

# EXHIBIT 33

|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                 |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| <b>Form 1120-S</b><br>U.S. Income Tax Return for an S Corporation<br>Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.<br>Go to <a href="http://www.irs.gov/Form1120S">www.irs.gov/Form1120S</a> for instructions and the latest information.                              |                                                                                                                       | OMB No. 1545-0123<br><div style="font-size: 2em; font-weight: bold;">2023</div> |                             |
| For calendar year 2023 or tax year beginning _____, ending _____                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                 |                             |
| <b>A</b> S election effective date<br>06/01/2022                                                                                                                                                                                                                                                                                           |                                                                                                                       | <b>D</b> Employer identification number<br>88-2588378                           |                             |
| <b>B</b> Business activity code number (see instructions)<br>456190                                                                                                                                                                                                                                                                        |                                                                                                                       | <b>E</b> Date incorporated<br>06/01/2022                                        |                             |
| <b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>                                                                                                                                                                                                                                                                               |                                                                                                                       | <b>F</b> Total assets (see instructions)<br>\$ 50,191.                          |                             |
| <b>G</b> Is the corporation electing to be an S corporation beginning with this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |                                                                                                                       |                                                                                 |                             |
| <b>H</b> Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination                                                                                          |                                                                                                                       |                                                                                 |                             |
| <b>I</b> Enter the number of shareholders who were shareholders during any part of the tax year _____ 1                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                 |                             |
| <b>J</b> Check if corporation: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes                                                                                                                               |                                                                                                                       |                                                                                 |                             |
| <b>Caution:</b> Include <u>only</u> trade or business income and expenses on lines 1a through 22. See the instructions for more information.                                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |
| Income                                                                                                                                                                                                                                                                                                                                     | <b>1 a</b> Gross receipts or sales <u>1,177,450.</u>                                                                  |                                                                                 | <b>1c</b> <u>1,177,450.</u> |
|                                                                                                                                                                                                                                                                                                                                            | <b>2</b> Cost of goods sold (attach Form 1125-A) _____                                                                |                                                                                 | <b>2</b> <u>715,591.</u>    |
|                                                                                                                                                                                                                                                                                                                                            | <b>3</b> Gross profit. Subtract line 2 from line 1c _____                                                             |                                                                                 | <b>3</b> <u>461,859.</u>    |
|                                                                                                                                                                                                                                                                                                                                            | <b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) _____                                             |                                                                                 | <b>4</b> _____              |
|                                                                                                                                                                                                                                                                                                                                            | <b>5</b> Other income (loss) (attach statement) _____                                                                 |                                                                                 | <b>5</b> _____              |
|                                                                                                                                                                                                                                                                                                                                            | <b>6</b> <b>Total income (loss).</b> Add lines 3 through 5 _____                                                      |                                                                                 | <b>6</b> <u>461,859.</u>    |
| Deductions (See instructions for limitations)                                                                                                                                                                                                                                                                                              | <b>7</b> Compensation of officers (see instrs. - attach Form 1125-E) _____                                            |                                                                                 | <b>7</b> _____              |
|                                                                                                                                                                                                                                                                                                                                            | <b>8</b> Salaries and wages (less employment credits) _____                                                           |                                                                                 | <b>8</b> _____              |
|                                                                                                                                                                                                                                                                                                                                            | <b>9</b> Repairs and maintenance _____                                                                                |                                                                                 | <b>9</b> _____              |
|                                                                                                                                                                                                                                                                                                                                            | <b>10</b> Bad debts _____                                                                                             |                                                                                 | <b>10</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>11</b> Rents _____                                                                                                 |                                                                                 | <b>11</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>12</b> Taxes and licenses <u>STATEMENT 1</u>                                                                       |                                                                                 | <b>12</b> <u>10,043.</u>    |
|                                                                                                                                                                                                                                                                                                                                            | <b>13</b> Interest (see instructions) _____                                                                           |                                                                                 | <b>13</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>14</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) _____      |                                                                                 | <b>14</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>15</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> ) _____                                             |                                                                                 | <b>15</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>16</b> Advertising _____                                                                                           |                                                                                 | <b>16</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>17</b> Pension, profit-sharing, etc., plans _____                                                                  |                                                                                 | <b>17</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>18</b> Employee benefit programs _____                                                                             |                                                                                 | <b>18</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>19</b> Energy efficient commercial buildings deduction (attach Form 7205) _____                                    |                                                                                 | <b>19</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>20</b> Other deductions (attach statement) <u>STATEMENT 2</u>                                                      |                                                                                 | <b>20</b> <u>470,955.</u>   |
| <b>21</b> <b>Total deductions.</b> Add lines 7 through 20 _____                                                                                                                                                                                                                                                                            |                                                                                                                       | <b>21</b> <u>480,998.</u>                                                       |                             |
| <b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 6 _____                                                                                                                                                                                                                                                       |                                                                                                                       | <b>22</b> <u>-19,139.</u>                                                       |                             |
| Tax and Payments                                                                                                                                                                                                                                                                                                                           | <b>23 a</b> Excess net passive income or LIFO recapture tax (see instructions) _____                                  |                                                                                 | <b>23a</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>b</b> Tax from Schedule D (Form 1120-S) _____                                                                      |                                                                                 | <b>23b</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>c</b> Add lines 23a and 23b _____                                                                                  |                                                                                 | <b>23c</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>24 a</b> Current year's estimated tax payments and preceding year's overpayment credited to the current year _____ |                                                                                 | <b>24a</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>b</b> Tax deposited with Form 7004 _____                                                                           |                                                                                 | <b>24b</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>c</b> Credit for federal tax paid on fuels (attach Form 4136) _____                                                |                                                                                 | <b>24c</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>d</b> Elective payment election amount from Form 3800 _____                                                        |                                                                                 | <b>24d</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>z</b> Add lines 24a through 24d _____                                                                              |                                                                                 | <b>24z</b> _____            |
|                                                                                                                                                                                                                                                                                                                                            | <b>25</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> _____     |                                                                                 | <b>25</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>26</b> <b>Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed _____      |                                                                                 | <b>26</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>27</b> <b>Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid _____   |                                                                                 | <b>27</b> _____             |
|                                                                                                                                                                                                                                                                                                                                            | <b>28</b> Enter amount from line 27: <b>Credited to 2024 estimated tax</b> _____ <b>Refunded</b> _____                |                                                                                 | <b>28</b> _____             |
| <b>Sign Here</b><br>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 taxpayer) is based on all information of which preparer has any knowledge. |                                                                                                                       |                                                                                 |                             |
| Signature of officer _____ Date _____                                                                                                                                                                                                                                                                                                      |                                                                                                                       | Title <u>MEMBER</u>                                                             |                             |
| Print/Type preparer's name<br><b>MICHAEL J. STEPHANO</b>                                                                                                                                                                                                                                                                                   |                                                                                                                       | Preparer's signature<br><b>MICHAEL J. STEPHANO</b>                              |                             |
| Firm's name<br><b>STEPHANO SLACK, LLC</b>                                                                                                                                                                                                                                                                                                  |                                                                                                                       | Date<br><b>09/06/24</b>                                                         |                             |
| Firm's address<br><b>125 STRAFFORD AVE, STE 200<br/>WAYNE, PA 19087</b>                                                                                                                                                                                                                                                                    |                                                                                                                       | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00446686</b>        |                             |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | Firm's EIN<br><b>16-1710665</b>                                                 |                             |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | Phone no.<br><b>610-687-1600</b>                                                |                             |

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| Form 1120-S (2023) <b>JOHNSON FOODS LLC</b> 88-2588378 Page 2                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                |                                |                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>Schedule B Other Information</b> (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                |                                |                                                                                                                         |     |    |
| 1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____                                                                                                                                                                                                                                                                                                                         |                                              |                                |                                |                                                                                                                         |     |    |
| 2 See the instructions and enter the:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                |                                |                                                                                                                         |     |    |
| a Business activity <b>DIETARY SUPPLEMENTS</b> b Product or service <b>SUPPLEMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                |                                |                                                                                                                         |     |    |
| 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation _____                                                                                                                                                                                                                                  |                                              |                                |                                |                                                                                                                         |     | X  |
| 4 At the end of the tax year, did the corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                |                                |                                                                                                                         |     |    |
| a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below _____                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     | X  |
| (i) Name of Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
| 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                                                                |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
| 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? _____<br>If "Yes," complete lines (i) and (ii) below.                                                                                                                                                                                                                                                                                                                         |                                              |                                |                                |                                                                                                                         |     | X  |
| (i) Total shares of restricted stock _____                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                |                                |                                                                                                                         |     |    |
| (ii) Total shares of non-restricted stock _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                |                                |                                                                                                                         |     |    |
| b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? _____<br>If "Yes," complete lines (i) and (ii) below.                                                                                                                                                                                                                                                                                                     |                                              |                                |                                |                                                                                                                         |     | X  |
| (i) Total shares of stock outstanding at the end of the tax year _____                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                |                                |                                                                                                                         |     |    |
| (ii) Total shares of stock outstanding if all instruments were executed _____                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                |                                |                                                                                                                         |     |    |
| 6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...                                                                                                                                                                                                                                                                                                            |                                              |                                |                                |                                                                                                                         |     | X  |
| 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/><br>If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.                                                                                                                                                                                                |                                              |                                |                                |                                                                                                                         |     |    |
| 8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years \$ _____ |                                              |                                |                                |                                                                                                                         |     |    |
| 9 Did the corporation 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 _____                                                                                                                                                                                                                                                                                                 |                                              |                                |                                |                                                                                                                         |     | X  |
| 10 Does the corporation satisfy one or more of the following? See instructions _____                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                |                                |                                                                                                                         |     | X  |
| a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.                                                                                                                                                                                                                                                                                                                                                             |                                              |                                |                                |                                                                                                                         |     |    |
| b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense.                                                                                                                                                                                                                                                    |                                              |                                |                                |                                                                                                                         |     |    |
| c The corporation is a tax shelter and the corporation has business interest expense.<br>If "Yes," complete and attach <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).                                                                                                                                                                                                                                                                           |                                              |                                |                                |                                                                                                                         |     |    |
| 11 Does the corporation satisfy both of the following conditions? _____                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                |                                |                                                                                                                         |     | X  |
| a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                |                                |                                                                                                                         |     |    |
| b The corporation's total assets at the end of the tax year were less than \$250,000.<br>If "Yes," the corporation is not required to complete Schedules L and M-1.                                                                                                                                                                                                                                                                                                               |                                              |                                |                                |                                                                                                                         |     |    |

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| <b>Schedule B Other Information</b> (see instructions) (continued)                                                                                                                                                                                                            | Yes      | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>12</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....<br>If "Yes," enter the amount of principal reduction ..... \$ .....       |          | <b>X</b> |
| <b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....                                                                                                                                       |          | <b>X</b> |
| <b>14a</b> Did the corporation make any payments in 2023 that would require it to file Form(s) 1099? .....                                                                                                                                                                    | <b>X</b> |          |
| <b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....                                                                                                                                                                                              |          | <b>X</b> |
| <b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....                                                                                                                                                                            |          | <b>X</b> |
| If "Yes," enter the amount from Form 8996, line 15 ..... \$ .....                                                                                                                                                                                                             |          |          |
| <b>16</b> At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services);<br>or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions ..... |          | <b>X</b> |

| <b>Schedule K Shareholders' Pro Rata Share Items</b> |                                                                                                                                                                                                                          |            | <b>Total amount</b> |  |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|--|
| <b>Income (Loss)</b>                                 | <b>1</b> Ordinary business income (loss) (page 1, line 22) .....                                                                                                                                                         | <b>1</b>   | -19,139.            |  |
|                                                      | <b>2</b> Net rental real estate income (loss) (attach Form 8825) .....                                                                                                                                                   | <b>2</b>   |                     |  |
|                                                      | <b>3a</b> Other gross rental income (loss) ..... <span style="float: right;">3a</span>                                                                                                                                   |            |                     |  |
|                                                      | <b>b</b> Expenses from other rental activities (attach statement) ..... <span style="float: right;">3b</span>                                                                                                            |            |                     |  |
|                                                      | <b>c</b> Other net rental income (loss). Subtract line 3b from line 3a .....                                                                                                                                             | <b>3c</b>  |                     |  |
|                                                      | <b>4</b> Interest income .....                                                                                                                                                                                           | <b>4</b>   |                     |  |
|                                                      | <b>5</b> Dividends: <b>a</b> Ordinary dividends ..... <span style="float: right;">5a</span>                                                                                                                              |            |                     |  |
|                                                      | <b>b</b> Qualified dividends ..... <span style="float: right;">5b</span>                                                                                                                                                 |            |                     |  |
|                                                      | <b>6</b> Royalties .....                                                                                                                                                                                                 | <b>6</b>   |                     |  |
|                                                      | <b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                                                      | <b>7</b>   |                     |  |
| <b>8a</b>                                            | Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                                                                | <b>8a</b>  |                     |  |
|                                                      | <b>b</b> Collectibles (28%) gain (loss) ..... <span style="float: right;">8b</span>                                                                                                                                      |            |                     |  |
|                                                      | <b>c</b> Unrecaptured section 1250 gain (attach statement) ..... <span style="float: right;">8c</span>                                                                                                                   |            |                     |  |
|                                                      | <b>9</b> Net section 1231 gain (loss) (attach Form 4797) .....                                                                                                                                                           | <b>9</b>   |                     |  |
| <b>10</b>                                            | Other income (loss) (see instructions) ... Type .....                                                                                                                                                                    | <b>10</b>  |                     |  |
|                                                      | <b>11</b> Section 179 deduction (attach Form 4562) .....                                                                                                                                                                 | <b>11</b>  |                     |  |
|                                                      | <b>12a</b> Charitable contributions .....                                                                                                                                                                                | <b>12a</b> |                     |  |
|                                                      | <b>b</b> Investment interest expense .....                                                                                                                                                                               | <b>12b</b> |                     |  |
| <b>12c</b>                                           | Section 59(e)(2) expenditures Type .....                                                                                                                                                                                 | <b>12c</b> |                     |  |
|                                                      | <b>c</b> Other deductions (see instructions) Type .....                                                                                                                                                                  | <b>12d</b> |                     |  |
|                                                      | <b>13a</b> Low-income housing credit (section 42(j)(5)) .....                                                                                                                                                            | <b>13a</b> |                     |  |
|                                                      | <b>b</b> Low-income housing credit (other) .....                                                                                                                                                                         | <b>13b</b> |                     |  |
| <b>13c</b>                                           | Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....                                                                                                                       | <b>13c</b> |                     |  |
|                                                      | <b>d</b> Other rental real estate credits (see instructions) Type .....                                                                                                                                                  | <b>13d</b> |                     |  |
|                                                      | <b>e</b> Other rental credits (see instructions) Type .....                                                                                                                                                              | <b>13e</b> |                     |  |
|                                                      | <b>f</b> Biofuel producer credit (attach Form 6478) .....                                                                                                                                                                | <b>13f</b> |                     |  |
| <b>13g</b>                                           | Other credits (see instructions) Type .....                                                                                                                                                                              | <b>13g</b> |                     |  |
|                                                      | <b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and<br>check this box to indicate you are reporting items of international tax relevance ..... <input type="checkbox"/> |            |                     |  |
|                                                      | <b>15a</b> Post-1986 depreciation adjustment .....                                                                                                                                                                       | <b>15a</b> |                     |  |
|                                                      | <b>b</b> Adjusted gain or loss .....                                                                                                                                                                                     | <b>15b</b> |                     |  |
| <b>15c</b>                                           | Depletion (other than oil and gas) .....                                                                                                                                                                                 | <b>15c</b> |                     |  |
|                                                      | <b>d</b> Oil, gas, and geothermal properties - gross income .....                                                                                                                                                        | <b>15d</b> |                     |  |
|                                                      | <b>e</b> Oil, gas, and geothermal properties - deductions .....                                                                                                                                                          | <b>15e</b> |                     |  |
|                                                      | <b>f</b> Other AMT items (attach statement) .....                                                                                                                                                                        | <b>15f</b> |                     |  |
| <b>Items Affecting Shareholder Basis</b>             | <b>16a</b> Tax-exempt interest income .....                                                                                                                                                                              | <b>16a</b> |                     |  |
|                                                      | <b>b</b> Other tax-exempt income .....                                                                                                                                                                                   | <b>16b</b> |                     |  |
|                                                      | <b>c</b> Nondeductible expenses .....                                                                                                                                                                                    | <b>16c</b> |                     |  |
|                                                      | <b>d</b> Distributions (attach statement if required) .....                                                                                                                                                              | <b>16d</b> | 120,805.            |  |
|                                                      | <b>e</b> Repayment of loans from shareholders .....                                                                                                                                                                      | <b>16e</b> |                     |  |
|                                                      | <b>f</b> Foreign taxes paid or accrued .....                                                                                                                                                                             | <b>16f</b> |                     |  |

Form 1120-S (2023)

Form 1120S (2023)

JOHNSON FOODS LLC

88-2588378 Page 4

| <b>Schedule K</b> Shareholders' Pro Rata Share Items <i>(continued)</i> |                                                                                                                                                                                  | Total amount |          |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| Other Information                                                       | 17a Investment income .....                                                                                                                                                      | 17a          |          |
|                                                                         | b Investment expenses .....                                                                                                                                                      | 17b          |          |
|                                                                         | c Dividend distributions paid from accumulated earnings and profits .....                                                                                                        | 17c          |          |
|                                                                         | d Other items and amounts (att. stmt.) ..... <b>STATEMENT 3</b>                                                                                                                  |              |          |
| Reconciliation                                                          | 18 <b>Income (loss) reconciliation</b> . Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f ..... | 18           | -19,139. |

| <b>Schedule L</b> Balance Sheets per Books  |                                                           | Beginning of tax year |          | End of tax year |         |
|---------------------------------------------|-----------------------------------------------------------|-----------------------|----------|-----------------|---------|
| Assets                                      |                                                           | (a)                   | (b)      | (c)             | (d)     |
| 1                                           | Cash .....                                                |                       | 190,135. |                 | 50,191. |
| 2 a                                         | Trade notes and accounts receivable .....                 |                       |          |                 |         |
| b                                           | Less allowance for bad debts .....                        | ( )                   | ( )      |                 |         |
| 3                                           | Inventories .....                                         |                       |          |                 |         |
| 4                                           | U.S. government obligations .....                         |                       |          |                 |         |
| 5                                           | Tax-exempt securities .....                               |                       |          |                 |         |
| 6                                           | Other current assets (att. stmt.) .....                   |                       |          |                 |         |
| 7                                           | Loans to shareholders .....                               |                       |          |                 |         |
| 8                                           | Mortgage and real estate loans .....                      |                       |          |                 |         |
| 9                                           | Other investments (att. stmt.) .....                      |                       |          |                 |         |
| 10 a                                        | Buildings and other depreciable assets .....              |                       |          |                 |         |
| b                                           | Less accumulated depreciation .....                       | ( )                   | ( )      |                 |         |
| 11 a                                        | Depletable assets .....                                   |                       |          |                 |         |
| b                                           | Less accumulated depletion .....                          | ( )                   | ( )      |                 |         |
| 12                                          | Land (net of any amortization) .....                      |                       |          |                 |         |
| 13 a                                        | Intangible assets (amortizable only) .....                |                       |          |                 |         |
| b                                           | Less accumulated amortization .....                       | ( )                   | ( )      |                 |         |
| 14                                          | Other assets (att. stmt.) .....                           |                       |          |                 |         |
| 15                                          | Total assets .....                                        |                       | 190,135. |                 | 50,191. |
| <b>Liabilities and Shareholders' Equity</b> |                                                           |                       |          |                 |         |
| 16                                          | Accounts payable .....                                    |                       |          |                 |         |
| 17                                          | Mortgages, notes, bonds payable in less than 1 year ..... |                       |          |                 |         |
| 18                                          | Other current liabilities (att. stmt.) .....              |                       |          |                 |         |
| 19                                          | Loans from shareholders .....                             |                       |          |                 |         |
| 20                                          | Mortgages, notes, bonds payable in 1 year or more .....   |                       |          |                 |         |
| 21                                          | Other liabilities (att. stmt.) .....                      |                       |          |                 |         |
| 22                                          | Capital stock .....                                       |                       | 100.     |                 | 100.    |
| 23                                          | Additional paid-in capital .....                          |                       |          |                 |         |
| 24                                          | Retained earnings .....                                   | <b>STATEMENT 4</b>    | 190,035. |                 | 50,091. |
| 25                                          | Adjustments to shareholders' equity (att. stmt.) ...      |                       |          |                 |         |
| 26                                          | Less cost of treasury stock .....                         | ( )                   | ( )      |                 | ( )     |
| 27                                          | Total liabilities and shareholders' equity .....          |                       | 190,135. |                 | 50,191. |

Form 1120-S (2023)

Form 1120-S (2023)

JOHNSON FOODS LLC

88-2588378 Page 5

**Schedule M-1****Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

|                                                                                                                                                   |                 |                                                                                                                                                                |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>1</b> Net income (loss) per books .....                                                                                                        | <b>-19,139.</b> | <b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):<br><b>a</b> Tax-exempt interest \$ .....                 |                 |
| <b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): .....              |                 | <b>6</b> Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):<br><b>a</b> Depreciation \$ ..... |                 |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):<br><b>a</b> Depreciation \$ ..... |                 | <b>7</b> Add lines 5 and 6 .....                                                                                                                               |                 |
| <b>b</b> Travel and entertainment \$ .....                                                                                                        |                 | <b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4                                                                                      | <b>-19,139.</b> |
| <b>4</b> Add lines 1 through 3 .....                                                                                                              | <b>-19,139.</b> |                                                                                                                                                                |                 |

**Schedule M-2****Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account** (see instrs.)

|                                                                        | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|--------------------------------------|-------------------------------|
| <b>1</b> Balance at beginning of tax year .....                        | <b>190,035.</b>                     |                                                                 |                                      |                               |
| <b>2</b> Ordinary income from page 1, line 22 .....                    |                                     |                                                                 |                                      |                               |
| <b>3</b> Other additions .....                                         |                                     |                                                                 |                                      |                               |
| <b>4</b> Loss from page 1, line 22 .....                               | <b>( 19,139. )</b>                  |                                                                 |                                      |                               |
| <b>5</b> Other reductions .....                                        | <b>( )</b>                          |                                                                 |                                      | <b>( )</b>                    |
| <b>6</b> Combine lines 1 through 5 .....                               | <b>170,896.</b>                     |                                                                 |                                      |                               |
| <b>7</b> Distributions .....                                           | <b>120,805.</b>                     |                                                                 |                                      |                               |
| <b>8</b> Balance at end of tax year. Subtract line 7 from line 6 ..... | <b>50,091.</b>                      |                                                                 |                                      |                               |

Form **1120-S** (2023)

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

Department of the Treasury  
Internal Revenue Service  
Name▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**  
▶ **Go to [www.irs.gov/Form1125A](https://www.irs.gov/Form1125A) for the latest information.**

OMB No. 1545-0123

|                                                                                                                                                                          |   |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------|
| <b>JOHNSON FOODS LLC</b>                                                                                                                                                 |   | Employer identification number<br><b>88-2588378</b> |
| 1 Inventory at beginning of year .....                                                                                                                                   | 1 |                                                     |
| 2 Purchases .....                                                                                                                                                        | 2 |                                                     |
| 3 Cost of labor .....                                                                                                                                                    | 3 |                                                     |
| 4 Additional section 263A costs (attach schedule) .....                                                                                                                  | 4 |                                                     |
| 5 Other costs (attach schedule) ..... <b>SEE STATEMENT 5</b>                                                                                                             | 5 | <b>715,591.</b>                                     |
| 6 <b>Total.</b> Add lines 1 through 5 .....                                                                                                                              | 6 | <b>715,591.</b>                                     |
| 7 Inventory at end of year .....                                                                                                                                         | 7 |                                                     |
| 8 <b>Cost of goods sold.</b> 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 | <b>715,591.</b>                                     |

**9 a** Check all methods used for valuing closing inventory:

(i) ☐ 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 ☒ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ..... ☐ Yes ☒ No  
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

JOHNSON FOODS LLC  
5095 10TH AVE NE, SUITE 114  
SALEM, OR 97303

EMPLOYER IDENTIFICATION NUMBER: 88-2588378

FOR THE YEAR ENDING DECEMBER 31, 2023

JOHNSON FOODS LLC IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION  
UNDER REG. SEC. 1.263(A)-1(F).

JOHNSON FOODS LLC

88-2588378

| FORM 1120S                           | TAXES AND LICENSES | STATEMENT 1 |
|--------------------------------------|--------------------|-------------|
| DESCRIPTION                          |                    | AMOUNT      |
| OREGON TAXES - OTHER                 |                    | 10,043.     |
| TOTAL TO FORM 1120S, PAGE 1, LINE 12 |                    | 10,043.     |

| FORM 1120S                           | OTHER DEDUCTIONS | STATEMENT 2 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION                          |                  | AMOUNT      |
| BANK FEES                            |                  | 750.        |
| LEGAL & PROFESSIONAL                 |                  | 459,612.    |
| MEMBERSHIP DUES & SUBSCRIPTIONS      |                  | 2,000.      |
| OFFICE EXPENSE                       |                  | 8,593.      |
| TOTAL TO FORM 1120S, PAGE 1, LINE 20 |                  | 470,955.    |

| SCHEDULE K                                       | OTHER ITEMS, LINE 17D | STATEMENT 3 |
|--------------------------------------------------|-----------------------|-------------|
| DESCRIPTION                                      |                       | AMOUNT      |
| AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN |                       | 461,859.    |
| AGGREGATE BUSINESS ACTIVITY DEDUCTIONS           |                       | 480,998.    |
| SECTION 199A - ORDINARY INCOME (LOSS)            |                       | -19,139.    |

| SCHEDULE L                                               | ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS | STATEMENT 4 |
|----------------------------------------------------------|-----------------------------------------------|-------------|
| DESCRIPTION                                              |                                               | AMOUNT      |
| BALANCE AT BEGINNING OF YEAR                             |                                               | 190,035.    |
| NET INCOME PER BOOKS                                     |                                               | -19,139.    |
| DISTRIBUTIONS                                            |                                               | -120,805.   |
| OTHER INCREASES (DECREASES)                              |                                               |             |
| BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D) |                                               | 50,091.     |

JOHNSON FOODS LLC88-2588378

FORM 1125-A

OTHER COSTS

STATEMENT 5

DESCRIPTIONAMOUNT

CONSULTING COSTS

715,591.

TOTAL TO LINE 5

715,591.

# 2023

For calendar year 2023, or tax  
year beginning \_\_\_\_\_  
ending \_\_\_\_\_

See separate instructions.

|                |                                                                                                                                           |                     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Part II</b> | <b>Information About the Shareholder</b>                                                                                                  |                     |
| <b>E</b>       | Shareholder's identifying number<br><div style="background-color: black; height: 20px; width: 100%;"></div>                               |                     |
| <b>F</b>       | Shareholder's name, address, city, state, and ZIP code<br><br><b>LUIS A. PEREZ</b><br><b>5253 NEWBERG DR N</b><br><b>KEIZER, OR 97303</b> |                     |
| <b>G</b>       | Current year allocation percentage ...                                                                                                    | <b>100.000000 %</b> |
| <b>H</b>       | Shareholder's number of shares                                                                                                            |                     |
|                | Beginning of tax year .....                                                                                                               | <b>200.00</b>       |
|                | End of tax year .....                                                                                                                     | <b>200.00</b>       |
| <b>I</b>       | Loans from shareholder                                                                                                                    |                     |
|                | Beginning of tax year .....                                                                                                               | \$ .....            |
|                | End of tax year .....                                                                                                                     | \$ .....            |

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

| <b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>      |           |                                           |
|-------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|
| Ordinary business income (loss)<br><div style="text-align: right; font-weight: bold;">- 19,139.</div> | <b>13</b> | Credits                                   |
| Net rental real estate inc (loss)                                                                     |           |                                           |
| Other net rental income (loss)                                                                        |           |                                           |
| Interest income                                                                                       |           |                                           |
| Ordinary dividends                                                                                    |           |                                           |
| Qualified dividends                                                                                   | <b>14</b> | Schedule K-3 is attached if checked ..... |
| Royalties                                                                                             | <b>15</b> | Alternative min tax (AMT) items           |
| Net short-term capital gain (loss)                                                                    |           |                                           |
| Net long-term capital gain (loss)                                                                     |           |                                           |
| Collectibles (28%) gain (loss)                                                                        |           |                                           |
| Unrecaptured sec 1250 gain                                                                            |           |                                           |
| Net section 1231 gain (loss)                                                                          | <b>16</b> | Items affecting shareholder basis         |
| Other income (loss)                                                                                   | <b>D</b>  | 120,805.                                  |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       | <b>17</b> | Other information                         |
|                                                                                                       | <b>V</b>  | * STMT                                    |
| Section 179 deduction                                                                                 | <b>AC</b> | * STMT                                    |
| Other deductions                                                                                      | <b>AJ</b> | * STMT                                    |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |
|                                                                                                       |           |                                           |

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

\*See attached statement for additional information.

JOHNSON FOODS LLC

88-2588378

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SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

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THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

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SCHEDULE K-1 SECTION 199A ITEMS, BOX 17  
CODE V

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| DESCRIPTION           | AMOUNT   |
|-----------------------|----------|
| TRADE OR BUSINESS     |          |
| ORDINARY INCOME(LOSS) | -19,139. |

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SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

---

| DESCRIPTION                   | AMOUNT     |
|-------------------------------|------------|
| GROSS RECEIPTS - CURRENT YEAR | 1,177,450. |

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SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

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THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

JOHNSON FOODS LLC

88-2588378

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SCHEDULE K-1 EXCESS BUSINESS LOSS LIMITATION, BOX 17, CODE AJ

---

| DESCRIPTION                                         | AMOUNT   | SHAREHOLDER FILING INSTRUCTIONS |
|-----------------------------------------------------|----------|---------------------------------|
| AGGREGATE BUSINESS ACTIVITY<br>GROSS INCOME OR GAIN | 461,859. | SEE IRS SCH. K-1 INSTRUCTIONS   |
| AGGREGATE BUSINESS ACTIVITY<br>DEDUCTIONS           | 480,998. | SEE IRS SCH. K-1 INSTRUCTIONS   |

|                                                                                                    |                                                                                                                                                                                                                                                                                                 |                    |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Form <b>7004</b><br>(Rev. December 2018)<br>Department of the Treasury<br>Internal Revenue Service | <b>Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns</b><br>▶ File a separate application for each return.<br>▶ Go to <a href="http://www.irs.gov/Form7004">www.irs.gov/Form7004</a> for instructions and the latest information. | OMB No. 1545-0233  |
| <b>Print<br/>or<br/>Type</b>                                                                       | Name                                                                                                                                                                                                                                                                                            | Identifying number |
|                                                                                                    | Number, street, and room or suite no. (If P.O. box, see instructions.)                                                                                                                                                                                                                          | 88-2588378         |
|                                                                                                    | City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)                                                                                                                                    |                    |

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

|                                                                                |                  |                                   |                  |
|--------------------------------------------------------------------------------|------------------|-----------------------------------|------------------|
| 1 Enter the form code for the return listed below that this application is for |                  |                                   |                  |
| <b>Application Is For:</b>                                                     | <b>Form Code</b> | <b>Application Is For:</b>        | <b>Form Code</b> |
| Form 706-GS(D)                                                                 | 01               | Form 1120-ND (section 4951 taxes) | 20               |
| Form 706-GS(T)                                                                 | 02               | Form 1120-PC                      | 21               |
| Form 1041 (bankruptcy estate only)                                             | 03               | Form 1120-POL                     | 22               |
| Form 1041 (estate other than a bankruptcy estate)                              | 04               | Form 1120-REIT                    | 23               |
| Form 1041 (trust)                                                              | 05               | Form 1120-RIC                     | 24               |
| Form 1041-N                                                                    | 06               | Form 1120S                        | 25               |
| Form 1041-QFT                                                                  | 07               | Form 1120-SF                      | 26               |
| Form 1042                                                                      | 08               | Form 3520-A                       | 27               |
| Form 1065                                                                      | 09               | Form 8612                         | 28               |
| Form 1066                                                                      | 11               | Form 8613                         | 29               |
| Form 1120                                                                      | 12               | Form 8725                         | 30               |
| Form 1120-C                                                                    | 34               | Form 8804                         | 31               |
| Form 1120-F                                                                    | 15               | Form 8831                         | 32               |
| Form 1120-FSC                                                                  | 16               | Form 8876                         | 33               |
| Form 1120-H                                                                    | 17               | Form 8924                         | 35               |
| Form 1120-L                                                                    | 18               | Form 8928                         | 36               |
| Form 1120-ND                                                                   | 19               |                                   |                  |

**Part II All Filers Must Complete This Part**

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶ ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶ ☐  
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶ ☐

5a The application is for calendar year \_\_\_\_\_, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

|                                                                     |   |    |
|---------------------------------------------------------------------|---|----|
| 6 Tentative total tax                                               | 6 | 0. |
| 7 <b>Total</b> payments and credits. See instructions               | 7 | 0. |
| 8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions | 8 | 0. |

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

Form 7004 (Rev. 12-2018)

**2023 Form OR-20-S**  
**Oregon S Corporation Tax Return**

Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

☒ Excise tax☐ Income tax

Fiscal year beginning (MM/DD/YYYY)

Fiscal year ending (MM/DD/YYYY)

**See instructions for checkboxes.**☐ New name☐ New address☐ OR-FCG-20☒ Extension☐ Form OR-37☐ REIT/RIC☐ Amended☐ Form OR-24☐ Federal Form 8886☐ GILTI included on  
federal return☐ Accounting period change☐ Alternative apportionment  
request included

Corporation legal name

**JOHNSON FOODS LLC**

Federal employer identification number (FEIN)

**88-2588378**

Doing business as (DBA) or assumed business name (ABN)

Attn: or c/o, first name

Initial

Attn: or c/o, last name

**LUIS****A****PEREZ**

Corporation current address

**5095 10TH AVE NE, SUITE 114**

City

State

ZIP code

**SALEM****OR****97303**

Contact first name

Initial

Contact last name

**LUIS****A****PEREZ**

Contact phone

**720-818-6665**

Email

**LIZ@WEAREVIDAFUL.COM***Continued on next page*

02652301011019

**JF000553**

**2023 Form OR-20-S**

Oregon Department of Revenue

Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Only complete questions A through C if this is your first return, or the answer changed during this tax year.**

A. Incorporated in (state) Incorporated on (date) (MM/DD/YYYY)

B. State of commercial domicile C. Date business activity began in Oregon (MM/DD/YYYY) D. NAICS code

E. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire

F. List the tax years for which your federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax year

G. If first return, indicate: ☐ New business ☐ Successor to previous business

Previous business name

FEIN

H. If final return, indicate: ☐ Withdrawn ☐ Dissolved ☐ Merged or reorganized

Merged or reorganized corporation name

FEIN

I. ☐ Utility or telecommunications companies (see instructions).

J. Enter ordinary business income or loss from federal Form 1120-S ..... J. -19,139.00

K. Fill in the amount of your total Oregon sales ..... K.

Continued on next page



02652301021019

JF000554

**2023 Form OR-20-S**

Oregon Department of Revenue

Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**S corporations without built-in gains or excess net passive income, fill in your apportionment percentage on line 6 then enter -0- on lines 7, 8, and 10 and go to line 11.**

1. Income taxed on federal Form 1120-S from: (a) Built-in gains (see instructions) ..... 1a.
- (b) Excess net passive income (see instructions) ..... 1b.
- Total:** Line 1a plus line 1b ..... **Total 1c.**
2. Total additions from Schedule OR-ASC-CORP, Section A, (only if apply to amounts included in line 1, see instructions) ..... 2.
3. Total subtractions from Schedule OR-ASC-CORP, Section B, (only if apply to amounts included in line 1, see instructions) ..... 3.
4. S corporation income before net loss deduction (line 1c plus line 2, minus line 3) **If income is entirely from Oregon sources, continue. If from both Oregon and other states, see Schedule OR-AP and continue** ..... 4. **0.00**
5. Net loss from prior years as C corporation (deductible from built-in gain income only) (include schedule, enter as a positive number) ..... 5.
6. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23. Enter 100.0000 if you don't apportion income ..... 6. **100.0000** %
- You must attach Schedule OR-AP to apportion income.**
7. **Oregon taxable income** (line 4 minus line 5, or from Schedule OR-AP, part 2, line 12) ..... 7. **0.00**

**Tax**

8. Calculated tax (see instructions) ..... 8. **0.00**
9. Schedule OR-FCG-20 adjustment (see instructions, include schedule) ..... 9.
10. Total calculated tax (line 8 minus line 9) ..... 10. **0.00**
11. Minimum tax (see instructions) ..... 11. **150.00**
12. Tax (greater of line 10 or line 11) ..... 12. **150.00**

Continued on next page



**2023 Form OR-20-S**

Oregon Department of Revenue

Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

13. Tax adjustment for installment sales interest (include schedule) ..... 13.

14. Tax before credits (line 12 plus line 13) ..... 14. 150.00

**Credits**15. Total carryforward credits from Schedule OR-ASC-CORP, Section D  
(see instructions) ..... 15.

16. Tax after carryforward credits (line 14 minus line 15) ..... 16. 150.00

17. LIFO benefit recapture addition (see instructions) ..... 17.

**Net tax**

18. Net tax (line 16 plus line 17, see instructions) ..... 18. 150.00

19. Estimated tax payments from Schedule ES line 8. Include  
payments made with extension ..... 19. 150.0020. **Tax due.** Is line 18 more than line 19? If so, line 18 minus  
line 19 ..... **Tax due** 20.21. **Overpayment.** Is line 18 less than line 19? If so, line 19 minus  
line 18 ..... **Overpayment** 21.

22. Penalty due with this return (see instructions) ..... 22.

23. Interest due with this return (see instructions) ..... 23.

24. Interest on underpayment of estimated tax (include Form OR-37) ... 24.

25. Total penalty and interest (add lines 22 through 24) ..... 25.

26. Total due (line 20 plus line 25) ..... **Total due** 26.*Continued on next page*

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**2023 Form OR-20-S**

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

27. **Refund** available (line 21 minus line 25) ..... **Refund 27.**
28. Amount of refund to be credited to your open estimated  
tax account ..... 28.
29. Net refund (line 27 minus line 28) ..... **Net refund 29.**

**Schedule SM - Oregon modifications passed through to shareholders**

Federal taxable income passed through to the shareholders is adjusted to the extent that items of income, loss, or deduction of the shareholder are required to be adjusted under the provisions of Oregon Revised Statutes, Chapters 314 and 316. Indicate which federal Schedule K-1 line item each modification is for. Don't use Schedule OR-ASC-CORP codes for this section.

**Additions**

1. Interest on government bonds of other states .....1.  
K-1 line
2. Gain or loss on the sale of depreciable property .....2.  
K-1 line
3. Other addition (**include schedule**) .....3.
4. Total Oregon additions .....4.

**Subtractions**

5. Interest from U.S. government, such as Series EE and  
HH bonds .....5.  
K-1 line
6. Gain or loss on the sale of depreciable property .....6.  
K-1 line
7. Work opportunity credit wage reductions .....7.  
K-1 line

*Continued on next page*

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8. Other subtraction (include schedule) ..... 8.

9. Total Oregon subtractions ..... 9.

**Schedule ES - Estimated tax payments, other prepayments, and refundable credits****1. Quarter 1**

Payer name

Payer FEIN

Date paid

1. Amount paid ..... 1.

**2. Quarter 2**

Payer name

Payer FEIN

Date paid

2. Amount paid ..... 2.

**3. Quarter 3**

Payer name

Payer FEIN

Date paid

3. Amount paid ..... 3.

*Continued on next page*

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**4. Quarter 4**

Payer name

Payer FEIN

Date paid

4. Amount paid ..... 4.

5. Overpayment of another year's tax applied as a credit against this  
year's tax ..... 5.6. Payments made with extension or other prepayments for this tax year 6. 150.00  
Date paid (MM/DD/YYYY)

7. Reserved ..... 7.

8. Total prepayments (carry to line 19 above) ..... 8. 150.00

*Continued on next page*

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**2023 Form OR-20-S**

Oregon Department of Revenue

Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.**

Officer signature

X

Date (MM/DD/YYYY)

Officer first name

Initial

Officer last name

LUIS

A

PEREZ

Officer title

**MEMBER****Check the box to authorize** the following individual(s) to receive and provide confidential tax information relating to this return.

Preparer signature other than taxpayer

XMICHAEL J. STEPHANO

Date (MM/DD/YYYY)

Phone

Preparer license number

09/06/2024

610-687-1600

P00446686

Preparer first name

Initial

Preparer last name

MICHAEL

J

STEPHANO

Preparer address

125 STRAFFORD AVE, STE 200

City

State

ZIP code

WAYNE

PA

19087

**Mail refund returns and no tax due returns to:**

Refund, PO Box 14777, Salem OR 97309-0960

**Mail tax-to-pay returns with payment to:**

Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

**Do not include a payment voucher with your return. Include a complete copy of your federal Form 1120-S and schedules, including all federal K-1s or K-1 summary (see instructions).**

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**2023 Schedule OR-K-1**Page 1 of 1, 150-101-002  
(Rev. 08-30-23, ver. 01)

Oregon Department of Revenue



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Office use only

**Distributive Share of Income, Deductions, Credits, etc.**

For owners of pass-through entities

☐ Final OR-K-1 ☐ Amended OR-K-1Beginning Ending  
For calendar year 2023 or fiscal year 01/01/2023 12/31/2023**Part I - Pass-through entity (PTE) information**

|                                        |                   |                      |
|----------------------------------------|-------------------|----------------------|
| Federal employer identification number | PTE name          | Business code number |
| 88-2588378                             | JOHNSON FOODS LLC | 456190               |
| Address                                | City              | State                |
| 5095 10TH AVE NE, SUITE 114            | SALEM             | OR                   |
|                                        |                   | ZIP code             |
|                                        |                   | 97303                |

**Part II - Owner information**

|                        |                    |         |           |
|------------------------|--------------------|---------|-----------|
| Social Security number | Owner's first name | Initial | Last name |
| [REDACTED]             | LUIS               | A       | PEREZ     |
| Address                |                    |         |           |
| 5253 NEWBERG DR N      |                    |         |           |
| City                   |                    |         |           |
| KEIZER                 |                    |         |           |
| State                  |                    |         |           |
| OR                     |                    |         |           |
| ZIP code               |                    |         |           |
| 97303                  |                    |         |           |

  

|                                                                |                                                 |
|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> General partner or LLC member manager | <input checked="" type="checkbox"/> Shareholder |
| <input type="checkbox"/> Limited partner or other LLC member   | <input type="checkbox"/> Beneficiary            |

  

|                                                                     |                                                                                                                                                      |                                                |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Oregon resident? If no, state of legal residence                    | Check the appropriate box                                                                                                                            | Owner's share of profit & loss/stock ownership |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Form OR-OC <input type="checkbox"/> Form OR-19 <input type="checkbox"/> Form OR-19-AF <input type="checkbox"/> Not required | Beginning Ending<br>100.0000 % 100.0000 %      |

**Part III - Distributive share items**

|                          | (a)            | (b)           |
|--------------------------|----------------|---------------|
| Apportionment percentage | Federal column | Oregon column |

**Income (losses)**

|                                            |     |            |
|--------------------------------------------|-----|------------|
| 1. Ordinary business income (loss)         | 1.  | -19,139.00 |
| 2. Net rental real estate income (loss)    | 2.  |            |
| 3. Other net rental income (loss)          | 3.  |            |
| 4. Guaranteed payments to partners         | 4.  |            |
| 5. Interest income                         | 5.  |            |
| 6. Ordinary/qualified dividends            | 6.  |            |
| 7. Royalties                               | 7.  |            |
| 8. Net short-term capital gain (loss)      | 8.  |            |
| 9. Net long-term capital gain (loss)       | 9.  |            |
| 10. Net section 1231 gain (loss)           | 10. |            |
| 11. Other income (loss) (include schedule) | 11. |            |

**Adjustments**

|                                          |     |
|------------------------------------------|-----|
| 12. IRC section 179 expense              | 12. |
| 13. Other adjustments (include schedule) | 13. |

**Oregon additions**

|                                                  |     |
|--------------------------------------------------|-----|
| 14. Interest on state and local government bonds | 14. |
| 15. Other additions (include schedule)           | 15. |

**Oregon subtractions**

|                                           |     |
|-------------------------------------------|-----|
| 16. U.S. government interest              | 16. |
| 17. Depreciation                          | 17. |
| 18. Other subtractions (include schedule) | 18. |

**Oregon credits**

|                                |     |
|--------------------------------|-----|
| 19. Credits (include schedule) | 19. |
|--------------------------------|-----|

**Payments**

|                                                    |     |
|----------------------------------------------------|-----|
| 20. PTE owner payment from Form OR-19              | 20. |
| 21. Tax paid on Form OR-OC filed on owner's behalf | 21. |

373861 11-20-23

Keep this schedule with your tax records. Don't submit with your individual tax return or the PTE return.

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2023.04020 JOHNSON FOODS LLC

105754.1