APSC FORM NO. 14A
(Property, except household goods)

DOCKET NO. _____
(Commission use only)

060021

APPLICATION FOR MOTOR CARRIER CERTIFICATE
Before the
ALABAMA PUBLIC SERVICE COMMISSION

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the $100.00 filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

RECEIVED JUN 2021 MOTOR CARRIER SERVICES APSC

SECTION I

Applicant VALLEY FOODS LLC
(Legal name)

Doing Business as _____
(Trade name)

Business Address 697 Thorn Trce
(Must be a physical address – cannot be a post office box)

Montgomery (City) AL (State) 36105 (Zip Code)

Mailing Address SAME
(May be a post office box)

_____ (City) _____ (State) _____ (Zip Code)

(956) 605-6734 (Telephone Number) ( ) _____ (Facsimile Number) valleyfoodsllc@gmail.com (Email address)

☐ Applicant seeks a Certificate to transport property between all points in the State of Alabama, except household goods. **(Household goods requires a separate application)**

SECTION II

FORM OF BUSINESS (Check only one):

☐ CORPORATION

☒ LIMITED LIABILITY COMPANY (LLC)

☐ LIMITED PARTNERSHIP (LP)

☐ LIMITED LIABILITY PARTNERSHIP (LLP)

☐ SOLE PROPRIETORSHIP*

☐ PARTNERSHIP (Identify partners)* _____

☐ OTHER (identify) _____

*All Individual and Partner Applicants must comply with the provisions of *Code of Alabama* 1975, §31-13-29 by submitting a completed Proof of U.S. Citizenship form (available at www.psc.alabama.gov) confirming the Applicant's United States citizenship.

SECTION II Continued

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

☒ Alabama corporation, LLC, LP, or LLP,

OR

☐ Out of State Corporation, LLC, LP, or LLP State of Organization:_____

☐ Attach Certificate of Registration from the Alabama Secretary of State

Copy of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

If you have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here:

USDOT# 3607176 MC# 1227352 APSC# _____

Applicant proposes to use approximately (number of) 1 motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

SECTION III

☐ Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company)

☐ $100.00 filing fee paid (**cashier's check or money order only**)

☐ A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C."

☐ Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year Or Form B-2, application for registration number with statutory fee of $6.00 per vehicle.

SECTION IV

☐ Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D."

OR

☐ Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

SECTION V

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

☐ All Individual and Partner Applicants have attached hereto a completed "Proof of U.S. Citizenship" form.

SECTION VI

Name and address of the contact person that can answer questions about this application or supply additional information:

Jose E Perez
(Name)

697 Thorn Trce
(Address)

MONTGOMERY, AL 36105
(City) (State) (Zip Code)

956-605-6734
(Telephone Number)

(Facsimile Number)

valleyfoodsllc@gmail.com
(Email Address)

OATH

County of MONTGOMERY,

State of AL

Name of Affiant Jose E Perez
being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) VALLEY FOODS LLC that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief and that he/she is a United States Citizen.

(Signature of Affiant)

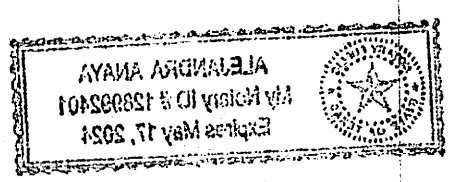
Subscribed and sworn to before me, a notary in and for said State and County above named.

Date: 6/5/21

(Notary Public)

ALEJANDRA ANAYA
My Notary ID # 128992401
Expires May 17, 2024
(Seal)

My Commission Expires: May 17, 2024


ALEJANDRA ANAYA
My Notary ID # 12809240
Expires May 17, 2024

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION

(For County Probate Office Use Only)

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of $100.00** for standard filing and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored ($30.00 fee).

The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with *Code of Alabama*, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations)
   VALLEY FOODS LLC

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attache and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].**

(For SOS Office Use Only)

This form was prepared by: (type name and full address)
Reynolds Alcena, PhD.
115 Azalea Dr. Millbrook, AL 36054

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

3. The name of the Registered Agent located at the Registered Office (only one agent):

Reynolds Alcena, PhD.

Street (**No PO Boxes**) address of Registered Office (must be located in Alabama):

115 Azalea Dr. Millbrook, AL. 36054

Mailing address in Alabama of Registered Office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

5. Check **only** if the type applies to the Limited Liability Company being formed:

☐ Series LLC complying with Title 10A, Chapter 5A, Article 11

☐ Professional LLC complying with Title 10A, Chapter 5A, Article 8

☐ Non-Profit LLC complying with 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify 06 / 25 / 2020 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 9 : 00 ☑ AM or ☐ PM. (cannot be noon or midnight – 12:00)

☐ Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

6/25/2020
Date (MM/DD/YYYY)

Signature as required by 10A-5A-2.04

Reynolds Alcena
Typed Name of Above Signature

Incorporator
Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

APPENDIX "B"
MOTOR VEHICLE LIST

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130

LEGAL NAME: VALLEY FOODS LLC

MAILING ADDRESS: 697 Thorn Trce

CITY: Montgomery STATE: AL ZIP CODE: 36105

The above mentioned carrier hereby describes that the following vehicles are used in Motor Carrier operations:

MAKE	CAPACITY	MODEL	TAG NUMBER	VIN NUMBER (Last 10 Digits)
KENWORTH	80,000 GVW	T660		X3EJ407588

Attach additional sheet if needed or list provided by Company

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above carrier. I further understand that this list must be maintained in accordance with Alabama Public Service Commission rules and must be furnished to the Alabama Public Service Commission upon request.

(Signature)

MEMBER
(Title)

6-02-2021
(Date)

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2020, or tax year beginning _____, ending _____.

▶ Go to *www.irs.gov/Form1065* for instructions and the latest information.

OMB No. 1545-0123

2020

A Principal business activity: FOOD DISTRIBUTION	Name of partnership: VALLEY FOODS LLC	D Employer identification number
B Principal product or service: VEGETABLES	Number, street, and room or suite no. If a P.O. box, see instructions.: 697 THORN TRACE	E Date business started: 6/29/2020
C Business code number	City or town: MONTGOMERY; State: AL; ZIP code: 36105	F Total assets (see instructions): $ 0
Type or Print	Foreign country name; Foreign province/state/county; Foreign postal code	

G Check applicable boxes: (1) [X] Initial return (2) [ ] Final return (3) [ ] Name change (4) [ ] Address change (5) [ ] Amended return

H Check accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year. ▶ 2

J Check if Schedules C and M-3 are attached ▶ [ ]

K Check if partnership: (1) [ ] Aggregated activities for section 465 at-risk purposes (2) [ ] Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a	Gross receipts or sales	1a	3,450	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 3,450
	2	Cost of goods sold (attach Form 1125-A)			2 2,045
	3	Gross profit. Subtract line 2 from line 1c			3 1,405
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	**Total income (loss).** Combine lines 3 through 7			8 1,405
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11 325
	12	Bad debts			12
	13	Rent			13
	14	Taxes and licenses			14 100
	15	Interest (see instructions)			15
	16a	Depreciation (if required, attach Form 4562)	16a		
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 0
	17	Depletion **(Do not deduct oil and gas depletion.)**			17
	18	Retirement plans, etc.			18
	19	Employee benefit programs			19
	20	Other deductions (attach statement)			20 5,190
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21 5,615
	22	**Ordinary business income (loss).** Subtract line 21 from line 8			22 -4,210
Tax and Payment	23	Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24	Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25	BBA AAR imputed underpayment (see instructions)			25
	26	Other taxes (see instructions)			26
	27	**Total balance due.** Add lines 23 through 26			27 0
	28	Payment (see instructions)			28
	29	**Amount owed.** If line 28 is smaller than line 27, enter amount owed			29
	30	**Overpayment.** If line 28 is larger than line 27, enter overpayment			30

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of partner or limited liability company member ▶ _____ Date

May the IRS discuss this return with the preparer shown below? See instructions. [ ] Yes [X] No

Paid Preparer Use Only

Print/Type preparer's name: Reynolds Alcena, PhD	Preparer's signature	Date	Check [ ] if self-employed; PTIN P01546131
Firm's name ▶ Applied Management Information Systems, LLC			
Firm's address ▶ 115 Azalea DR.			Phone no. 334-462-0216
City Millbrook	State AL		ZIP code 3 6 0 5 4

For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2020)

HTA

[redacted]

[redacted]

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a [ ]	Domestic general partnership		
b [ ]	Domestic limited partnership		
c [X]	Domestic limited liability company		
d [ ]	Domestic limited liability partnership		
e [ ]	Foreign partnership		
f [ ]	Other ▶		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
4	Does the partnership satisfy **all four** of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3	X	
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2020, did the partnership have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶ 0		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
16a	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
18	Enter the number of partners that are foreign governments under section 892. ▶ 0		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions ▶ $		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		
24	Does the partnership satisfy one or more of the following? See instructions		
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26 million and the partnership has business interest.		
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ▶ If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶ JOSE E PEREZ

U.S. address of PR ▶	903 W. E. ST. MISSION TX 78572	U.S. phone number of PR ▶	

If the PR is an entity, name of the designated individual for the PR ▶

U.S. address of designated individual ▶		U.S. phone number of designated individual ▶	

26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 16 ▶ $		X
27	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶		
28	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
29	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By Vote By Value		X

[redacted]

Schedule K	Partners' Distributive Share Items			Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	-4,210
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) — 3a		
	b	Expenses from other rental activities (attach statement) — 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4	Guaranteed payments: a Services 4a 0 b Capital 4b 0		
	c	Total. Add lines 4a and 4b	4c	
	5	Interest income	5	
	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
	b	Qualified dividends 6b c Dividend equivalents 6c		
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss) — 9b		
	c	Unrecaptured section 1250 gain (attach statement) — 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
Deductions	12	Section 179 deduction (attach Form 4562)	12	
	13a	Contributions	13a	
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a	Net earnings (loss) from self-employment	14a	
	b	Gross farming or fishing income	14b	
	c	Gross nonfarm income	14c	
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	16b	
	c	Gross income sourced at partner level	16c	
		Foreign gross income sourced at partnership level		
	d	Reserved for future use ▶ e Foreign branch category ▶	16e	
	f	Passive category ▶ g General category ▶ h Other (attach statement) ▶	16h	
		Deductions allocated and apportioned at partner level		
	i	Interest expense ▶ j Other ▶	16j	
		Deductions allocated and apportioned at partnership level to foreign source income		
	k	Reserved for future use ▶ l Foreign branch category ▶	16l	
	m	Passive category ▶ n General category ▶ o Other (attach statement) ▶	16o	
	p	Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16p	
	q	Reduction in taxes available for credit (attach statement)	16q	
	r	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties—gross income	17d	
	e	Oil, gas, and geothermal properties—deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	
	19a	Distributions of cash and marketable securities	19a	
	b	Distributions of other property	19b	
	20a	Investment income	20a	
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement)		

[redacted]

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1	-4,210

2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners						
b Limited partners						

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts		0		0
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation		0		0
10a Depletable assets				
b Less accumulated depletion		0		0
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization		0		0
13 Other assets (attach statement)				
14 Total assets		0		0
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital		0		0

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	0	a Tax-exempt interest $	0
3 Guaranteed payments (other than health insurance)	0	7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation $	0
a Depreciation $		8 Add lines 6 and 7	0
b Travel and entertainment $	0	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	0
5 Add lines 1 through 4	0		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books			
4 Other increases (itemize):	0	8 Add lines 6 and 7	0
5 Add lines 1 through 4	0	9 Balance at end of year. Subtract line 8 from line 5	0

[redacted]

Form **1125-A**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
▶ Go to *www.irs.gov/Form1125A* for the latest information.

OMB No. 1545-0123

Name: VALLEY FOODS LLC

Employer identification number:

1	Inventory at beginning of year	1	
2	Purchases	2	3,245
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	3,245
7	Inventory at end of year	7	1,200
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	2,045

9a Check all methods used for valuing closing inventory:

(i) [X] Cost
(ii) [ ] Lower of cost or market
(iii) [ ] Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ [ ]

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ [ ]

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions [ ] Yes [X] No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

[redacted]

SCHEDULE B-1 (Form 1065)
(Rev. August 2019)
Department of the Treasury
Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

▶ Attach to Form 1065.
▶ Go to *www.irs.gov/Form1065* for the latest information.

OMB No. 1545-0123

Name of partnership: VALLEY FOODS LLC

Employer identification number (EIN): [redacted]

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

[redacted]

651119

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2020

For calendar year 2020, or tax year beginning ____ ending ____

Partner's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code
VALLEY FOODS LLC
697 THORN TRACE
MONTGOMERY, AL 36105

C IRS Center where partnership filed return ▶ e-file

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) Partner: 1

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
JOSE E PEREZ
903 W. E. ST.
mission, TX 78572

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☐ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN ____ Name ____

I1 What type of entity is this partner? ____

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

Check if decrease is due to sale or exchange of partnership interest . . . ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse . $		$
Qualified nonrecourse financing . . . . $		$
Recourse . . . $		$

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account	$
Capital contributed during the year . .	$
Current year net income (loss)	$
Other increase (decrease) (attach explanation)	$
Withdrawals & distributions	$ ( )
Ending capital account	$

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning . . . . . $
Ending . . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -2,105	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)		
		20	Other information
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		

21 ☐ More than one activity for at-risk purposes*
22 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

[redacted]

[redacted]

651119

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2020

For calendar year 2020, or tax year beginning ____ ending ____

Partner's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code
VALLEY FOODS LLC
697 THORN TRACE
MONTGOMERY, AL 36105

C IRS Center where partnership filed return ▶ e-file

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) Partner: 2

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
EVERARDO E PEREZ
5648 PANCHO VILLA DRIVE
EDINBURG, TX 78542

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☐ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN ____ Name ____

I1 What type of entity is this partner?

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

Check if decrease is due to sale or exchange of partnership interest . . . ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse . $		$
Qualified nonrecourse financing . . . . $		$
Recourse . . . $		$

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account	$
Capital contributed during the year . .	$
Current year net income (loss)	$
Other increase (decrease) (attach explanation)	$
Withdrawals & distributions	$ ( )
Ending capital account	$

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning . . . . . $
Ending . . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -2,105	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
		20	Other information
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		

21 ☐ More than one activity for at-risk purposes*
22 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

[redacted]

[redacted]

Form **3520**

Department of the Treasury
Internal Revenue Service

Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts

▶ Go to *www.irs.gov/Form3520* for instructions and the latest information.

OMB No. 1545-0159

2020

Note: All information must be in English. Show all amounts in U.S. dollars. File a **separate** Form 3520 for **each** foreign trust.

For calendar year 2020, or tax year beginning , 2020, ending , 20

A Check appropriate boxes: ☐ Initial return ☐ Final return ☐ Amended return

B Check box that applies to person filing return: ☐ Individual ☒ Partnership ☐ Corporation ☐ Trust ☐ Executor

C Check if any excepted specified foreign financial assets are reported on this form. See instructions . . . . . ☐

Check all applicable boxes. See applicable instructions.

☐ You are **(a)** a U.S. transferor who, directly or indirectly, transferred money or other property during the current tax year to a foreign trust; **(b)** a U.S. person who (1) during the current tax year, transferred property (including cash) to a related foreign trust (or a person related to the trust) in exchange for an obligation, or (2) holds a qualified obligation from the trust that is currently outstanding; or **(c)** the executor of the estate of a U.S. decedent and (1) the decedent made a transfer to a foreign trust by reason of death, (2) the decedent was treated as the owner of any portion of a foreign trust immediately prior to death, or (3) the decedent's estate included any portion of the assets of a foreign trust. **Complete all applicable identifying information requested below and Part I of the form.**

☐ You are a U.S. owner of all or any portion of a foreign trust at any time during the tax year. Complete all applicable identifying information **requested below and Part II of the form.**

☐ You are **(a)** a U.S. person (including a U.S. owner) or an executor of the estate of a U.S. person who, during the current tax year, received, directly or indirectly, a distribution from a foreign trust; **(b)** a U.S. person who is a U.S. owner or beneficiary of a foreign trust and in the current tax year, you or a U.S. person related to you received (1) a loan of cash or marketable securities, directly or indirectly, from such foreign trust, or (2) the uncompensated use of trust property; or **(c)** a U.S. person who is a U.S. owner or beneficiary of a foreign trust and in the current tax year such foreign trust holds an outstanding qualified obligation of yours or a U.S. person related to you. **Complete all applicable identifying information requested below and Part III of the form.**

☐ You are a U.S. person who, during the current tax year, received certain gifts or bequests from a foreign person. **Complete all applicable identifying information requested below and Part IV of the form.**

1a Name of U.S. person(s) with respect to whom this Form 3520 is being filed (see instructions) VALLEY FOODS LLC			**b** Taxpayer identification number (TIN)
c Number, street, and room or suite no. If a P.O. box, see instructions. 697 THORN TRACE			**d** Spouse's TIN
e City or town MONTGOMERY	**f** State or province AL	**g** ZIP or foreign postal code 36105	**h** Country

i Check the box if you are married and filing a joint 2020 income tax return, and you are filing a joint Form 3520 with your spouse . . . . . ☐

j If an automatic 2-month extension applies for the U.S. person's tax return, check this box and attach statement. See instructions . . . . ▶ ☐

k If an extension was requested for the tax return, check this box ☐ and enter the form number of the tax return to be filed. ▶

2a Name of foreign trust (if applicable)			**b** Employer identification number (EIN), if any
c Number, street, and room or suite no. If a P.O. box, see instructions.			**d** Date foreign trust was created
d City or town	**e** State or province	**f** ZIP or foreign postal code	**h** Country

3 Did the foreign trust appoint a U.S. agent (defined in the instructions) who can provide the IRS with all relevant trust information? ☐ **Yes** ☐ **No**
If "Yes," complete lines 3a through 3g. If "No," and you are required to complete Part I, complete lines 15 through 18.

3a Name of U.S. agent			**b** TIN, if any
c Number, street, and room or suite no. If a P.O. box, see instructions.			
d City or town	**e** State or province	**f** ZIP or postal code	**g** Country

4a Name of U.S. decedent (see instructions)	**b** Address	**c** TIN of decedent
d Date of death		**e** EIN of estate

f Check applicable box.
- ☐ U.S. decedent made transfer to a foreign trust by reason of death.
- ☐ U.S. decedent treated as owner of foreign trust immediately prior to death.
- ☐ Assets of foreign trust were included in estate of U.S. decedent.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

HTA

[redacted]

Part I Transfers by U.S. Persons to a Foreign Trust During the Current Tax Year (see instructions)

5a Name of trust creator	b Address	c TIN, if any

6a Country code of country where trust was created	b Country code of country whose law governs the trust	c Date trust was created

7a Will any person (other than the foreign trust) be treated as the owner of the transferred assets after the transfer? . . . ☐ Yes ☐ No

b (i) Name of foreign trust owner	(ii) Address	(iii) Country of residence	(iv) TIN, if any	(v) Relevant Code section

8 Was the transfer a completed gift or bequest? If "Yes," see instructions . . . . . ☐ Yes ☐ No

9a Now or at any time in the future, can any part of the income or corpus of the trust benefit any U.S. beneficiary? . . ☐ Yes ☐ No

b If "No," could the trust be revised or amended to benefit a U.S. beneficiary? . . . . . ☐ Yes ☐ No

10 Reserved for future use . . . . . ☐ Yes ☐ No

Schedule A—Obligations of a Related Trust (see instructions)

11a During the current tax year, did you transfer property (including cash) to a related foreign trust in exchange for an obligation of the trust or an obligation of a person related to the trust? See instructions . . . . . ☐ Yes ☐ No

If "Yes," complete the rest of Schedule A, as applicable. If "No," go to Schedule B.

b Were any of the obligations you received (with respect to a transfer described in line 11a above) qualified obligations? . ☐ Yes ☐ No

If "Yes," complete the rest of Schedule A and attach a copy of each loan document entered into with respect to each qualified obligation reported on line 11b. If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.

If "No," go to Schedule B.

(i) Date of transfer giving rise to obligation	(ii) Maximum term	(iii) Yield to maturity	(iv) FMV of obligation

12 With respect to each qualified obligation you reported on line 11b, do you agree to extend the period of assessment of any income or transfer tax attributable to the transfer, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? . . . . . ☐ Yes ☐ No

Note: You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon issue(s) or mutually agreed-upon period of time. Generally, if you refuse to extend the period of limitations with respect to each qualified obligation you reported on line 11b, then such obligation is not a qualified obligation and you cannot check "Yes" to the question on line 11b.

Schedule B—Gratuitous Transfers (see instructions)

13 During the current tax year, did you make any transfers (directly or indirectly) to the trust and receive less than FMV, or no consideration at all, for the property transferred? . . . . . ☐ Yes ☐ No

If "Yes," complete columns (a) through (i) below and the rest of Schedule B, as applicable. When completing columns (a) through (i) with respect to each nonqualified obligation, enter "-0-" in column (h).

If "No," go to Schedule C.

(a) Date of transfer	(b) Description of property transferred	(c) FMV of property transferred	(d) U.S. adjusted basis of property transferred	(e) Gain recognized at time of transfer, if any	(f) Excess, if any, of column (c) over the sum of columns (d) and (e)	(g) Description of property received, if any	(h) FMV of property received	(i) Excess of column (c) over column (h)
					0			0
					0			0
					0			0
Totals ▶					$ 0			$ 0

14 You are required to attach a copy of each sale or loan document entered into in connection with a transfer reported on line 13. If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of any of the following?	Yes	No	Attached Previously	Year Attached
a Sale document?	☐	☐	☐	
b Loan document?	☐	☐	☐	
c Subsequent variances to original sale or loan documents?	☐	☐	☐	

[redacted]

Part I Schedule B—Gratuitous Transfers *(continued)*

Note: Complete lines 15 through 18 only if you answered "No" to line 3, acknowledging that the foreign trust did not appoint a U.S. agent to provide provide the IRS with all relevant trust information.

15 (a) Name of beneficiary	(b) Address of beneficiary	(c) U.S. beneficiary? Yes	(c) U.S. beneficiary? No	(d) TIN, if any

16 (a) Name of trustee	(b) Address of trustee	(c) TIN, if any

17 (a) Name of other person with trust powers	(b) Address of other person with trust powers	(c) Description of powers	(d) TIN, if any

18 If you checked "No" on line 3, you are required to attach a copy of all trust documents as indicated below. If these documents have been attached to a Form 3520-A or Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of any of the following?	Yes	No	Attached Previously	Year Attached
a Summary of all written and oral agreements and understandings relating to the trust	☐	☐	☐	
b Trust instrument	☐	☐	☐	
c Memoranda or letters of wishes	☐	☐	☐	
d Subsequent variances to original trust documents	☐	☐	☐	
e Trust financial statements	☐	☐	☐	
f Organizational chart and other trust documents	☐	☐	☐	

Schedule C—Qualified Obligations Outstanding in the Current Tax Year (see instructions)

19 Did you, at any time during your tax year, hold an outstanding obligation of a related foreign trust (or a person related to the trust) that you reported as a qualified obligation in the current tax year? ☐ Yes ☐ No

If "Yes," complete columns (a) through (f) below for each obligation.

(a) Date of original obligation	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during your tax year	(d) Amount of interest payments made during your tax year	(e) Balance of the outstanding obligation at the end of the tax year	(f) Does the obligation still meet the criteria for a qualified obligation? Yes	(f) No

[redacted]

Part II U.S. Owner of a Foreign Trust (see instructions)

20

(a) Name of foreign trust owner	(b) Address	(c) Country of tax residence	(d) TIN, if any	(e) Relevant Code section

21a Country code of country where foreign trust was creat	b Country code of country whose law governs the trust	c Date foreign trust was created

22 Did the foreign trust file Form 3520-A for the current year? . . . . . ☐ Yes ☐ No

If "Yes," attach the Foreign Grantor Trust Owner Statement you received from the foreign trust.

If "No," to the best of your ability, complete and attach a substitute Form 3520-A for the foreign trust.

See instructions for information on penalties for failing to complete and attach a substitute Form 3520-A.

23 Enter the gross value of the portion of the foreign trust that you are treated as owning at the end of your tax year ▶ $

Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (see instructions)

Note: If you received an amount from a portion of a foreign trust of which you are treated as the owner, only complete lines 24 and 27.

24 Enter cash amounts or FMV of property received, directly or indirectly, during your current tax year, from the foreign trust (exclude loans and uncompensated use of trust property included on line 25).

(a) Date of distribution	(b) Description of property received	(c) FMV of property received (determined on date of distribution)	(d) Description of property transferred, if any	(e) FMV of property transferred	(f) Excess of column (c) over column (e)
					0
					0
					0
					0
					0
					0
					0
					0
Total . . . . . ▶					$ 0

25 During your current tax year, did you (or a person related to you) receive a loan or uncompensated use of trust property from a related foreign trust (including an extension of credit upon the purchase of property from the trust)? . . . ☐ Yes ☐ No

If "Yes," complete columns (a) through (g) below for each such loan or use of trust property.

Note: See instructions for additional information, including how to complete columns (a) through (g) for use of trust property.

(a) FMV of loan proceeds or property	(b) Date of original transaction	(c) Maximum term of repayment of obligation	(d) Interest rate of obligation	(e) Is the obligation a qualified obligation? Yes	(e) No	(f) FMV of qualified obligation	(g) Amount treated as distribution from the trust (subtract column (f) from column (a))
							0
							0
							0
Total . . . . . ▶							$ 0

26 With respect to each obligation you reported as a qualified obligation on line 25, do you agree to extend the period of assessment of any income or transfer tax attributable to the transaction, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? . . . . . ☐ Yes ☐ No

Note: You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon issue(s) or mutually agreed-upon period of time. Generally, if you refuse to extend the period of limitations with respect to an obligation that you reported as a qualified obligation on line 25, then such obligation is not a qualified obligation and you cannot check "Yes" in column (e) of line 25.

27 Total distributions received during your current tax year. Add line 24, column (f), and line 25, column (g) . . . . ▶ $ 0

28 Did the trust, at any time during the current tax year, hold an outstanding obligation of yours (or a person related to you) that you reported as a qualified obligation? . . . . . ☐ Yes ☐ No

If "Yes," complete columns (a) through (f) below for each obligation.

(a) Date of original loan transaction	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during your tax year	(d) Amount of interest payments made during your tax year	(e) Balance of the outstanding obligation at the end of the tax year	(f) Does the loan still meet the criteria of a qualified obligation? Yes	(f) No

[redacted]

Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year *(continued)*

29 Did you receive a Foreign Grantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? ☐ Yes ☐ No ☐ N/A
If "Yes," attach the statement and do not complete the remainder of Part III with respect to that distribution.
If "No," complete Schedule A with respect to that distribution. Also, complete Schedule C if you enter an amount greater than zero on line 37.

30 Did you receive a Foreign Nongrantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? ☐ Yes ☐ No ☐ N/A
If "Yes," attach the statement and complete either Schedule A or Schedule B below. See instructions. Also, complete Schedule C if you enter an amount greater than zero on line 37 or line 41a.
If "No," complete Schedule A with respect to that distribution. Also, complete Schedule C if you enter an amount greater than zero on line 37.

Schedule A—Default Calculation of Trust Distributions (see instructions)

31	Enter amount from line 27			31	
32	Number of years the trust has been a foreign trust (see instructions) ▶	32			
33	Enter total distributions received from the foreign trust during the 3 preceding tax years (or during the number of years the trust has been a foreign trust, if fewer than 3 years)			33	
34	Multiply line 33 by 1.25			34	0
35	Average distribution. Divide line 34 by 3.0 (or the number of years the trust has been a foreign trust, if fewer than 3 years) and enter the result			35	0
36	Amount treated as ordinary income earned in the current year. Enter the smaller of line 31 or line 35			36	
37	Amount treated as accumulation distribution. Subtract line 36 from line 31. If zero, do not complete the rest of Part III			37	0
38	Applicable number of years of trust. Divide line 32 by 2.0 and enter the result here ▶	38	0.0		

Schedule B—Actual Calculation of Trust Distributions (see instructions)

39	Enter amount from line 27			39	
40a	Amount treated as ordinary income in the current tax year			40a	
b	Qualified dividends ▶	40b			
41a	Amount treated as accumulation distribution. If zero, do not complete Schedule C, Part III			41a	
b	Amount of line 41a that is tax exempt ▶	41b			
42a	Amount treated as net short-term capital gain in the current tax year			42a	
b	Amount treated as net long-term capital gain in the current tax year			42b	
c	28% rate gain ▶	42c			
d	Unrecaptured section 1250 gain ▶	42d			
43	Amount treated as distribution from trust corpus			43	
44	Enter any other distributed amount received from the foreign trust not included on lines 40a, 41a, 42a, 42b, and 43. (Attach explanation.)			44	
45	Amount of foreign trust's aggregate undistributed net income			45	
46	Amount of foreign trust's weighted undistributed net income			46	
47	Applicable number of years of trust. Divide line 46 by line 45 and enter the result here ▶	47	0.0		

Schedule C—Calculation of Interest Charge (see instructions)

48	Enter accumulation distribution from line 37 or line 41a, as applicable			48	
49	Enter tax on total accumulation distribution from line 28 of Form 4970. (Attach Form 4970—see instructions.)			49	
50	Enter applicable number of years of foreign trust from line 38 or line 47, as applicable (round to nearest half year) ▶	50	0.0		
51	Combined interest rate imposed on the total accumulation distribution (see instructions)			51	
52	Interest charge. Multiply the amount on line 49 by the combined interest rate on line 51			52	0
53	Tax attributable to accumulation distributions. Add lines 49 and 52. Enter here and as "additional tax" on your income tax return			53	0

[redacted]

Part IV **U.S. Recipients of Gifts or Bequests Received During the Current Tax Year From Foreign Persons** (see instructions)

54 During your current tax year, did you receive more than $100,000 that you treated as gifts or bequests from a nonresident alien (including a distribution received from a domestic trust treated as owned by a foreign person) or a foreign estate? See instructions for special rules regarding related donors . . . . . ☐ Yes ☐ No

If "Yes," complete columns (a) through (c) with respect to each such gift or bequest in excess of $5,000. If more space is needed, attach a statement.

(a) Date of gift or bequest	(b) Description of property received	(c) FMV of property received
Total . . . . . ▶		$ 0

55 During your current tax year, did you receive more than $16,649 that you treated as gifts from a foreign corporation or a foreign partnership (including a distribution received from a domestic trust treated as owned by a foreign person)? See instructions regarding related donors . . . . . ☐ Yes ☐ No

If "Yes," complete columns (a) through (g) with respect to each such gift. If more space is needed, attach a statement.

(a) Date of gift	(b) Name of foreign donor	(c) Address of foreign donor	(d) TIN, if any

(e) Check the box that applies to the foreign donor		(f) Description of property received	(g) FMV of property received
Corporation	Partnership		

56 Do you have any reason to believe that the foreign donor, in making any gift or bequest described in lines 54 and 55, was acting as a nominee or intermediary for any other person? If "Yes," see instructions. . . . . ☐ Yes ☐ No

Sign Here

Under penalties of perjury, I declare that I have examined this return, including any accompanying reports, schedules, or statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Signature ▶ Title ▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

[redacted]

Form **8453-PE**

Department of the Treasury
Internal Revenue Service

U.S. Partnership Declaration for an IRS *e-file* Return

▶ **File electronically with the partnership's return. (Don't file paper copies.)**
▶ **Go to *www.irs.gov/Form8453PE* for the latest information.**

For calendar year 2020, or tax year beginning , 2020, and ending , 20 .

OMB No. 1545-0123

2020

Name of partnership: VALLEY FOODS LLC

Employer identification number:

Part I Return Information (whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	3,450
2	Gross profit (Form 1065, line 3)	2	1,405
3	Ordinary business income (loss) (Form 1065, line 22)	3	-4,210
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration of Partner or Member (see instructions)

Be sure to keep a copy of the partnership's Return of Partnership Income.

Under penalties of perjury, I declare that I'm a partner or member of the above partnership and that the information I've given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2020 federal return of partnership income. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the partnership's return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay.

Sign Here ▶ Signature of partner or member | Date ▶ Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I've reviewed the above partnership's return and that the entries on Form 8453-PE are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The partner or member will have signed this form before I submit the return. I'll give the partner or member a copy of all forms and information to be filed with the IRS, and I've followed all other requirements in **Pub. 3112,** IRS *e-file* Application and Participation, and **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I'm also the Paid Preparer, under penalties of perjury, I declare that I've examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I've any knowledge.

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN	
			Phone no.	

Under penalties of perjury, I declare that I've examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I've any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

HTA

[redacted]

Line 20 (1065) - Other Deductions

1	Bank charges	1	125
2	Business start-up expenditures	2	1,600
3	Legal and professional fees	3	1,350
4	Office expenses	4	184
5	Organizational expenditures	5	575
6	Telephone	6	1,356
7	Total other deductions	7	5,190

Part I (Sch B-1 (1065)) - Ownership by Foreign or Domestic Corporations, Partnerships, and Trusts

	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	Direct Ownership Percentage (from Sch K-1)	Enter Any Indirect Ownership Percentage	(v) Maximum Percentage Owned In Profit, Loss, or Capital
1					0.000%		0.000%

Part II (Sch B-1 (1065)) - Ownership by Individuals and Estates

	(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship	Direct Ownership Percentage (from Sch K-1)	Enter Any Indirect Ownership Percentage	(iv) Maximum Percentage Owned In Profit, Loss, or Capital
1				0.000%		0.000%

Options (1065)

General

- [ ] 52-53 Week Tax Year

Depletion

- [ ] Form T was used to calculate Depletion, Line 17

Schedules L, M-1, and M-2

- [ ] Complete Schedules L, M-1 and M-2 if the response to Schedule B, Line 4 is "Yes"
- [ ] Disable asset information from Form 4562
- [ ] Adjust Schedule L ending cash balance for rounding difference

Late Filing

- [ ] Suppress the addition of calculated penalty and interest to the client letter

PPP Amounts (1065)

1	Enter amount of PPP loans or grants that have been forgiven	1	
2	Enter amount of business expenses paid with PPP proceeds	2	

199A Activity Summary (1065)

	Total from Return	Total QBI	Total SSTB	1065	
Check ("X") if Qualified Business					
Check ("X") if SSTB					
Activity Name					
Income Items					
Ordinary Income	-4,210	0	0	-4,210	
Rental Real Estate Income	0	0	0		
Other Rental Income	0	0	0	0	
Royalty Income	0	0	0		
Ordinary Gain/Loss	0	0	0		
Net Section 1231 Loss	0	0	0	0	
Other Income	0	0	0		
Deduction Items					
Cash contributions (60%)	0	0	0	0	
Cash contributions (30%)	0	0	0	0	
Noncash contributions (50%)	0	0	0	0	
Noncash contributions (30%)	0	0	0	0	
Capital gain property to a 50% org. (30%)	0	0	0	0	
Capital gain property (20%)	0	0	0	0	
Contributions (100%)	0	0	0	0	
Deductions - royalty income	0	0	0		
Section 179 expense deduction	0	0	0	0	
Section 59(e)(2) expenditures	0	0	0	0	
Dependent care benefits	0	0	0	0	
Preproductive period expenses (expensed)	0	0	0	0	
Commercial revitalization deduction from rental real estate	0	0	0	0	
Reforestation expense deduction	0	0	0	0	
Other deductions	0	0	0		
Other Deductions					
Miscellaneous (deducted from income)	0	0	0		
Taxes	0	0	0		
Penalty on early withdrawal of savings	0	0	0	0	
Additional Information					
Section 199A W-2 wages	0	0	0	0	
Section 199A unadjusted basis	0	0	0	0	
Section 199A REIT dividends	0	0	0		
Section 199A PTP income	0	0	0		

Principal Business or Professional Activity Codes (1065)

Please enter your business activity code here. . . . . _____

OR

Select a principal activity category: _____

AND

Select a principal activity: _____

Line 9 (1065) - Salaries and Wages

1	Salaries	1			
2	Wages	2			
3		3			
4	Total salaries and wages			4	0
	Salaries and wages reported elsewhere on return:				
5	Amounts included in Cost of Goods Sold	5	0		
6	Elective contributions to a section 401(k) cash or deferred arrangement, or amounts contributed under a salary reductions SEP agreement or a SIMPLE IRA plan	6			
7	Total salaries and wages reported elsewhere on return			7	0
	Less employment credits:				
8	From Form 5884 - Work Opportunity Credit	8	0		
9	From Form 5884-A - Employee Retention Credit	9	0		
10	From Form 8844 - Empowerment Zone Employment Credit	10	0		
11	From Form 8845 - Indian Employment Credit	11	0		
12	From Form 8994 - Employer Credit for Paid Family and Medical Leave	12	0		
13		13			
14		14			
15		15			
16	Total employment credits			16	0
17	Reduction of expenses for offsetting credits			17	
18	Total salaries and wages less employment credits and expense reductions			18	0

Line 10 (1065) - Guaranteed Payments to Partners

1	Guaranteed payments for services	1	
2	Medical insurance payments for partners, partners' spouses or dependents	2	
3	Guaranteed payments for use of capital	3	
4		4	
5	Total guaranteed payments to partners	5	0

Line 14 (1065) - Taxes and Licenses

1	Licenses	1	100
2	Total taxes and licenses	2	100

Line 15 (1065) - Interest Expense

Schedule B Questions *(Must answer BOTH for interest expense total to calculate)*

Yes	No		
☐	☐	1	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year?
☐	☐	2	Does the partnership satisfy one or more of the following? See instructions. **a)** The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. **b)** The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26,000,000, and the partnership has business interest expense. **c)** The partnership is a tax shelter and the partnership has business interest expense.

[X] Check to use Gross Receipts Test worksheet to determine status as a Small Business Taxpayer.

***IRC Sec. 448 Gross Receipts Test** - Average gross receipts for the three taxable years preceding the current tax year end cannot exceed $26,000,000.

Preceding Year	Tax Year Begin	Tax Year End	Gross Receipts	Short Yr Months	Annual Gross Receipts
2017				0	0
2018				0	0
2019				0	0

Average Gross Receipts 0

Current Year					
2020	1/1/2020	12/31/2020	3,450	0	3,450

Line 19 (1065) - Employee Benefit Programs

1	Employee Benefit Programs	1	
2	Less: Credit for Small Employer Health Insurance Premiums	2	0
3	Total	3	0

Line 4, Sch K (1065) - Guaranteed Payments to Partners

Lines 5, 6a, 6b, and 6c Sch K (1065) - Interest and Dividends

Line 14a, Sch K (1065) - Net Earnings (Loss) From Self-Employment

1a	Ordinary business income (loss) (Schedule K, line 1)	1a	-4,210		
b	Net income (loss) from CERTAIN rental real estate activities (see instructions)	1b	0		
c	Other net rental income (loss) (Schedule K, line 3c)	1c	0		
d	Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d	0		
e	Combine lines 1a through 1d	1e	-4,210		
2	Net gain from Form 4797, Part II, line 17, included on line 1a above	2	0		
3a	Subtract line 2 from line 1e. If line 1e is a loss, increase the loss on line 1e by the amount on line 2	3a	-4,210		
b	Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b	-4,210		
c	Subtract line 3b from line 3a. If line 3a is a loss, reduce the loss on line 3a by the amount on line 3b. Include each individual general partner's share in box 14 of Schedule K-1, using code A			3c	0
4a	Guaranteed payments to partners (Schedule K, line 4c) derived from a trade or business as defined in section 1402(c) (see instructions)	4a	0		
b	Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b	0		
c	Subtract line 4b from line 4a. Include each individual general partner's share and each individual limited partner's share in box 14 of Schedule K-1, using code A			4c	0
5	Net earnings (loss) from self-employment. Combine lines 3c and 4c			5	0

Line 18b, Sch K (1065) - Other Tax-Exempt Income

Line 18c, Sch K (1065) - Nondeductible Expenses

Line 20a, Sch K (1065) - Investment Income

A Code A - Investment income

1	Income from lines 5, 6a, 7, and 11, Schedule K, Form 1065	1	0		
2	Income included on lines 5, 6a, 7 and 11 that is NOT investment income	2			
3	Subtract line 2 from line 1			3	0
4				4	
5				5	
	Total investment income			20a	0

Line 20b, Sch K (1065) - Investment Expenses

B Code B - Investment expenses

1	Expenses from line 13d, Schedule K, Form 1065	1	0		
2	Expenses included on line 13d that is NOT an investment expense	2			
3	Subtract line 2 from line 1			3	0
4				4	
5				5	
	Total investment expenses			20b	0

Sch L (1065) - Balance Sheets per Books

	Assets		Beginning		Ending
1	Cash	1	0		
2a	Trade notes and accounts receivable	2a			
2b	Less allowance for bad debts	2b			
2c	Net trade notes and accounts receivable	2c	0		0
3	Inventories	3	0		1,200
4	U.S. government obligations	4			
5	Tax-exempt securities	5			
6	Other current assets	6	0		0
7a	Loans to partners (or persons related to partners)	7a			
7b	Mortgage and real estate loans	7b			
8	Other investments	8	0		0
9a	Buildings and other depreciable assets	9a	0		0
9b	Less accumulated depreciation	9b	0		0
9c	Net buildings and other depreciable assets	9c	0		0
10a	Depletable assets	10a			
10b	Less accumulated depletion	10b			
10c	Net depletable assets	10c	0		0
11	Land (net of any amortization)	11	0		0
12a	Intangible assets (amortizable only)	12a	0		0
12b	Less accumulated amortization	12b	0		0
12c	Net intangible assets	12c	0		0
13	Other assets	13	0		0
14	Total assets	14	0		1,200
	Liabilities and Capital				
15	Accounts payable	15			
16	Mortgages, notes, bonds payable in less than 1 year	16			
17	Other current liabilities	17	0		0
18	All nonrecourse loans	18			
19a	Loans from partners (or persons related to partners)	19a			
19b	Mortgages, notes, bonds payable in 1 year or more	19b			
20	Other liabilities	20	0		0
21	Partners' capital accounts	21			0
22	Total liabilities and capital	22	0		0

End of year balance sheet out of balance by . . . 1,200

Late Filing Penalty (1065)

End of tax year	12/31/2020
Tax return due date	3/15/2021
Extended due date	9/15/2021

Late payment penalty and late interest do not apply.

Late Filing Penalty

Enter the due date or extended due date if extension was filed	3/15/2021	
Enter the date the tax return will be filed		
Enter the number of partners during any part of the tax year	2	
Number of months filed late	0	
Penalty amount per month	205	
Total late filing penalty		0

Total Late Filing Penalty . . . 0

Where to File (1065)

[AL] Enter the state's abbreviation.	AND your total assets at the end of the tax year are:		
If the partnership's principal business, office, or agency is located in:	Less than $10 million and Schedule M-3 is not filed:	$10 million or more or less than $10 million and Schedule M-3 is filed:	Any amount
Note: The first line of the address should be Department of the Treasury. Note: The second line of the address should be Internal Revenue Service Center.			
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	[ ] Kansas City, MO 64999-0011	[ ] Ogden, UT 84201-0011	
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming			[X] Ogden, UT 84201-0011
A foreign country or U.S. possession			[ ] P.O. Box 409101 Ogden, UT 84409

Global Information

The Partner information is entered in the Detail schedule and allocated to each Partner.

For calendar year or fiscal year beginning _____ and ending _____
Identifying Number _____
Name VALLEY FOODS LLC

Address 697 THORN TRACE
City MONTGOMERY State AL ZIP 36105
Foreign Province
Foreign Country Foreign Postal Code

Check if partnership: ☐ Aggregated activities for section 465 at-risk purposes
☐ Grouped activities for section 469 passive activity purposes

Partnership Representative (formerly "TMP") information

[1] Enter the Partner Number to assign as Partnership Representative (formerly "TMP")

U.S. taxpayer identification number of PR

	First Name or Business Name	MI	Last Name	Suffix
Name of PR	JOSE	E	PEREZ	

U.S. Address of PR 903 W. E. ST.
U.S. City of PR MISSION State TX ZIP 78572
U.S. phone number of PR

If the Partnership Representative is an entity, provide the designated individual's information for the entity below.

U.S. taxpayer identification number

	First Name	MI	Last Name	Suffix
Name of the designated individual				

U.S. Address of the designated individual
U.S. City of the designated individual State ZIP
U.S. phone number

[1] K-1 Letter signature - Enter **'P'** for Preparer, **'S'** for Partnership, or the **Partner Number** to assign a partner

Printing Options

For printing a range of Partners:

[1] First Partner to be printed
[ ] Last Partner to be printed (blank will print all)

[X] Print an Index number on each K-1
[X] Print K-1 Letter
[ ] Print mailing slip

Printing - Special - Uncheck when printing is complete to return standard print function

[ ] Print **K-1 Package** ONLY
[ ] Print **Reports** ONLY

Customer & Preparer Copy:

[ ] Print partner's basis statement
[ ] Print basis summary
[ ] Print capital account summary
[ ] Print Section 1202 sales total statement
[ ] Print Section 1045 sales total statement

Rounding Options

[X] Distribute the rounding difference to the Partner with the largest percentage (default option)
[ ] Distribute the rounding difference to Partner number: [ ]
[ ] Disable the rounding option

Allocation Options

[ ] Allocate by profit percentage
[ ] Allocate by loss percentage
[ ] Allocate by capital percentage
[X] Automatically select profit or loss percentage (default option)

Weighted Average Percentages (Transfers of Interest)

[redacted]

[redacted]

☐ Calculate weighted average percentages

Enter the transfer date for each period with a change in profit, loss, and capital percentages.
Enter the individual percentages for each partner for each period on the Input or Detail.

	Date of Transfer	Date From	Date To
Period 1			
Period 2			

K-1 Options

☐ Amended K-1 for all Partners
☐ Final K-1 for all Partners

C IRS Center where return is filed . . . . . e-file

D ☐ This is a publicly traded partnership (PTP)

J ☐ Calculate capital percentages based on partner's end of year capital accounts
☐ Print partner's weighted averages calculation

L Partner's capital account analysis:
☐ Complete Item L if 1065, Schedule B, Line 4 is "Yes"
☐ Print partner's other increase (decrease) statement

☒ Tax Basis
☐ GAAP
☐ Section 704(b) book
☐ Other (explain)

Distributable Items

K Partner's share of liabilities:	Beginning of Year	End of Year
Nonrecourse	0	0
Qualified nonrecourse financing	0	0
Recourse	0	0

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

Total of lines above	0
Total liabilities from Schedule L, Column (d)	0
Difference	0

L Partner's Capital Account Analysis
Reconciling item L to partner's share of lines 3, 4 and 7, Form 1065, Schedule M-2

Analysis of Net Income	0		
Tax Exempt Income	0		
Expenses not recorded on books	0		
Taxable income not recorded on books	0		
Guaranteed payments (other than health insurance)	0		
Nondeductible expenses	0		
(c) Current year net income (loss)		(c)	0
Other capital increases	0		
Other capital decreases	0		
(d) Other increase (decrease)		(d)	0

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning _____ Ending _____

20 Code AH - Other information **Enter on 1065, Ln 20c, Sch K - Oth Info statement.**

Special Allocations

By Amount

To specially allocate by amount, enter the number 0 in the "Special Allocation #" box. Then, enter the applicable amount on the Input or Detail tab for each partner. **NOTE: This option will remove ALL partner's allocations for this line.**

OR

By Special Allocation Percentages

To specially allocate by percentage, enter a number from 1 to 10 in the "Special Allocation #" box. Then, enter a percentage for each partner in the Input or Detail tab next to the corresponding Special Allocation #.

	Special Allocation #
K Partner's share of liabilities:	
Beginning of year	
Nonrecourse	
Qualified nonrecourse financing	
Recourse	
End of Year	
Nonrecourse	
Qualified nonrecourse financing	
Recourse	
L Partner's Capital Account Analysis	
Reconciling item L to partner's share of lines 3, 4 and 7, Form 1065, Schedule M-2	
1 Tax Exempt Income	
2 Expenses not recorded on books	
3 Other M3 Income (Loss) Items	
4 Taxable income not recorded on books	
5 Nondeductible expenses	
6 Other M3 Expense Items	
7 Other capital increases	
8 Other capital decreases	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning	
Ending	

Partner's Basis	Amount to be allocated to all K-1s	
Other adjustments		
Distributions: Property - adjusted basis	0	
Alternate Basis Computation		
☐ Alternate Basis Computation		
Accumulated tax/book timing differences - end of year		
Other differences - end of year		

Distributive share items	
1 Ordinary income (loss) from trade or business activities	
2 Net income (loss) from rental real estate activities	
3 Total other net rental income (loss)	
4 a Guaranteed payments for services	
4 b Guaranteed payments for use of capital	
5 Interest income	
6 a Ordinary dividends	
b Qualified dividends	
c Dividend equivalents	
7 Royalties	
8 Net short-term capital gain (loss) (entire year)	
9 a Net long-term capital gain (loss) (entire year)	
b Collectibles (28%) gain (loss)	
c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss) (entire year)	
11 Other income (loss)	
Code A - Total other portfolio income (loss)	

Code B - Involuntary conversions
Code C - Section 1256 contracts and straddles Form (6781)
Code D - Mining exploration costs recapture
Code E - Cancellation of debt
Code F - Section 743(b) positive adjustments
Code G - Section 965(a) inclusion
Code H - Income under subpart F (other than inclusions under section 951A)
Code I - Total other income (loss)

12 Section 179 expense deduction

13 Other deductions

Code A - Cash contributions (60%)
Code B - Cash contributions (30%)
Code C - Noncash contributions (50%)
Code D - Noncash contributions (30%)
Code E - Capital gain property to a 50% organization (30%)
Code F - Capital gain property (20%)
Code G - Contributions (100%)
Code H - Investment interest expense
Code I - Deductions-royalty income
Code J - Section 59(e)(2) expenditures
Code K - Excess business interest expense
Code L - Total deductions-portfolio (other)
Code M - Amounts paid for medical insurance
Code N - Educational assistance benefits
Code O - Dependent care benefits
Code P - Preproductive period expenses
Code Q - Commercial revitalization deduction from rental real estate activities
Code R - Pensions and IRAs
Code S - Reforestation expense deduction
Code V - Section 743(b) negative adjustments
Code W - Total other deductions
Code X - Section 965(c) deduction

14 Self-employment earnings (loss)

Code A - Net earnings (loss) from self-employment
Items: Certain rental real estate activities
Gain (loss) from Form 4797, Ln 17
Code B - Gross farming or fishing income
Code C - Gross non-farm income

15 Credits

Code A - Low-income housing credit (section 42(j)(5)) from pre-2008 buildings
Code B - Low-income housing credit (other) from pre-2008 buildings
Code C - Low-income housing credit (section 42(j)(5)) from post-2007 buildings
Code D - Low-income housing credit (other) from post-2007 buildings
Code E - Qualified rehabilitation expenditures (rental real estate)
Code F - Other rental real estate credits
Code G - Other rental credits
Code H - Undistributed capital gains credit
Code I - Biofuel producer credit (Form 6478)
Code J - Work opportunity credit (Form 5884)
Code K - Disabled access credit (Form 8826)
Code L - Empowerment zone employment credit (Form 8844)
Code M - Credit for increasing research activities (Form 6765)
Code N - Credit for employer social security and medicare taxes (Form 8846)
Code O - Backup withholding
Code P - Total other credits

16 Foreign transactions

Code B - Gross income from all sources
Code C - Total gross income sourced at partner level
Code E - Foreign gross income sourced at partnership level (foreign branch category)
Code F - Foreign gross income sourced at partnership level (passive category)
Code G - Foreign gross income sourced at partnership level (general category)
Code H - Total foreign gross income sourced at partnership level (other)
Code I - Deductions allocated and apportioned at partner level (interest expense)
Code J - Deductions allocated and apportioned at partner level (other)
Code L - Deductions allocated and apportioned at partnership level to foreign source income (branch category)
Code M - Deductions allocated and apportioned at partnership level to foreign source income (passive category)
Code N - Deductions allocated and apportioned at partnership level to foreign source income (general category)
Code O - Total deductions allocated and apportioned at partnership level to foreign source income (other)
Code P - Total foreign taxes paid
Code R - Total reduction in taxes available for credit
Code S - Foreign trading gross receipts
Code T - Extraterritorial income exclusion
Code W - Section 965 information
Code X - Total other foreign transactions
Code AA - Gross receipts per Regulations section 1.59A-7(e)(2). Current year
Code AB - Gross receipts per Regulations section 1.59A-7(e)(2). First preceding year
Code AC - Gross receipts per Regulations section 1.59A-7(e)(2). Second preceding year
Code AD - Gross receipts per Regulations section 1.59A-7(e)(2). Third preceding year
Code AE - Base erosion tax benefits from base erosion tax payments
Code AF - Amounts included in the denominator of the base erosion percentage
Code AG - Section 951A (GILTI) information
Code AH - Foreign derived intangible income (FDII) information
Code AI - Section 864(c)(8) foreign partner's distrib share of deemed sale item transfer of partnership interest

17 Alternative minimum tax (AMT) items

Code A - Post-1986 depreciation adjustment
Code B - Adjusted gain or loss
Code C - Depletion (other than oil & gas)
Code D - Oil, gas & geothermal - gross income
Code E - Oil, gas & geothermal - deductions
Code F - Total other AMT items

18 Tax-exempt income and nondeductible expenses

Code A - Tax-exempt interest income
Code B - Other tax-exempt income
Code C - Nondeductible expenses

19 Distributions

Code A - Cash and marketable securities
Code B - Distribution subject to section 737
Code C - Total other property

20 Other information

Code A - Investment income
Code B - Investment expenses
Code C - Fuel tax credit information
Code D - Qualified rehabilitation expenditures (other than rental real estate)
Code E - Basis of energy property
Code F - Recapture of low-income housing credit (section 42(j)(5))
Code G - Recapture of low-income housing credit (other)
Code H - Recapture of investment credit
Code I - Total recapture of other credits
Code J - Look-back interest - completed long-term contracts
Code K - Look-back interest - income forecast method
Code L - Dispositions of property with section 179 deductions . . Use 'Sec179 Dispo Allocation' worksheet to select allocations.

Code M - Recapture of section 179 deduction
Code N - Business interest expense
Code O - Section 453(l)(3) information
Code P - Section 453A(c) information
Code Q - Section 1260(b) information
Code R - Interest allocable to production expenditures
Code S - CCF nonqualified withdrawals
Code T - Depletion deduction
Code V - Unrelated business taxable income
Code W - Precontribution gain (loss)
Code Y - Total net investment income

Items: Net rental real estate income reported on Schedule K and other net rental income reported on Schedule K, derived from a section 212 for-profit activity (and not from a section 162 trade or business)

Gains and losses from dispositions of assets attributable to a section 212 for-profit activity (and not from a section 162 trade or business)

Gain reported on the installment sale basis (or attributable to a private annuity) that is attributable to the disposition of property held in a trade or business

Gain or loss from the disposition of a partnership interest, but only if such partnership was engaged, directly or indirectly, in one or more trades or businesses, and at least one of those trades or businesses was not trading in financial instruments or commodities

The partner's distributive share of interest income, or interest expense, which is attributable to a loan between the partnership and the partner (self-charged interest)

Guaranteed payments unrelated to services, such as for the use of capital or attributable to section 736(a)(2) payments for unrealized receivables or goodwill

In the case of a common trust fund, any items of income or loss that may be taken into account in computing the participant's net investment income (other than qualified dividends, and short-term and long-term capital gains)

Code Z - Section 199A information * See Below
Code AA - Section 704(c) information
Code AB - Section 751 gain (loss)
Code AC - Section 1(h)(5) gain (loss)
Code AD - Deemed section 1250 unrecaptured gain
Code AE - Excess taxable income
Code AF - Excess business interest income
Code AG - Gross receipts for section 448(c)
Code AH - Total other information

Section 199A Information

Income Items	Non-SSTB	SSTB
Ordinary Income		
Rental Real Estate Income		
Other Rental Income		
Royalty Income		
Ordinary Gain/Loss		
Net Section 1231 Loss		
Other Income		
Deduction Items		
Cash contributions (60%)		
Cash contributions (30%)		
Noncash contributions (50%)		
Noncash contributions (30%)		
Capital gain property to a 50% org. (30%)		
Capital gain property (20%)		
Contributions (100%)		
Deductions - royalty income		
Section 179 expense deduction		
Section 59(e)(2) expenditures		
Dependent care benefits		
Preproductive period expenses (expensed)		
Commercial revitalization deduction from rental real estate		
Reforestation expense deduction		
Other deductions		

Other Deductions

Miscellaneous (deducted from income)		
Taxes		
Penalty on early withdrawal of savings		
Additional Information		
Section 199A W-2 wages		
Section 199A unadjusted basis		
Section 199A REIT dividends		
Section 199A PTP income		

Section 179 Disposition Allocation (Sch K1 (1065))

Description of Property	Current Year Income (Loss)	Allocate by Ownership %	Allocate by Special %	Allocate by Partner Number

2020 Tax Summary (1065) VALLEY FOODS LLC 85-1638316

Federal Information

Ordinary Income (Loss)	-$4,210
Schedule K Income Items	$0
Schedule K Deduction Items	$0
Net Income (Loss)	-$4,210
Total Tax	$0
Payments Applied	$0
Refund	$0.
Amount Due	$0

Filing Checklist for Tax Returns

To file your tax return(s), simply follow these instructions:

Federal - (Form 1065)

1. **Sign and date your return.**
   A general partner must sign and date the tax return.

2. **Tax due/Overpayment**
   No tax is due.

3. **Mail the return.**
   Send the return and all accompanying attachments to the following address:

   Department of the Treasury
   Internal Revenue Service Center
   Ogden, UT 84201-0011

   On or before the extended due date: September 15, 2021

   Using the United States Post Office certified mail service or another approved delivery service which provides a proof of mailing date, including DHL Express (DHL), Federal Express (FedEx), and United Parcel Service (UPS).

4. **Keep a copy.**
   Print a second copy of the return for your records. We also recommend you print and retain the supporting schedules and all other documentation that is not sent in with your return.

APPENDIX "D"
DESCRIPTION OF SAFETY PROGRAM

As the X3EJ407588 with/of VALLEY FOODS LLC
(Title) (Name of Applicant Company)

I am fully familiar with my company's operations and herein verify that

VALLEY FOODS LLC has in place a program to ensure substantial
(Name of Applicant Company)

compliance with all applicable safety rules and regulations of the Alabama Public Service Commission, as well as those of the United States Department of Transportation. In addition to all other requirements, VALLEY FOODS LLC specifically
(Name of Applicant Company)

maintains: files on each driver with all required driver forms and information; files on each vehicle with all required forms including maintenance and safety inspection records; and all required written records of drivers' hours.

(Signature of Company Representative)

Jose E Perez
(Printed Name of Company Representative)

2021 UCR Registration is VALID!

Confirmation # 000-0248-8258

Generated: 04/08/2021 11:45 EST

Registered on: 04/08/2021 11:44 EST

Year:	2021
Paid:	UCR Fee: $59.00 Convenience Fee: $1.62 Total: $60.62
Bracket:	0 to 2 vehicles [2 vehicle(s)]
USDOT #:	3607176
Classifications:	Motor Carrier
Legal Name:	VALLEY FOODS LLC
Base State:	Alabama
Principal:	697 THORN TRCE MONTGOMERY, AL 36105 US
Payor:	VALLEY FOODS LLC

*** Expires: 12/31/2021 ***

Intrastate Application Receipt

Effective Date: 6/11/2021

1227352 3607176

VALLEY FOODS LLC
697 THORN TRACE
MONTGOMERY, AL 36105

Trade Name: VALLEY FOODS LLC

A.P.S.C. NEW **JLN:** 2021060021

Fee Paid: $100.00

ALABAMA PUBLIC SERVICE COMMISSION

By JM

RB

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the ALABAMA PUBLIC SERVICE COMMISSION (hereinafter called Commission) of PO BOX 304260, MONTGOMERY, AL 36130

This is to certify, that the Progressive Specialty Insurance Co (hereinafter called Company) of 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 has issued to VALLEY FOODS LLC of 697 THORN TRCE, MONTGOMERY, AL 36105-0000 a policy or policies of insurance effective from 06/11/2021 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 14th day of June, 2021
Insurance Company File No. CA 03521155
(Policy Number)

(Authorized Company Representative)

MC1633a(08/99) IRB3539B

RB

Form H
UNIFORM MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE

Filed with the ALABAMA PUBLIC SERVICE COMMISSION, PO BOX 304260, MONTGOMERY, AL, 36130 (hereinafter called Commission)

This is to certify, that the Progressive Specialty Insurance Co (hereinafter called Company) of 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 has issued to VALLEY FOODS LLC, of 697 THORN TRCE, MONTGOMERY, AL 36105-0000 a policy or policies of insurance effective from 06/11/2021 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 14th day of June, 2021
Insurance Company File No. CA 03521155
(Policy Number)

(Authorized Company Representative)

MC2443a (09/99)