX INV	989.347	Registered Investment Company	^	40,979
	STATE STREET TARGET RETIREMENT 2055 K	2,479.699	Registered Investment Company	^	30,574
	STATE STREET TARGET RETIREMENT 2025 K	58,411.629	Registered Investment Company	^	687,027
		163,921.223	**TOTAL MUTUAL FUNDS**		2,010,625
	PARTICIPANT LOANS				
*	MASTER NOTE	40,710.80	SECURED BY VESTED INTEREST 4.25-6.25%	^	40,711
		40,710.80	**TOTAL PARTICIPANT LOANS**		40,711
			TOTAL ASSETS		2,058,086

* Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2018 AND 2017

INDEX

	Page
Independent Auditors' Report	2-3
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplemental Schedules	
Schedule of Assets (Held at End of Year) 2018	13
Schedule of Assets (Held at End of Year) 2017	14

J. PEARSE LEONARD
CPA/PARTNER

NARINE SEFILYAN
CPA/PARTNER

Leonard & Sefilyan LLP

CERTIFIED PUBLIC ACCOUNTANTS
MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Green Farms Inc. 401(K) Profit Sharing Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2018 and five months 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 the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for 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 a 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 C, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 and five months ended December 31, 2017, that the information provided to the Plan administrator by the trustees is complete and accurate.

J. PEARSE LEONARD
CPA/PARTNER

NARINE SEFILYAN
CPA/PARTNER

Leonard & Sefilyan LLP

CERTIFIED PUBLIC ACCOUNTANTS
MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

(Continued)

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.

Basis of Accounting

We draw attention to Note B to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2018 and 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 are 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 the supplemental schedules referred to above.

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 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.

Leonard & Sefilyan, LLP

Certified Public Accountants

Studio City, California
September 12, 2019

11712 MOORPARK STREET, SUITE 208, STUDIO CITY, CA 91604
TEL (818) 473-3333 · FAX (818) 210-3373 · WWW.CPASLS.COM

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments (at fair value)		
Common/collective trusts	$ 8,269	$ 6,750
Registered investment companies (See notes C & D)	2,120,230	2,010,625
Total Investments	2,128,499	2,017,375
Receivables		
Notes receivable from participants	46,025	40,711
Total Receivables	46,025	40,711
TOTAL ASSETS	2,174,524	2,058,086
LIABILITIES		
Other Liabilities	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,174,524	$ 2,058,086

See Independent Accountants' Report and Accompanying Notes

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2018 AND FIVE MONTHS ENDED DECEMBER 31, 2017

	2018	2017
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (Note C)	$ -	$ 16,465
Dividends	102,029	47,017
	102,029	63,482
Interest - notes receivable from participants	2,157	554
Contributions		
Employer (Note A)	90,041	36,991
Participant	259,667	100,274
	349,708	137,265
TOTAL ADDITIONS	453,894	201,301
DEDUCTIONS		
Deductions from net assets attributed to:		
Investment income:		
Net depreciation in fair value of investments (Note C)	244,802	-
Benefits paid to participants	62,731	173,393
Corrective & deemed distributions	16,593	-
Administration expense	13,330	1,235
TOTAL DEDUCTIONS	337,456	174,628
NET INCREASE	116,438	26,673
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	2,058,086	2,031,413
End of year	$ 2,174,524	$ 2,058,086

See Independent Accountants' Report and Accompanying Notes

NOTE A - DESCRIPTION OF PLAN

The following description of the GREEN FARMS INC. ("Company") 401(K) Profit Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company. The Plan excludes union employees and employees that are not common law employees. For employee and employer contributions, participants must be age 21 and have completed three (3) consecutive months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute a portion of their pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company contributes an employer match of the lesser of (1) 50 percent of the amount the participant contributes to the Plan or (2) 3 percent of base compensation of the participant, maximum $3,000 annually, on a per payroll basis. At the discretion of the Board of Directors, the Company makes a discretionary profit sharing contribution to the Plan as well. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and Company matching contributions as well as allocations of Plan earnings (losses). Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts, the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants' account and bear interest at rates of 4.25% and 6.25%. Principal and interest is paid ratably through weekly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, or termination of service due to other reasons, a participant may receive a lump-sum or direct transfer amount equal to the value of the participant's vested interest in his or her account. Amounts totaling $451,391 and $442,118 represent accounts of participants that have withdrawn from the plan but have not been paid as of December 31, 2018 and 2017, respectively.

NOTE A - DESCRIPTION OF PLAN *(CONTINUED)*

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are fully vested when their employment terminates by reason of normal retirement, death or disability. Other than the aforementioned reasons, vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Forfeited Accounts

Forfeited amounts totaled $1,796 and $536 for the years ended December 31, 2018 and 2017, respectively. No forfeitures were used to reduce administrative fees during the years ended December 31, 2018 or 2017. No forfeitures plus earnings were credited back to a participant for excess forfeited amounts during the year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting; investments are reported on the cash basis and receivables on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded as received. Net increase (decrease) in the fair value of investments includes the Plan's gains and 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. Interest income is recorded when received. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(CONTINUED)*

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of maintaining the Plan are paid by the Plan except for withdrawals, distributions and loan origination fees associated with notes receivable from participants.

Subsequent Events

The Plan has evaluated events subsequent to December 31, 2018 and 2017, to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through September 12, 2019, the date the financial statements were available to be issued. Based upon this evaluation, it was determined no subsequent events occurred that require recognition or additional disclosure in the financial statements.

NOTE C - INVESTMENTS (UNAUDITED)

The Plan's investments were held by Mid Atlantic Trust Company and administered by Paychex Retirement Services. All investment information presented in the accompanying financial statements and supplemental schedule, including investments held and net appreciation/depreciation in fair value of investments, interest and dividends, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate

The following presents investments that represent 5% or more of the Plan's net assets.

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INVESTMENTS AT FAIR VALUE:	2018	2017
State Street Target Retirement 2030 K	$ 528,340	$ 558,924
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TIAA Cref Equity Index Institut	113,636	59,316
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State Street Target Retirement 2020 K	164,169	150,898
State Street Target Retirement 2025 K	699,404	687,027

During 2018 and 2017, the Plan's investments (including gains and losses from registered investment companies bought and sold, as well as held during the year) depreciated and appreciated, respectively, in value by $244,802 and $16,465, respectively.

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The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3).

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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE D - FAIR VALUE MEASUREMENTS *(CONTINUED)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

	Fair Value Measurements at December 31, 2018			
	Level 1	Level 2	Level 3	Total
Common/collective trusts	$ 8,269	$ -	$ -	$ 8,269
Mutual Funds	2,120,230	-	-	2,120,230
	$ 2,128,499	$ -	$ -	$ 2,128,499

	Fair Value Measurements at December 31, 2017			
	Level 1	Level 2	Level 3	Total
Common/collective trusts	$ 6,750	$ -	$ -	$ 6,750
Mutual Funds	2,010,625	-	-	2,010,625
	$ 2,017,375	$ -	$ -	$ 2,017,375

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan 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.

NOTE F - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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NOTE G - TAX STATUS

The Internal Revenue Service has determined and informed the Trustee by the latest letter dated April 10, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

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 be sustained upon examination by the Department of Labor. 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 tax years prior to 2016 and 2015, federal and state, respectively.

NOTE H - 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 investment securities, 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 statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
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	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	COMMON/COLLECTIVE TRUSTS				
	METLIFE GAC SERIES 25053 0	47.66	Common/Collective Trusts	^	8,269
		47.66	**TOTAL COMMON/COLLECTIVE TRUSTS**		8,269
	MUTUAL FUNDS				
	STATE STREET TARGET RETIREMENT 2030 K	49,275.019	Registered Investment Company	^	528,340
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	STATE STREET TARGET RETIREMENT 2060 K	2,366.960	Registered Investment Company	^	24,619
	STATE STREET AGGREGATE BOND INDEX K	20.032	Registered Investment Company	^	257
	STATE STREET EQUITY 500 INDEX K	131.659	Registered Investment Company	^	2,598
	STATE STREET TARGET RETIREMENT 2045 K	11,631.595	Registered Investment Company	^	125,924
	STATE STREET TARGET RETIREMENT 2020 K	15,912.756	Registered Investment Company	^	164,169
	STATE STREET TARGET RETIREMENT 2035 K	4,213.205	Registered Investment Company	^	45,686
	NORTHERN BOND INDEX	67.281	Registered Investment Company	^	786
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	30.423	Registered Investment Company	^	382
	US INDEX K	764.035	Registered Investment Company	^	6,471
	STATE STREET TARGET RETIREMENT 2015 K	1,468.857	Registered Investment Company	^	14,840
	STATE STREET TARGET RETIREMENT 2050 K	4,019.009	Registered Investment Company	^	43,496
	NORTHERN SMALL CAP INDEX	1,834.010	Registered Investment Company	^	19,782
	STATE STREET TARGET RETIREMENT 2055 K	3,360.345	Registered Investment Company	^	36,293
	STATE STREET TARGET RETIREMENT 2025 K	66,228.656	Registered Investment Company	^	699,404
	VANGUARD BALANCED INDEX ADML	323.615	Registered Investment Company	^	10,921
	VANGUARD GROWTH INDEX ADML	125.847	Registered Investment Company	^	8,952
	VANGUARD SMALL CAP GROWTH INDEX ADML	191.682	Registered Investment Company	^	10,197
	VANGUARD SMALL CAP INDEX ADML	17.947	Registered Investment Company	^	1,141
	VANGUARD SMALL CAP VALUE IND ADM	23.827	Registered Investment Company	^	1,174
	VANGUARD VALUE INDEX ADML	1,165.167	Registered Investment Company	^	44,499
	ISHARES RUSSELL MID-CAP INDEX K	521.281	Registered Investment Company	^	4,726
		189,495.142	**TOTAL MUTUAL FUNDS**		2,120,230
	PARTICIPANT LOANS				
*	MASTER NOTE	46,024.80	SECURED BY VESTED INTEREST 4.25-6.25%	^	46,025
		46,024.80	**TOTAL PARTICIPANT LOANS**		46,025
			TOTAL ASSETS		2,174,524

* Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

GREEN FARMS INC. 401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	COMMON/COLLECTIVE TRUSTS				
	METLIFE GAC SERIES 25053 0	40.15	Common/Collective Trusts	^	6,750
		40.15	**TOTAL COMMON/COLLECTIVE TRUSTS**		6,750
	MUTUAL FUNDS				
	STATE STREET TARGET RETIREMENT 2030 K	46,403.771	Registered Investment Company	^	558,924
	STATE STREET TARGET RETIREMENT 2040 K	16,810.338	Registered Investment Company	^	207,374
	STATE STREET TARGET RETIREMENT K	2,977.607	Registered Investment Company	^	31,890
	TIAA CREF EQUITY INDEX INSTITUTIONAL	3,008.602	Registered Investment Company	^	59,316
	STATE STREET TARGET RETIREMENT 2060 K	1,186.188	Registered Investment Company	^	14,394
	VANGUARD GROWTH INDEX INV	58.483	Registered Investment Company	^	4,271
	STATE STREET TARGET RETIREMENT 2045 K	8,336.562	Registered Investment Company	^	103,466
	STATE STREET TARGET RETIREMENT 2020 K	13,280.650	Registered Investment Company	^	150,898
	STATE STREET TARGET RETIREMENT 2035 K	4,772.360	Registered Investment Company	^	58,556
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	299.875	Registered Investment Company	^	4,291
	US INDEX K	399.925	Registered Investment Company	^	4,310
	STATE STREET TARGET RETIREMENT 2015 K	803.157	Registered Investment Company	^	8,838
	STATE STREET TARGET RETIREMENT 2050 K	3,703.030	Registered Investment Company	^	45,516
	VANGUARD VALUE INDEX INV	989.347	Registered Investment Company	^	40,979
	STATE STREET TARGET RETIREMENT 2055 K	2,479.699	Registered Investment Company	^	30,574
	STATE STREET TARGET RETIREMENT 2025 K	58,411.629	Registered Investment Company	^	687,027
		163,921.223	**TOTAL MUTUAL FUNDS**		2,010,625
	PARTICIPANT LOANS				
*	MASTER NOTE	40,710.80	SECURED BY VESTED INTEREST 4.25-6.25%	^	40,711
		40,710.80	**TOTAL PARTICIPANT LOANS**		40,711
			TOTAL ASSETS		2,058,086

* Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.