#### **Proposal to Resume Company Operations**

Due to the absence of progress in the China trade talks over the past year (which halted sales to Walmart China), rejection of the Costco organic beef sales proposal, the failure to secure appropriate financing for the feedyard acquisition, and, most importantly, the summary judgement in the Smith et al shareholder litigation which eliminated all possibilities of raising debt or equity, Company operations have been suspended for some time. To avoid prejudicing the situation still further with prospective customers, this suspension was undertaken quietly.

To induce the founder to resume operations for an additional limited period with no cash compensation, Smith et al must undertake to mitigate certain aspects of the current situation. The required actions are as follows:

- Smith and related parties to withdraw/vacate all Summary Judgements with Prejudice on or before January 15, 2020.
- Smith and related parties to agree not to litigate in the future, any dispute is to be settled by binding arbitration.
- Smith and related parties to convert all outstanding debt of Winnett Perico and its subs to common stock of Winnett Perico
- Smith and/or related parties to make a \$20,000 equity investment in Winnett Perico no later than January 17, 2020.

In turn, the Company will undertake the following:

- Smith and/or related parties will receive shares to increase their total undiluted interest in the company to 7% in exchange for the debt conversion and additional investment.
- Operations will resume from the date of Smith's \$20,000 investment until April 17, 2020 in a good faith effort to secure approximately \$4 million of already contracted business with Walmart China and with such other customers in China and the US as the company can secure. If Company is not successful in securing the Walmart China business or other business of equivalent value, it will cease operation.

#### **Background**

Trump announced the trade war with China in June 2018. As a result, China retaliated against US agricultural products, including beef. Although little substantive progress has been made on

the core trade issues, Trump is scheduled to sign an interim trade agreement with China on January 15, 2020. Assuming this occurs, tariffs on agricultural products, including beef imports to China, should return to the same levels as prior to the trade war. This will facilitate beef imports by Walmart China (originally scheduled to begin Summer 2018 after a nine-month onboarding process) and by other retailers in China.

In addition to \$4 million of sales planned with Walmart China to occur beginning in the second half of 2018, by spring 2019 the Company had nearly \$200 million of sales proposals out to other Chinese companies. At that time, it was believed the trade would end shortly as Trump announced one of several false dawns in the trade war.

While the economic situation in China has deteriorated somewhat since that time, the beef market has continued to experience growth, with most of that growth going to South American and Australian producers. We expect to be able to capture some portion of the growth in the Chinese market on an ongoing basis, assuming the trade hostilities between the two countries are not reignited.

The number of Chinese middle-class citizens is substantially larger than the total population of the US. However, beef sales in China have only started to grow significantly in the last 10 years or so as their middle-class earning power begins to catch up with the West. China closed its beef market to the US in 2003 as a result of the BSE outbreak in the US. China reopened to US beef in mid-2017 for about a year before Trump's trade hostilities commenced. We were onboarding with Walmart from late 2017 through mid-2018, and ready to ship trial orders under the contract just as the trade war commenced.

The total Chinese beef market in 2018 was around \$6 billion and growing about \$1 billion dollars per year. By comparison, the US beef market is around \$110 billion. The market potential in China is immense and the country is largely being ignored by the big US beef producers. This provides a strategic opportunity for us, particularly given the respect other Chinese retailers have for Walmart China, and the pork shortage caused by the outbreak of Asian Swine Flu in China in 2019.

Once our distribution agreement with Walmart China moves past the trial period, we will be able to leverage this arrangement into sales to other Chinese retailers. We also expect to be able to market premium cuts, not currently sought by Chinese mass retailers, into Chinese domestic and international hotels and other high-end establishments. It is also important to note that about 95% of the US beef supply is not acceptable in China due to the widespread use of growth promotants in the conventional US cattle business. China accepts only natural beef, raised without growth promotants.

We will distribute beef products to companies other than Walmart China using a wholly owned Chinese subsidiary we will establish to directly import beef to China. There are several reliable frozen foods logistics companies in China and a modern, efficient power grid to sustain their operations.

We have likely sources for work in process and purchase order financing for follow-on orders once we establish that Walmart China will accept the beef we procure. This interim financing is 2 to 3 times more expensive than conventional sources. However, we should be able to replace it with more conventional sources by the end of 2020 as the business becomes more established and we are able to add customers in China. Assuming sales grow at a reasonable rate in 2020, we expect to raise the equity required for a major expansion in China in the fourth quarter of 2020 or first quarter of 2021.

#### Agreement

Signature and date

On behalf of Smith et al, it is hereby agreed to resume operations of Winnett Perico and its subs under the terms and conditions described in this memo:

Signature and date

.
On behalf of the Company. Its subs, and Founder:



Legal Business Name Sheldon Beef Inc
EIN# 84=4406368
Date 1/10/2020

#### **Documents Required For A Corporation**

NONE		Current Accounts Receivable Aging Report				
BELOW		Company Information – Application and Origination Statement (Have your signature notarizunder "Origination Statement")				
		\$400 due diligence check per company made payable to 'Capstone Capital Group, LLC'				
SEPARATI BELOW		Certificate of Officers' and Corporate Resolution. Affix corporate seal (if your state requires you to have one) to bottom of page.				
ATTACHE	D□	Copy of Articles of Incorporation and/or DBA certificate				
NONE		Copies of Invoices to be purchased				
NONE		Copies of Contracts, or Purchase Orders and bonds (if applicable) to match the invoices				
ATTACHE	D	Customer List of all customers you are dealing with (please include addresses and phone numbers, as well as contact person) and list of all jobs currently working on (for construction only)				
NONE		Current Accounts Payable Aging Summary				
ATTACHE	D	Copy of Driver's License of all principals				
BUS PLAN		Narrative of Company History				
ATTACHEI NONE	D 🗖	Professional License (Mandatory for construction contractors/subcontractors working on projects located in Washington state, Oregon, California, Nevada, Arizona, and New Mexico)				
NONE		Proof of Insurance				
ATTACHE	D□	W-9 Form				
NONE		Most recent full monthly bank statement for main operational account				
	Fo	or Purchase Order and Trade Financing Only:				
NONE		Corporate Financial Statements (2 years and interim)				
ATTACHED	Projection					



810 Seventh Avenue, 27<sup>th</sup> Floor, New York, NY 10019 *Tel: 347 821 3400 Fax: 212 755 6833* 

\* indicates required fields

#### \*COMPANY INFORMATION:

Name of Organization (Legal): Sheldon Beef Inc	
Contact Person: Dennis Brewer	Title: CEO
Referred By:	
Mailing Address: Place	
City, State, Zip: Edgewater NJ 07020	
Same Physical Address:	
City, State, Zip:	
Years at Physical Location: 0	
Telephone Number: 201-669-4933	_ Fax Number:
Cell Number:201-669-4933	-
E-mail Address:	_Web Page:
D/B/A or Trade Name: Shelcdon Beef Inc	
Date Incorporated: 1/23/2020 State of Incorporation	ı: NJ EIN: <u>84-4406368</u>
Description of Products or Services: Beef - USDA inspec	cted grainfed beef, USDA inspected grainfed organic bee
Additional Locations (if any):	
Names of Related Entities, Subsidiaries, etc. (if any):	
Number of Employees: None. Founder is sole per	rson spending ful ltime at date of this application.

#### **For Corporations**

President	Name: Dennis Brewer	
	Tele: 201-669-4933	Email dbrewer@sheldonbeef.com
Vice President	Name:	
	Tele:	Email
Corporate Secretary	Name:	
	Tele:	Email

#### \*PRINCIPAL INFORMATION Provide the following information for *each* Principal with 10% or greater ownership.

Name: Dennis Brewer		Title: CEO
Home Address: Place Edgew	rater, NJ 07020	
Home Phone:	Cell Phone:	
SS #:	E-Mail Address:	
Years with Company: 0	Years in Industry: 25	% Owned: 100% at date of application
Other Business Holdings: None		
Description: MBA, CPA, 10 years bueins	ss development in beef and relate	d industries.

#### \*COMPANY BANKING AND BORROWING INFORMATION:

Are any loai	ns secured loans (i.e did you	pledge any assets to	guarantee loans?)	Yes	No	NONE
If yes, pleas	e explain:					
Wiring:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	Wire Rouitng Number 1130	000609		
Bank Name	: Chase		ABA Routing Number: 0212	02337		
Account#:_	570482718	Bank Officer:	Phone	e: <u>800-24</u>	<u>12-7338</u>	
(Please com	plete attached W-9)					
Receivables	Information:					
Are any exte	ended terms given? Ye	,	Any consignment sales?		Yes	No NONE
Any progres	ss payment receivables? Yo	Walmart 0 es No NONE	Any bill and hold sales?		Yes	No NONE
Are your ob	ligations to account debtors	not fully performed a	at time of invoicing? Fully Pe	rformed	Yes	No
Do you mak related?	• •	ntes, related companie DNE	s, or individuals to which any	of your E	xecutive	Officers are
Do you obta	nin Performance and/or Pay	ment Bonds on your jo	obs? NONE		Yes	No
•	nswered to any of the above hina 60 days from shipn		Nalmart designee prior to l	eaving U	JS port.	

#### \*GROSS COMPANY SALES AND ACCOUNTS RECEIVABLE INFORMATION:

Average Monthly Sales Volume: \$200,000 intially	Projected Sales Volume Next 12 Months: 11 million				
Average Invoice Amount: \$100,000 to \$250,000	Standard Selling Terms: Due at time of shipment, LC				
Please indicate the amount of backorders you are waiting to	fulfill: NONE				

#### \*GROSS SALES BY CUSTOMER:

Customer Name: Wa	almart Cl	nina			
Address:					
Phone Number:					Fax Number:
Average Monthly Sales	Volume: (	\$200,000	0 initially		Projected Sales Volume: \$4 million
Average Invoice Amoun	nt: \$100,(	000 to \$2	200,000	Sta	andard Selling Terms: 60 days from shipment
Please indicate the amo	unt of bac	korders y	ou are waiting to	fulfi	ill: NONE
* Attach a separate she Are you in bankruptcy? Are there any Judgment If yes, please explain:	NO s, suits, or	Yes liens pen	No Dock	ket#: <sub>-</sub> comj	Court:
	and relat	ed entiti	es. No funds a	vaila	able to defend. Suit based upon false premise that ing which created an event of default.
*CUSTOMER PA	YMEN	r MET	HODS:		
By Credit Card?	Yes	No	NO		
If yes, what is the averag	ge yearly a	mount?_			Monthly Amount?
By Wire Transfer?	Yes	No	YES		
If yes, what is the averag	ge yearly a	mount?_	50%		Monthly Amount?50%
By Letter of Credit			50% mon	ıthlv	50% annually

*Plea	Please check the type of financing you are looking for:							
	Single Invoice Factoring							
xx	Purchase Order Financing							
xx	Trade Financing							

#### \*ORIGINATION AGREEMENT

The undersigned, at the initiation of its relationship with Capstone Capital Group, LLC, Capstone Credit LLC, or its subsidiaries ("Capstone"), warrants that there are no local, state or federal tax liens, or previous UCC filings against its current or future receivables, and shall pay a \$400 processing fee which shall be applied to the cost of filing UCC-1 financing statement(s) or any other public records required by Capstone to comply with applicable state or federal laws. The undersigned further grants Capstone authority to file UCC-1 Financing Statement(s) against the undersigned as "Debtor" in such jurisdictions as Capstone deems appropriate in order to effect and/or perfect security interests granted according to the tenor of any and all current and future agreements with Capstone in which the undersigned grants Capstone a security interest, and/or any loan documents that may be executed by the parties or for any debtor notifications necessary to inform undersigned's account debtors of any and all assignments and to describe the collateral in the UCC-1 Financing Statement as "all assets". Undersigned further agrees that it will not further encumber its assets or increase the indebtedness thereon, or transfer or assign said assets except in the ordinary course of business. In addition, the undersigned shall be responsible to reimburse Capstone for expenses reasonably incurred on behalf of the undersigned including, but not limited to Federal Express (or similar service) charges, credit investigations, legal fees, lien searches, and periodic tax lien searches; Capstone shall be authorized to deduct all such expenses from any rebate or exchange credits of the undersigned it shall be holding to the credit of the undersigned. In the event the undersigned terminates its relationship with Capstone it will be charged a fee of \$750 for the preparation and filing of a UCC-3 Financing Statement. New York law (without regard to conflicts of laws), jurisdiction and venue shall apply hereto. The undersigned waives any defense to jurisdiction and venue in the state of New York. Any claims asserted against Capstone with respect to this agreement or any other agreement between Capstone and the undersigned shall only be brought in the State or Federal Courts sitting in the City of New York.

1, 10

Company:	Sheldon Beef Inc	Sampo	1) brewer	
By:	Dennis Brewer		Title: CEO	
Date: Janua	ary 10, 2020			
Affirmation and Cert State of Cour	tification: nty of :SS			
Sworn to before me	thisday of	, 20		
Signature of Notar	y Public			

#### CERTIFICATE OF OFFICER(S) AGREEMENT & CORPORATE RESOLUTION

Sale, and other fi The exact legal tit Corporation was f standing. The chief place of	nancing agreements with the of the Corporation is formed on (01/23/2020) business of the Corporation place of business e	1 Sheldon Beef In Sheldon Beef In under the laws out tion is	Inc (The "Corporati	nto Factoring, Purchase & ion"), I hereby certify that; That the and is currently in good  J 07020
				ners of the Corporation alf of the Corporation.
Name & Title	Home Address Phone Numbers	% Ownership	Date of Birth/ Social Security#/ Driver's License#	Signature & Permission to Draw Credit &  Background Lyfo
Dennis Brewer	Edgewater, NJ	100	09/23/1955	Femin & Brew
			B73661638209554	
	the duly elected Secretar at a meeting held on	-		olutions duly adopted by the
The Corporation agreements with Cofficers are author relating thereto; an The above listed of the Corporation's n quasi- government	is authorized to enter in apstone Credit, LLC, its sized to sign, or to design a d  Ticers are also authorized ame on any and all any n all entities (or other governed)	ato Factoring, Pusubsidiaries and/orate someone to sint to sign, or grant otices of assignment required as	archase & Sale, and ot r its affiliates ("Capstone" gn the Corporation's nan authority to Capstone, to ents, or other forms requ ssignment forms) for the	her financing and security '), and all the above listed ne on any and all documents o sign on behalf of the Corporation, nired by any governmental or purpose of perfecting the to recover from a default of any
agreement entered	into with Capstone.		•	·
WITNESS my han day of <u>January</u>	nd and the seal of the Corp , 20_20	ooration at Edg	jewater NJ	, this10th
	ABLE NING Secretary:	2 mip &	Bewer	
	hereby certifies that the for e Corporation No other			e Secretary and sealed
Name:	WANT OF	J WWW	(T. I	cc at at at
Title: N	OTARY		(To be signed by an corporate secretary)	officer other than the

# Form W-9 (Rev. December 2014) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

HIIGHE	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	-			- 15				_
	Sheldon Beef Inc								
62	2 Business name/disregarded entity name, if different from above								_
Specific Instructions on page	District all facts are sistence and Commenter De Commenter Description	S-7-107.		certa instri Exen Exen code	emption in entitie actions o apt payer aption fro (if any)	s, not in in page e code ( om FAT	ndividú 3): (if any)_ 'CA rep	als; see	
E	☐ Other (see instructions) ►				a to accoun		9000 nc-n	to the U.S.	Ĕ
in the	6 Address (number, street, and apt. or suite no.)	Requester's	s name	and ad	dress (o	ptional)			
ě	Place	MINICOLON DATE OF THE PARTY OF							
See	Edgewater NJ 07020								
	7 List account number(s) here (optional)								_
Pa	Taxpayer Identification Number (TIN)	2044		100					00
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av-	Carried .	ocial se	ourity	number	Ä			
	up withholding. For individuals, this is generally your social security number (SSN). However, for			100		7.0		1	.15
entitie	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see How to ge	t a	40.40	1,50		. 7		000	Ų,
	on page 3.	or		1.0					
	. If the account is in more than one name, see the instructions for line 1 and the chart on page	T.	nploye	rident	fication	numbe	er .	- 88	
	elines on whose number to enter.	7 101	T		TT	TT	$\overline{}$	ΤÏ	
		8	4	- 4	4 0	6	3   6	8	
Par	t   Certification	Ø2	Ø Ø	-23	33 - 73	100 - 10	9 139	3333	_
Unde	er penalties of perjury, I certify that:								_
	he number shown on this form is my correct taxpayer identification number (or I am waiting for	a number t	to be is	ssued	to mel:	and			
	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b		been	notifie	d by th		nal Re	venue	

- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are nativequired to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign

Signature of U.S. person ▶

Date January 10, 2020

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- . Form 1099-INT (interest earned or paid)
- . Form 1099-DIV (dividends, including those from stocks or mutual funds)
- . Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-S (proceeds from real estate transactions)
- . Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- . Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Form W-9 (Rev. 12-2014) Page 2

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- . An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received. the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- . In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example, Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1994) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

#### Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, 2. You do not furnish your TIN to the requester, 2. You do not furnish your TIN to the requester, 3 for details),

- 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IPS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt ayee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

#### What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information,

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

#### Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

 a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Form W-9 (Rev. 12-2014) Page 3

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2503 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

#### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
  - 2-The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
  - B-A real estate investment trust
- 9—An entity registered at all times during the tax year under the investment Company Act of 1940
  - 10-A common trust fund operated by a bank under section 584(a)
  - 11-A financial institution
- 12-A middleman known in the investment community as a nominee or oustodian
  - 13-A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for				
Interest and dividend payments	All exempt payees except for 7				
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.				
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4				
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>				
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4				

LP Evidentiary Exhibits Page 009801

<sup>a</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A-An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
  - B-The United States or any of its agencies or instrumentalities
- C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.3472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
  - G-A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
  - I-A common trust fund as defined in section 584(a)
  - J-A bank as defined in section 581
  - K-A broker
  - L-A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### l ine 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

#### Line f

Enter your city, state, and ZIP code.

#### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident aften and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (TIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreigh 1/30/2022 the appropriate Form W-8.

Form W-9 (Rev. 12-2014) Page 4

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:	
Individual     Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account'	
Custodian account of a minor (Uniform Gift to Minors Act)	The minor*	
a. The usual revocable savings trust (grantor is also trustee)     b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee' The actual owner'	
<ol> <li>Sole proprietorship or disregarded entity owned by an individual</li> </ol>	The owner*	
Grantor trust fling under Optional     Form 1099 Filing Method 1 (see     Regulations section 1.671-4(b)(2)(i)     (A))	The grantor*	
For this type of account:	Give name and EIN of:	
<ol> <li>Disregarded entity not owned by an individual</li> </ol>	The owner	
B. A valid trust, estate, or pension trust	Legal entity	
Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation	
<ol> <li>Association, club, religious, charitable, educational, or other tax- exempt organization</li> </ol>	The organization	
11. Partnership or multi-member LLC	The partnership	
12. A broker or registered nominee	The broker or nominee	
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity	
<ol> <li>Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)</li> </ol>	The trust	

List first and circle the name of the person whose number you furnish. If only one person on a

LP Evidentiary Exhibits Page 009802

(B)

- You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use aither your SSN or EIN if you have one), but the IRS encourages you to use your SSN.
- List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for pertnerships on page 2.
  "Note. Grantor also must provide a Form W-9 to trustee of trust

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

#### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- . Protect your SSN,
- . Ensure your employer is protecting your SSN, and
- . Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scarn the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spamQuce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

#### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abundonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Poutine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information

# Articles of Incorporation

A set of formal documents filed with the Secretary of State to legally document the creation of a new business entity.







## NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

#### **CERTIFICATE OF INC, (PROFIT)**

#### SHELDON BEEF INC 0450456828

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 01/23/2020 and was assigned identification number 0450456828. Following are the articles that constitute its original certificate.

#### 1. Name:

SHELDON BEEF INC

#### 2. Registered Agent:

LEGALINC CORPORATE SERVICES INC.

#### 3. Registered Office:

301 ROUTE 17 NORTH SUITE 800 # 12-40 RUTHERFORD, NEW JERSEY 07070

#### 4. Business Purpose:

DOMESTIC AND INTERNATIONAL SALES OF FOOD.

#### 5. Duration:

PERPETUAL

#### 6. Stock:

1000000

#### 7. Effective Date of this filing is:

01/23/2020

#### 8. First Board of Directors:

DENNIS BREWER
CITY PLACE, 1210
EDGEWATER, NEW JERSEY 07020

#### 9. Incorporators:

LOVETTE DOBSON 17350 STATE HWY 249 #220 HOUSTON, TEXAS 77064

#### 10. Main Business Address:

PL

EDGEWATER, NEW JERSEY 07020

#### Signatures:

LOVETTE DOBSON INCORPORATOR

## NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

#### **CERTIFICATE OF INC, (PROFIT)**

### SHELDON BEEF INC 0450456828



Certificate Number : 4095157951 Verify this certificate online at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 23rd day of January, 2020

Ship Men

Elizabeth Maher Muoio State Treasurer



## **FORM NJ-REG**

All new business entities in New Jersey are required to file Form NJ-REG to registered for tax and employer purposes. Filing Form NJ-REG ensures that the business registered under the correct tax identification number and that it will receive the proper returns and notices. The NJ-REG, must be filed within 60 days of filing the new business entity, there is no fee for this filing.





#### STATE OF NEW JERSEY MAIL TO: **NJ-REG** DIVISION OF REVENUE **CLIENT REGISTRATION** BUSINESS REGISTRATION APPLICATION PO BOX 252 TRENTON, NJ 08646-0252 Please read instructions carefully before filling out this form NO FEE REQUIRED \* ALL SECTIONS MUST BE FULLY COMPLETED OVERNIGHT DELIVERY: **CLIENT REGISTRATION** A. Please indicate the reason for your filing this application: 33 West State St 3rd FL XXOriginal application for a new business TRENTON, NJ 08608 ☐ Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG) Hotline ☐ Amended application for an existing business (609) 292-9292 Reason(s) for amending application: www.nj.gov/treasury/revenue/ ☐ Application for an additional location of an existing registered business ☐ Employer of Domestic Household Employee(s) ☐ Applying for a Business Registration Certificate DETAIL ☐ Withholding for Employee(s) residing in NJ (Not doing business or employing in NJ) STRATION 8 OR Soc. Sec. # of Owner B. FEIN# ☐ Check Box if "Applied for Sheldon Beef Inc C. Name (If your business entity is a Corporation, LLC, LLP, LP or Non-Profit Organization, give entity name. IF NOT, give Name of Owner or Partners) Sheldon Beef D. Trade Name F. Mailing Name and Address: (if different from business address) E. Business Location: (Do not use P.O. Box for Location Address) Name Street \_ Street State City \_\_\_\_ Edgewater State City\_\_\_\_ Zip Code Zip Code (Give 9-digit Zip) (See instructions for providing alternate addresses) (Give 9-digit Zip) / 2020 (see instructions) G. Beginning date for this business: O/C month H. Type of ownership (check one): ☐ Out-of-State Corporation ☐ LLP □ Other ☐ Partnership ☐ Sole Proprietor XXXXVJ Corporation ☐ S Corporation (You must complete page 41) ☐ LLC (1120 Filer) ☐ LLC (Single Member) ☐ LLC (1065 Filer) ☐ Limited Partnership (see instructions) ☐ Domestic (Household Employer) I. New Jersey Business Code FOR OFFICIAL USE ONLY Bergen (see instructions) K. County DLN J. County / Municipality Code ( New Jersey only ) L. Will this business be SEASONAL? xxxNo If YES - Circle months business will be open: DETAIL JUL AUG SEPT OCT NOV DEC APR MAY JAN FEB MAR JUN **JSINESS** M. If an ENTITY (Item C) complete the following: Date of Incorporation: $\frac{01}{\text{month}}$ / $\frac{23}{\text{day}}$ / $\frac{2020}{\text{year}}$ State of Incorporation N Fiscal month NJ Business/Corp. # 8 Is this a Subsidiary of another corporation? 口 YES 知效O If YES, give name and Federal ID# of parent: O. NAICS (If known) (If known) N. Standard Industrial Code P. Provide the following information for the owner, partners or responsible corporate officers. (If more space is needed, attach rider) PERCENT OF SOCIAL SECURITY NUMBER HOME ADDRESS NAME OWNERSHIP (Street, City, State, Zip) (Last Name, First, MI) Brewer, Dennis S. Chief executive Officer DETAIL OWNERSHIP BE SURE TO COMPLETE NEXT PAGE LP Fyidentiary Exhibits Page

FEIN#	:	84=4406368	NAME:	Sheldor	Beef Inc			NJ	-REG
		Ea	ich Question M	lust Be Answ	ered Completely				
1. ;	a.	Have you or will you be paying wages, salaries or cor	mmissions to en	nployees work	ing in New Jersey	within the next 6 months?		□ Yes :	XXXXVo
		Give date of first wage or salary payment:			/ Year				
		If you answered "No" to question 1.a., please be awa at PO Box 252, Trenton NJ 08646-0252, or phone (60		gin paying wa	ges you are requir	ed to notify the Client Registratio	n Bureau	J	
	b.	Give date of hiring first NJ employee:	Month	/ Day	/ Year				
	C.	Date cumulative gross payroll exceeds \$1,000		,	/				
	d.	Will you be paying wages, salaries or commissions to							
	e.	Will you be the payer of pension or annuity income to	New Jersey re	sidents?			[	□ Yes :	XXXXNo .
	f.	Will you be holding legalized games of chance in New proceeds from any one prize exceed \$1,000?	w Jersey (as de	fined in Chapt	er 47 Rules of Leg	alized Games of Chance) where	[	□ Yes ː	XXXXNo
	g.	Is this business a PEO (Employee Leasing Company	r)? (If yes, see	e page 6)				□ Yes	<b>₹</b> X <sup>N</sup> o
		d you acquire □ Substantially all the assets; □ Trade	or business;	Employees;	of any previous em	nploying units?	[	□ Yes	<b>XX</b> No
	15 -	answer is "No", go to question 4. answer is "Yes", indicate by a check whether □ in who acquired unit and the date business was acquired by y	le or □ in part, you. (If more th	and list busin an one, list se	ess name, address parately. Continue	and registration number of pred on separate sheet if necessary.	)		
	Na	ame of Acquired Unit				ACQUIRED		ERCEN ACQUIF	
				N.J. E	mployer ID	☐ Assets			%
	Ad	ldress				☐ Trade or Business ☐ Employees			% %
				Date	e Acquired	□ Employees	***************************************		
4.	ls	e the predecessor and successor units owned or contryour employment agricultural?your employment household?						□ Yes	<b>XX</b> N0 <b>XX</b> N0
	a.	If yes, please indicate the date in the calendar quart	er in which gros	ss cash wages	totaled \$1,000 of	Month Day	Yea	ar	
6.	Ar	e you a 501(c)(3) organization?	REG-1E at http	o://www.state.	nj.us/treasury/taxati	ion/pdf/other_forms/sales/reg1e.p	odf	□ Yes	<b>X</b> No
7	14/	ere you subject to the Federal Unemployment Tax Act						□ Yes	□ No XX
7.		ee instruction sheet for explanation of FUTA) If "Yes",							XX
8.	a.	Does this employing unit claim exemption from liabili If "Yes," please state reason. (Use additional sheets				mpensation Law of New Jersey?		□ Yes	<b>KX</b> No
	b.	If exemption from the mandatory provisions of the Ur wish to voluntarily elect to become subject to its prov	nemployment Co	ompensation lod of not less	aw of New Jersey than two complete	is claimed, does this employing calendar years?	unit	□ Yes	<b>XX</b> No
9.	Τv	rpe of business ☐ 1. Manufacturer		☐ 2. Servic	Э	XXX 3. Wholesale			
	,	☐ 4. Construction		☐ 5. Retail		☐ 6. Governmen	t		
	Pr	incipal product or service in New Jersey only Adr	minstrative l	headquar	ers only - Be	ef Wholesaling			
		•	nistrative he	adquarte	s only - Beef	Wholesaling			
10.	Lis	st below each place of business and each class of indugage in only one class of industry.  Do you have more than one employing facility in New						□ Yes	<b>XXX</b> 0
	a.	Do you have more than one employing facility in Nev	w Jersey						• •
		NJ WORK LOCATIONS (Physical location, not mailing add	dress)		NATURE OF B	IUSINESS (See Instructions)		i	of Workers at
		The manufacture of the second of the manufacture	<u> </u>		NAICS	Principal Product or Service	e		ch Location n Each Class
		Street Address, City, Zip Code	Co	unty	Code	Complete Description	%		of Industry
			Berge	n	424470	Beef Wholesaling	100	1	

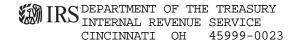
(Continue on separate sheet, if necessary)

FEIN:	-	84-4406368 NAME: Sheldon Beef Inc	MJ-K	LG
	_	Each Question Must Be Answered Completely		
11.	a.	Will you collect New Jersey Sales Tax and/or pay Use Tax?  GIVE EXACT DATE YOU EXPECT TO MAKE FIRST SALE/  Month Day Year	□ Yes	<b>XX</b> Vo
	b.	Will you need to make exempt purchases for your inventory or to produce your product?	☐ Yes	□ No XX
		Is your business located in (check applicable box(es)): ☐ Atlantic City ☐ Salem County ☐ North Wildwood ☐ Wildwood Crest ☐ Wildwood  Do you have more than one location in New Jersey that collects New Jersey Sales Tax? (If yes, see instructions)	☐ Yes	Θ <b>γ</b> γΩ
	_	Do you, in the regular course of business, sell, store, deliver or transport natural gas or electricity to users or customers in this state whether by mains, lines or pipes located within this State or by any other means of delivery?	□ Yes	□No
12.	D٥	you intend to sell cigarettes?	□ Yes	<b>⊠x</b> No
		To obtain a cigarette retail or vending machine license complete the form CM-100 on page 48.  Are you a <b>distributor</b> or <b>wholesaler</b> of tobacco products other than cigarettes?	☐ Yes	XXNo
,	b.	Do you purchase tobacco products other than cigarettes from outside the State of New Jersey?	☐ Yes	XX <sup>No</sup>
14.	Are	e you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? See instructions for retailer	☐ Yes	<b>XX</b> No
15	Are	bility and definition of litter-generating products. e you an owner or operator of a sanitary landfill facility in New Jersey?	□ Yes	⊼x <sup>No</sup>
16.	IF a.	YES, indicate D.E.P. Facility # and type (See instructions)		<b>XX</b> No
	b.	Do you operate a facility that has the total combined capacity to store 20,000 gallons (equals 167,043 pounds) of hazardous chemicals?	☐ Yes	₩No
	C.	Do you store petroleum products or hazardous chemicals at a public storage terminal?	☐ Yes	<b>K</b> No
17.	a.	Will you be involved with the sale petroleum products?  Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG. You will be sent a motor fuel licence application (MFA-1) or you can download this application at www.state.nj.us/treasury/taxation/prntmf.sht		₩No
		Will your company be engaged in the refining and/or distributing of petroleum products for distribution in this State or the importing of petroleum products into New Jersey for consumption in New Jersey?	□ Yes	₩No
		Will your business activity require you to issue a Direct Payment Permit in lieu of payment of the Petroleum Products Gross Receipts Tax on your purchases of petroleum products?	□ Yes	<b>x</b> kNo
18.	in	fill you be providing goods and services as a direct contractor or subcontractor to the state, other public agencies cluding local governments, colleges and universities and school boards, or to casino licensees?	□ Yes	ΧΧNο
19.	OI.	fill you be engaged in the business of renting motor vehicles for the transportation of persons ron-commercial freight?	□ Yes	□No
20.		your business a hotel, motel, bed & breakfast or similar facility and located in the State of New Jersey?		₩No
21.	۱۸	Vill this business be operating in the Sports and Entertament District of Millville NJ?  yes, will the business be engaged in obtaining gross receipts from any of the following (Circle all that apply if "Yes")		
<u>a</u> Sa	iles	s, rental or leases of tangible personal property <u>b</u> . Sales of food & drink? <u>c</u> . Charges of admission <u>d</u> .Rental charges for hotel occupa	inciesI	
22.	D	o you make retail sales of new motor vehicle tires, or sell or lease motor vehicles?	☐ Yes	<b>XX</b> No
23.	<b>D</b>	to you provide "cosmetic medical procedures" or goods or occupancies directly associated with such procedures?		<b>XX</b> No
24.	n	ype of Business	□ Yes	<b>XX</b> No
25.	С	contact Information: Person Dennis Brewer Title: CEO		
	D	Daytime Phone: ( 201 ) 6694933Ext E-mail address: dbrewer@sheldonbeef.co	om	
	S	Signature of Owner, Partner or Officer:	20	
	Т	itle <u>CEO</u> Date:		

#### NO FEE IS REQUIRED TO FILE THIS FORM

IF YOU ARE A SOLE PROPRIETOR OR A PARTNERSHIP WITHOUT EMPLOYEES - STOP HERE - IF YOU HAVE EMPLOYEES PROCEED TO THE STATE OF NJ NEW HIRE REPORTING FORM ON PAGE 29

IF YOU ARE FORMING A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR A LIMITED LIABILITY PARTNERSHIP YOU MUST CONTINUE ANSWERING APPLICABLE QUESTIONS ON PAGES 23 AND 24



Date of this notice: 01-23-2020

Employer Identification Number:

84-4406368

Form: SS-4

Number of this notice: CP 575 A

SHELDON BEEF INC
PL
EDGEWATER, NJ 07020

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4406368. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SHEL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-23-2020 ( ) – EMPLOYER IDENT

EMPLOYER IDENTIFICATION NUMBER: 84-4406368

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

SHELDON BEEF INC PL EDGEWATER, NJ 07020

#### **Sheldon Beef Current and Projected Shareholdings**

	2020	2025	
Sullivan	3000	3000	
Belli	2500	2500	
Petersen	2000	2000	
Waseman	1250	9000	7750 options vesting in 3 years
Nickless	1250	9000	7750 options vesting in 3 years
Subtotal	10000	25500	
	9.1%	16.3%	
Brewer	100000	100000	
	90.9%	63.7%	
Converted Notes		31400	
		20.0%	
Total	110000	156900	
	100.0%	100.0%	
Canchola	250	8000	7750 options vesting in 3 years

#### General Assumptions:

1,000,000 common shares authorized.

Assumes Notes are converted at maturiity.

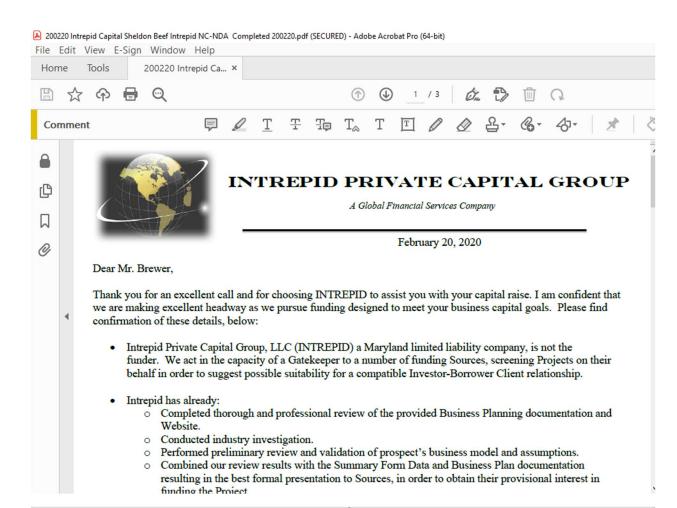
Assumes all options are converted to shares (fully diluted).

Assumes no more options are issued. It is likely that additional options will be issued. Issuance of additional options will result in additional shares being issued to holders of Converted Notes, diluting other shareholders.

Assumes no additional equity financing is consummated.

Return is not guaranteed and shareholders may be subject to additional dilution by stock option plans and/or additional equity investment.

200220 Intrepid Capital Sheldon Beef Intrepid NC-NDA Completed 200220.pdf is reproduced here as a series of screenshots as the original document is password protected and the password is unknown. Original file can be produced for inspection as needed.



resulting in the best formal presentation to Sources, in order to obtain their provisional interest in funding the Project.

- Intrepid performs neither official underwriting nor due diligence regarding Client representations or business
  planning documentations, therefore, is in no position to guarantee any funding outcome. It is understood that
  underwriting and due diligence and the time expended therefore is solely the province of the funding
  Source(s). These risk assessment services are performed at the Client's expense.
- Funding by our Source(s) may take the form of: 1) straight debt capital funding, 2) equity share/joint venture funding, or 3) a 'blend' of the two approaches.

If you have any further questions, please be sure to contact me for resolution at: +1-410-535-3400 or by email at: ceo@intrepidexecutivegroup.com. We at Intrepid Private Capital Group genuinely look forward to addressing your business capital requirements.

Thank you for your complete cooperation.

Best regards,

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Thank you for your complete cooperation.

Best regards,

John Callender, CEO

Page 1 of 3



#### INTREPID PRIVATE CAPITAL GROUP

A Global Financial Services Company

#### **MUTUAL NON-CIRCUMVENTION, NON-DISCLOSURE AGREEMENT**

This agreement is entered into and effective as of February 20, 2020

#### Between:

Intrepid Private Capital Group, LLC. – doing business at 135 W. Dares Beach Road, Prince Frederick, MD 20678 USA (hereafter, "INTREPID")

Legally represented by John Callender, CEO

and

Sheldon Beef, Inc. - doing business at 1210 City Place, Edgewater, NJ 07020 USA (hereafter, "Client")

Legally represented by Dennis Brewer, Founder

For and in consideration of their mutual promises, assertions and covenants set forth herein, whereas the parties herein mentioned above and below are mutually desirous to work together for their common benefit, said Parties agree to abide by the following terms and conditions:

said Parties agree to abide by the following terms and conditions:

- The Parties will not in any manner solicit nor accept any business from Sources nor their affiliates that
  were or are made available by the other Party to this Agreement at any time; or in any manner, without
  the express written permission of the Party who made the Source available and,
- The Parties will maintain complete confidentiality regarding each other's business methods, processes, procedures, Source(s) and/or affiliates and will disclose such only to parties named in advance, pursuant to express written permission of the Party who had made available said Source and,
- 3. The Parties will not in any way whatsoever, circumvent or attempt to circumvent each other, or any of the Parties involved in any of the transaction(s) into which the Parties are desirous of entering and, to the best of their abilities, assure one another that the original transaction will not be altered and,
- 4. The Parties will not disclose any name(s), address(es), telephone/facsimile number(s), email addresses of any contact(s) revealed by either Party to any third party, and,
- 5. The Parties recognize each others' contact(s) and/or Source(s) to be exclusive and valuable to the Party that either reveals such or causes such to be revealed and,
- The Parties will not enter into any direct negotiation(s) or transaction(s) with such contacts and/or Source(s) introduced to them by the other party without a prior, written mutual agreement to do so and,
- Client understands and agrees that, to the maximum extent permitted by law, Client will not by any
  verbal, written or electronic expression or communication (including, but not limited to, postings on the
  internet or other public fora), or by any deed or act of communication, discuss or disclose the business

internet or other public fora), or by any deed or act of communication, discuss or disclose the business

Page 2 of 3

- practices, Sources, actions, services, products, writings, policies, procedures, or advertisements of INTREPID, and/or its respective affiliates, subsidiaries, successors or assigns.
- 8. In the event of circumvention and/or disclosure by either Party; directly or indirectly, the circumvented and/or disclosed Party shall be entitled to a monetary penalty equal to the maximum amount it would have realized had such circumvention and/or disclosure not taken place, plus all expenses, including legal, that the recovery of these funds would involve and,
- 9. This Agreement is valid for any and all transaction(s) between the Parties hereto and is enforceable only in the Courts of The State of Maryland, Calvert County, United States of America and the signing Parties hereby accept such selected jurisdiction as the exclusive venue for the resolution of any dispute(s). Unless otherwise agreed to by the parties in writing, each party irrevocably waives any objection to such venue, and irrevocably waives any claim that any such proceeding in such court has been brought in an inconvenient forum. This Agreement shall perpetuate for three (3) years from the effective date first stated, herein. The Parties hereby agree that this validity period is reasonable and entails no restraint of trade upon the Client.
- 10. With the execution of this document, Client and INTREPID hereby agree that, in the event of any

- 10. With the execution of this document, Client and INTREPID hereby agree that, in the event of any litigation or other dispute resolution procedures being instituted by INTREPID against Client resulting from a breach by Client of any of the provisions of this Agreement or as may be required to enforce any provisions of this Agreement against Client, Client understands and agrees that to the extent INTREPID prevails on any such claim or enforcement proceeding, INTREPID shall be entitled to reimbursement by Client of its reasonable costs and expenses, of such litigation or other dispute resolution procedure, including reasonable attorney's fees, court costs and expert fees incurred by INTREPID.
- 11. Client represents that it has carefully read this Agreement, that it understands all of its terms, that it had a reasonable amount of time to consider its decision to sign it, that it had the opportunity to discuss all the terms of this Agreement with an attorney of its choice, that in executing this Agreement it does not rely and has not relied upon any representation or statement made by any of INTREPID's agents, representatives, or attorneys with regard to the subject matter, basis, or effect of the Agreement, and that it enters into this Agreement voluntarily, of its own free will, without any duress and with full knowledge of its meaning and effect.

It is important to note that approval of this document does not commit you to move forward and engage the services of INTREPID. Rather, it merely commits you to confidentiality in our relationship.

For: INTREPID PRIVATE CAPITAL GROUP, LLC.

Signed:

Name: John Callender, CEO Date: February 20, 2020

EOR CHEMON BEEF INC

services of INTREPID. Rather, it merely commits you to confidentiality in our relationship.

For: INTREPID PRIVATE CAPITAL GROUP, LLC.

Signed:

Name: John Callender, CEO Date: February 20, 2020

For:

SHELDON BEEF ING

Signed: Name:

Dennis Brewer, Founder

Date:

February <u>20</u>, 2020

Page 3 of 3

200220 Intrepid Capital Sheldon Beef Intrepid NC-NDA Completed 200220.pdf



#### INTREPID PRIVATE CAPITAL GROUP

A Global Financial Services Company

CLIENT: Sheldon Beef, Inc.

Place Edgewater, NJ 07020 INVOICE NO: IG-0225-05 INVOICE DATE: 02/25/20

**ATTENTION: Mr. Dennis Brewer** 

GENERAL DESCRIPTION OF SERVICES: Professional Financial Services Rendered in Accordance with Financial Services Agreement as articulated in Paragraph (4) "FEES AND CHARGES".

GENERAL TERMS OF PAYMENT: Meeting Fee of US\$2/4,000 (+\$2,000 if attorney presence is required) due 3 business days before scheduled meeting. In the event proposed Client requests a specific meeting date, the meeting fee becomes due and payable on date of such a request.

Consideration Fee - US\$10/8,000 - DUE IN FULL, NOT LATER THAN 3 Business days *following meeting date* - BY CERTIFIED FUNDS -

#### TOTAL AMOUNT DUE UPON RECEIPT

US\$2/4,000.

WIRE TRANSFER/SWIFT BANKING COORDINATES ALL DATA BELOW IS REQUIRED ON WIRE ORDER:

Beneficiary Bank: PNC Bank A/B/A Routing # 031000053

W/T SWIFT Code PNCCUS33 (for International Wires)

For the Benefit of INTREPID PRIVATE CAPITAL GROUP, LLC.

135 Dares Beach Rd., Prince Frederick, MD 20678 Account # 5344043322

Receiving Bank Address: 155 West Dares Beach Road, C5-C430-01-1 Prince Frederick, MD 20678 Phone: 1-410-286-5908

INVOICE TOTAL: US\$12,000.

#### **Sheldon Beef Current and Projected Shareholdings**

	2020	2025	
Sullivan	3000	3000	
Belli	2500	2500	
Petersen	2000	2000	
Waseman	1250	9000	7750 options vesting in 3 years
Nickless	1250	9000	7750 options vesting in 3 years
Canchola	250	8000	7750 options vesting in 3 years
Subtotal	10250	33500	
	9.3%	20.1%	
Brewer	100000	100000	
	90.7%	59.9%	
Converted Notes		33400	
		20.0%	
Total	110250	166900	
	100.0%	100.0%	

#### **General Assumptions:**

1,000,000 common shares authorized.

Assumes Notes are converted at maturiity.

Assumes all currently outstanding options are converted to shares (fully diluted).

Assumes no more options are issued. It is likely that additional options will be issued.

Issuance of additional options will result in additional shares being issued to holders of Converted Notes, diluting other shareholders.

Assumes no additional equity financing is consummated.

Return is not guaranteed and shareholders may be subject to additional dilution by stock option plans and/or additional equity investment.

Client Information Sheet			
Personal Information			
Full Name:	Dennis Brewer		
Street Address:			
City:			
State/Province:			
Country:			
Nationality:			
Passport Number:			
Telephone Number:			
Mobile Number:			
E-mail Address(s):			
Net worth:			
Available funds to cover costs:			
Prior experiences:			
Company Information			
Company Name:			
Years In Business:			
Street Address:			
City:			
State/Province:			
Country:			

Piso 16, Ofic. 16-02 Edificio Ocean Business Plaza, Av. Aquilino de la Guardia y Calle 47. Marbella, Republic Of Panama. www.aayinvestmentsgroup.com inquiry@aayinvestmentsgrouppanama.com Tel + 507 202-6914



+1 201 669 4933
dbrewer@sheldonbeef.com
New Jersey, USA
January 23, 2020
New Jersey, USA
We are currently engaged in the sale of export beef to China, Korea and Japan. We have a close relationship with Walmart China, several sales agents in China, a Chinese trading company, and others.
CEO has 40 years of experience, including 25 in beef. VP Beef Operations has had responsibility for 75,000 head of cattle annually in beef production operations over 20 years VP Logistics has 20 years experience in international logisitics.
Nominal
\$0, funded out of founder's pocket to date.
Prior company was closed when China trade war commenced. Had \$4 million introcutory contract with Walmart China and \$9 million with Jingyuan Trading.
www.sheldonbeef.com
ınding Information
Initial order procurement support
USD
Approximately \$4 million
60 days
Approximately \$3 million (see spreadsheet quote)

Piso 16, Ofic. 16-02 Edificio Ocean Business Plaza, Av. Aquilino de la Guardia y Calle 47. Marbella, Republic Of Panama. www.aayinvestmentsgroup.com inquiry@aayinvestmentsgrouppanama.com Tel + 507 202-6914



Transaction Returns:	\$1 million gross profit in 60 days
Loan to Project Value(%):	75%
Construction Cost to Project Value (%):	75%
Ability for Debt Servicing:	\$1 million at presentation of documentary LC at 60 days
Project Summary:	Procure 2,000 Utility Grade cattle, transport to packer, convert to boxed beef, blast freeze, transport to Port area, transload to ocean container, inspect and seal container, transport to Port holding area for shipment.
Reason For Loan:	Provide cash for paying vendors as required. Most vendors are COD terms.
Other Comments:	There will be additional sales under this loan arrangement in the future. This is the initial order from this very large state owned enterprise, volumes are likely to double or triple on a monthly basis going forward.

Should there be any other information or documentation you believe to be beneficial to your application and review kindly send along with this document.

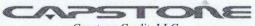
I Hereby confirm the information within this document is both true and correct.

Signature of Applicant

Return completed form to:

ATT: Alessandra Cruz Project Inquiry Department

Piso 16, Ofic. 16-02 Edificio Ocean Business Plaza, Av. Aquilino de la Guardia y Calle 47. Marbella, Republic Of Panama. www.aayinvestmentsgroup.com inquiry@aayinvestmentsgrouppanama.com Tel + 507 202-6914



Capstone Credit, LLC 810 Seventh Avenue, 27<sup>th</sup> Floor New York, NY 10019 P: (347) 821-3400 F: (212) 755-6833

April 1, 2020

Mr. Dennis Brewer Sheldon Beef, Inc. 1210 City Place Edgewater, NJ 07020

Re: Trade Finance Facility Proposal

Dear Mr Brewer,

Capstone Capital Group, LLC ("<u>Capstone</u>") has engaged in discussions with you and/or your advisors (the "<u>Management Group</u>") regarding a trade finance facility (the "<u>TARF</u>") with terms anticipated to be generally as described in this letter (the "<u>Letter</u>") and the attached term sheet (the "<u>Term Sheet</u>"). This Letter is intended as a proposal and is subject to modifications pending the results of Capstone's necessary due diligence. The final form of the agreement will be set forth conclusively in a Purchase Order Finance Agreement, Security Agreement, Promissory Note, and Guaranty (the "Agreement") signed by all parties. Accordingly, this proposal does not constitute a binding commitment on the part of Capstone.

- 1. <u>Definitive Agreement; Additional Terms</u>. The parties will proceed to negotiate in good faith the TARF and any other documents required by Capstone (the "<u>Purchase Documents</u>"). The parties anticipate that execution of the Agreement will occur within 30 days after the date the Management Group accepts and agrees to this Letter (the "<u>Letter Acceptance Date</u>"). The TARF will include (i) the terms summarized in this Letter and in the Term Sheet, (ii) such representations, warranties, conditions, covenants, indemnities and other terms as are customary for a transaction of this nature and are not inconsistent with the terms summarized in this Letter and in the Term Sheet, (iii) the nature and scope of the management services to be provided by the Management Group and (iv) such additional terms and conditions as the parties may agree or may otherwise be required by Capstone.
- 2. Exclusivity. In order to induce Capstone to pursue the formation of the transaction and to incur the costs and expenses to establish the TARF, from the Letter Acceptance Date until the earliest of (i) the date 30 days after the Letter Acceptance Date, (ii) the termination of this Letter as described below or (iii) the execution and delivery of the Purchase Documents (such period, as it may be extended by mutual agreement of the parties hereto, the "Exclusivity Period"), the Management Group agrees that it will not (and will cause its directors, officers, agents, representatives, affiliates, stockholders, members, partners, employees and any other person acting on its behalf not to), directly or indirectly, (i) solicit offers, inquiries or proposals for, or entertain any offer, inquiry or proposal to enter into, a transaction comparable to, or similar to, the proposed TARF or for the purchase of accounts receivable (a "Competing Funder"), or (ii) conduct any discussions or negotiations, or enter into any agreement, arrangement or understanding regarding a Competing

Funder. The Management Group will promptly notify Capstone if it receives any such offer, inquiry or proposal and the details thereof, and keep Capstone informed with respect to each such offer, inquiry or proposal. The Management Group will provide Capstone with copies of all such offers, inquiries or proposals that are in writing.

- 3. Expenses. Capstone will need to perform credit investigations, lien and judgment searches, and an examination of the books, records, operations, and assets of the Management Group and the guarantors to determine if such an agreement can be entered into by Capstone. A good faith deposit of \$10,400.00 (Ten Thousand Four Hundred Dollars) will be required of Management Group to begin performing these investigations, searches, the examination, and to begin preparation of the Purchase Documents if approved by Capstone. Capstone may request to increase the amount of the good faith deposit should the cost of these investigations, searches, and examination exceed \$10,400. If the Management Group withdraws its application for funding or if Capstone approves an agreement substantially the same as this proposal, and Management Group rejects the offer, or if Capstone's investigation and examinations reveals the financial condition, operations, books and records and/or assets of Management Group are not as represented to the Capstone, Capstone will apply the deposit against expenses incurred by Capstone. The Management Group remains responsible for all closing costs incurred by Capstone and shall remit sufficient funds to satisfy the same at Capstone's request. If Capstone cannot approve an agreement substantially the same as this proposal, Capstone will return the deposit, less costs and attorney's fees incurred. If Capstone approves an agreement substantially the same as this agreement, and transaction closes between Capstone and Management Group, the good faith deposit will be credited to the Management Group, less costs incurred.
- 4. <u>Confidentiality</u>. Each party agrees to keep confidential and not to disclose, except with the consent of the other party, this Letter (including the Term Sheet), the terms and conditions contained in this Letter, the Term Sheet or the TARF or the fact that discussions are ongoing (except to its affiliates, attorneys, accountants, advisors and investors or as required by law, rule or regulation or legal process or subpoena). Each party also agrees to keep confidential material received regarding prospective transactions and other material which may be used for purposes of closing the TARF.
- 5. Nature of Obligations. Other than the obligation to negotiate in good faith contained in the first sentence of Paragraph 1 and other than Paragraphs 2 through 12, which are intended to be binding on the parties, this Letter is intended to serve only as an expression of the parties' intent and not as a binding obligation to structure, close and fund the TARF; any such obligation will be created only by execution and delivery of the TARF. Capstone reserves the right to terminate discussions or negotiations at any time without cause. No rights, on whatever legal grounds, shall arise from such termination. This Paragraph 5 overrides any other conflicting provision in this Letter.

- 6. Governing Law. This Letter will be governed by, and construed in accordance with, the laws of the State of New York, without giving effect to its conflict of law principles (other than Sections 5-1401 and 5-1402 of the New York General Obligations Law).
- 7. Other Agreements. This Letter and the attached Term Sheet contain the entire agreement between the parties and supersedes any and all prior agreements, arrangements and understandings relating to the matters provided for herein.
- 8. <u>Termination</u>. This Letter, except for Paragraphs 3, 4, 5 and 6, will terminate upon the earliest to occur of (i) the execution and delivery of the Purchase Documents (ii) the failure of the parties to execute and deliver the Purchase Documents within 30 days after the Letter Acceptance Date or such other date as the parties may agree in writing, (iii) the written agreement of the parties to terminate this Letter or (iv) written notification from Capstone to the Management Group that Capstone no longer wishes to proceed with the TARF.
- 9. <u>Counterparts</u>. This Letter may be executed in two or more counterparts, each of which, when so executed and delivered, will be deemed to be an original, but all of which counterparts, when taken together, will constitute one and the same instrument. Counterpart signatures in portable document format or other electronic signature shall be valid as originals.
- 10. <u>Amendments</u>. The provisions of this Letter may not be amended, modified, supplemented or terminated, and waivers or consents to departure from the provisions hereof may not be given, except by written instrument duly executed by the party against which enforcement of such amendment, modification, supplement, termination, waiver or consent to departure is sought.
- 11. No Conflicts. Each member of the Management Group represents and warrants that the execution and delivery of this Letter and performance of the transactions contemplated herein (including the Term Sheet) will not result in the breach of, or constitute a default under, any agreement or undertaking to which he or she is a party or by which he or she may be bound or affected.
- 12. <u>Headings</u>. The headings in this Letter are for convenience of reference only and will not limit or otherwise affect the meaning of the provisions contained herein.

[SIGNATURE PAGE FOLLOWS]

Please confirm your acceptance of, and agreement with, the foregoing by signing and dating one copy of this Term Sheet returning it to the undersigned along with the. Good Faith Deposit by April 8, 2020.

Very truly yours,

Capstone Capital Group, LLC

Name: Joseph F. Ingrassia

Title: Managing Member

Date: April 1, 2020

Accepted and agreed:

Sheldon Beef Inc.

Name: Dennis Brewer

Title: President

Date: April 7, 2020

#### **Summary of Proposed Non-binding Terms and Conditions**

Capitalized terms used and not defined in this Term Sheet shall have the same meanings assigned to such terms in the Letter to which this Term Sheet is attached. All terms are subject to final internal approval by Capstone and execution of definitive documents satisfactory to Capstone in its sole discretion.

Borrower:	Sheldon Beef Inc. (the "Company")
Facility:	\$11,000,000 Total Purchase Order Finance Facility based on credit approved account debtors who have issued valid purchase orders or contracts to the Company with payment terms and conditions acceptable to Capstone.
Purpose:	Funds will be used to purchase cattle, process and flash freeze the same for export directly to the customers of the Company.
Export Letters of Credit:	The Advance rate will equal the cost of goods sold less a margin of 20%, which shall be contributed by the Borrower to Capstone.
	In the absence of margin contributed by the Borrower Borrower shall authorize Capstone to hold back 50% of the ne income from each transaction until such time that the cumulative hold back equals 20% of each transaction that if funded through this facility
	Each Export Letter of Credit will be advised to a bank account at a bank designated by Capstone which is owned by Borrowe but controlled by Capstone under a Deposit Account Control Agreement (DACA)
	Borrower shall be responsible for the preparation of all documentary requirements under each Export Letter of Credit Document shall be submitted to the advising bank's international department within 48 hours of receipt of all conforming document required to draw under the Export Lette
Security:	Capstone will receive a perfected first lien security position in all assets of the Company including but not limited to the following: all now owned and hereafter acquired account receivable, inventory, machinery and equipment, general intangibles, instruments, books, records and all proceeds and products of all the foregoing.
Guarantee:	The Purchase Order Finance Facility will require a personal guaranty of Dennis Brewer
Lockbox:	All customer remittances will be directed to the Capstone Lockbox in Chicago, Illinois. Receipts to the lockbox are accounted for daily. The Company will receive scanned copies of check remittances and have online access to their accounts.
Currency:	U.S. Dollars.

Rate:	3% per month and 1.5% per 15 day period or part thereof until paid computed against the amount of each cash advance plus
	bank fees and charges
<b>Control Agreements:</b>	Stock Yard Purchase Agreement
	2. Processor Overlay Agreement
	3. Third Party Freezer/ Warehouse Agreement
	4. Freight Forwarder Agreement
Term:	Twenty Four Months (24) months, (the "Period")
<b>Funds Control Fees:</b>	TBD
Due Diligence:	Copies of all contracts, are required.
	Copies of each certificate of insurance required.
	Copies of invoices
	Copies of Purchase Orders
	Copies of Draft Letters of Credit prior to issuance
Reporting:	Financial statements: The Company will furnish to Capstone reviewed fiscal year end statements and federal income tax return prepared by a CPA firm acceptable to Capstone and monthly managemen prepared financial statements.
	Collateral: Daily submission of accounts receivable assignment schedules (Confirmatory Schedules) including invoices and other supporting documentation would be required by Capstone Invoices would include a notation of the Notice of Assignment to Capstone. All collections would be remitted directly to Capstone. Collections would be credited to your account for interest and fee purposes 3 business days after receipt.  Other:
	The Company would furnish to Capstone on a weekly basis a detail accounts receivable aging reconciliation.
Covenants:	The transaction will include customary financial covenants that include a minimum tangible net worth covenant as well as standard negative covenants including the non-incurrence of debt.
<b>Events of Default:</b>	Usual and customary for transactions of this nature.
Representations and Warranties:	Usual and customary for transactions of this nature.

Confidentiality:	Each party agrees to keep confidential and not to disclose, except with the consent of the other party, the terms and conditions contained in the Letter, this Term Sheet or the Purchase Order Financing Agreement, Security Agreement, Promissory Note and Guarranty or the fact that discussions are ongoing (except to its affiliates, attorneys, accountants, advisors and investors or as required by law, rule or regulation or legal process or subpoena). Each party also agrees to keep confidential material received regarding prospective transactions and other material which may be used for TARF purposes.
Use of Name:	Management Group agrees that it will not (and will cause its directors, officers, agents, representatives, affiliates, shareholders, members, partners, employees, and any other person acting on its behalf not to), directly or indirectly, use the name "Capstone Capital Group, LLC," "Capstone," (or any derivations thereof), as the case may be, or take any action that may imply any relationship with Capstone, except with the prior written consent of Capstone.
Expenses:	All third-party costs directly involved in the establishment and maintenance of the TARF, including fees of legal counsel, as well as costs incurred in the upfront and continuing due diligence of the Company and the accounts receivable (collectively, the "Expenses") shall be for the account of the Company.
Valuation:	N/A



Case Ready Plant Operations Workflow and Design – Confidential

#### **Intended Recipients:**

Site consultants, building contractors, performance bonding companies, architects, design consultants and engineers, warehousing systems design and equipment vendors, forklift vendors, technology vendors, meat cutting, grinding, and packaging equipment vendors, dock equipment vendors, thermal stability systems vendors, utilities suppliers, insurance providers, permitting authorities, key internal team members. Confidential document. Contains confidential competitive information. Written permission required to disclose to any party not fitting the intended recipient group. You are free to share with your internal and external team customarily working on these types of projects.

#### **Key Assumptions:**

- 1. Initial design to 144/288 carcasses processed to finished cuts per seven hour shift (288 for one shift in late 2023). Final design to 1,000 carcasses per shift, max two shifts of production.
- 2. Separate rooms for production cells, interim storage, packaging for maintainability of equipment and environment. Use multiple production rooms to allow for expansion of number of production cells, 12 production cells per room.
- 3. Cutting cell production rate is 6 carcasses per day with 1 Master Butcher and 4 cutting assistants/apprentices, 1 material handler, 250-350 sf per cell.
- 4. Grinding line production rate is 36 carcasses per day with one operator and one packaging assistant, 650-850 sf per line, 2 lines per room.
- 5. Minimize need for humans in chilled spaces (35F) by using automation to deliver product to staging locations and docks.

#### **Dry Aging Requirements:**

- 1. Temperature 34 to 36 degrees Fahrenheit, relative humidity 85 to 90 percent, air flow of 15 to 20 linear feet per minute at the surface of the product. (Dry and cycle ASRS waste air through plant to maintain plant temperatures.)
- 2. Receiving carcasses staged by animal id/all quarters kept together throughout storage and production process
- 3. Dry aging room stores 2,880 quarters (720 carcasses) per module, plus 4 quarters forward for each production cell to maintain carcass identity and allow final lactic acid cleaning of carcasses prior to PC induction
- 4. Rack supported building with ASRS and rail system LaFiell rail for compatibility with reefer trailers. ASRS stores 4 quarters together in single slot, robotically stored and retrieved.
- 5. Forward staging of complete carcasses for production cells one carcass per cell forward staged. Forward staging must allow for lactic acid cleaning prior to introducing each quarter to production cell.

#### Production Cell Design Requirements (24 Cutting Cells to 2 Grinding Lines):

- 1. Temperature 60F to 65F and 40% to 50% humidity
- 2. Overhead building supported rail system OR carcass quarter carrier system using AGVs. Requires cost analysis to determine material handling method to be used.
- 3. Cell design, workflow for 6 carcass per shift production rate per cell
- 4. Detailed list of equipment with cut sheets for each piece of equipment



#### Case Ready Plant Operations Workflow and Design - Confidential

- 5. List of hand tools required
- 6. Job descriptions for each position in the cell- Butcher, 4 cutting assistants
- 7. Material handling equipment for the cell including the possible use of a cobot (robot) which can lift the guarters to the saw or table as needed to break down the guarter
- 8. Permanent bar code totes for product takeaway (lidded for interim storage/accumulation to packaging)
- 9. Scraps and end cuts to Vemag carts for accumulation for grinding lines. Three bar-coded Vemag carts per cell for recoverable end cuts and pieces to grinding (one each in product accumulation, grinding, sanitation) OR stainless bins delivered and packed up by AGVs
- 10. Operating procedures
- 11. Cut product takeaway is in totes on conveyors from each production cell to Finished Cut Accumulation, then to Packaging
- 12. Sanitation procedures and equipment try to isolate individual animal to eliminate crosscontamination risk
- 13. Cell maintenance requirements

#### Interim Accumulation and Storage of Finished Cuts:

- 1. Temperature 34F to 36F and 85% to 90% humidity
- 2. 30 tote lines accumulating 50 totes per line lidded if vertically stacked
- 3. Totes are 15x24x8 inches with permanent bar codes on each tote
- 4. Separate Vemag cart or stainless bin accumulation room for 1 hour of production from cutting cells to stage to grinding cells

#### Packaging of Finished Cut Products:

- 1. Temperature 60 to 65F and 40% to 50% humidity
- 2. Packaging Tray Sizes (interior measurements in inches):
  - a. 8.5 x 5
  - b. 8.5 x 5.75
  - c. 8.5 x 6.5
  - d. 10.5 x 5.75
  - e. 10.5 x 7.5
- 3. Packaging Equipment:
  - a. Vacuum skin packaging
- 4. Labeling Equipment:
  - a. Incorporates dynamic QR code for carcass tracing and coded number on bottom of package for loyalty program tracking
- Case packing
  - a. ?Manual with provision for future automation
- 6. Case erecting
  - a. ?Semi-automated with provision for full automation
- 7. Packaging materials replenishment use of pallet jacks for replenishment, otherwise case flow from mezzanine, account for packaging staging in design



#### Case Ready Plant Operations Workflow and Design - Confidential

8. Value pack work area – for packing club packs, 10 lb., 20 lb. Manual process requires cart staging of finished VSP from cutting and grinding operations. Requires shrink bag storage and heat source to shrink. Require separate case erection and closure method with one case size for 4x10lbs and 2x20lbs per case. Sold by full pallet. Provide space for freezing value packs and for eventual automation of value pack production process.

#### Grinding Line Design Requirements (24 Cutting Cells to 2 Grinding Lines):

- 1. Grinding material accumulation room two hours accumulation, 12 carts
  - a. Temperature 34F to 36F and 85% to 90% humidity
- 2. Grinding room 2 lines per room
  - a. Temperature 60F to 65F and 40% to 50% humidity
  - b. Detailed list of equipment with cut sheets for each piece of equipment
  - c. List of hand tools required
  - d. Job descriptions for each position in the cell
  - e. Three bar-coded Vemag carts per line for recoverable end cuts and pieces to grinding (one each in product accumulation, grinding, sanitation) OR AGV lifted and transported stainless bins
  - f. Operating procedures
  - g. Sanitation procedures and equipment
  - h. Grinding equipment maintenance requirements
- 3. Packaging room
  - a. Temperature 60F to 65F and 40% to 50% humidity
  - b. Detailed list of equipment with cut sheets for each piece of equipment
  - c. List of hand tools required
  - d. Job descriptions for each position in the cell
  - e. Material handling equipment for the cell including the possible use of a robotic palletizer
  - f. Operating procedures
  - g. Sanitation procedures and equipment
  - h. Packaging equipment maintenance requirements
- 4. Labeling Equipment:
  - a. Incorporates dynamic QR code for carcass tracing and coded number on bottom of package for loyalty program tracking
- 5. Case packing
  - a. ?Manual with provision for future automation
- 6. Case erecting
  - a. ?Semi-automated with provision for full automation
- 7. Packaging materials replenishment use of pallet jacks for replenishment, otherwise case flow from mezzanine, account for packaging staging in design

#### *Inedible and Waste Handling:*



#### Case Ready Plant Operations Workflow and Design – Confidential

- 1. Kidneys, other internal organs removed during processing of quarters, bones remaining after processing to recycling. Boneless cuts focus to enhance recycling of bones and avoid consumer waste of bones. Boneless meat (65%), fat (20%), bones (15%), per carcass.
- 2. Packaging materials waste stream for recycling
- 3. Water recycled using Digested Organics technology

#### Distribution:

- 1. Temperature 34F to 36F and 50% to 60% humidity
- 2. Storage capacity initial 100 pallet storage locations per module
- 3. Hydrogen powered forklifts
- 4. Very narrow aisle pallet racking autonomous pallet picks, manual case picks
- 5. Rack supported building

#### Packaging and Other Dry Goods Storage:

- 1. Temperature and humidity ambient
- 2. Storage capacity initial 100 floor stack pallet positions in 10 rows, 100 pallet rack storage locations, 100 case pick shelf locations
- 3. Hydrogen powered forklifts and pallet jacks
- 4. Very narrow aisle pallet racking
- 5. Rack supported superstructure

#### Tote/Vemag Wash Lines:

- 1. Tote wash line flow from packaging at 1500 totes per hour, possible lid wash also required
- 2. Tote recycling by cart to production cells
- 3. Totes are 15x24x8 inches with permanent bar codes on each tote
- 4. Vemag wash line flow from grinding at 6 carts per hour manual process

#### Maintenance Work Area/Spare Parts:

- 1. Work/office area temperature and humidity typical office conditioning
- 2. Workspace benches and test equipment
- 3. Cubicles
- 4. Spare parts inventory cage typical office conditioning
- 5. Hydrogen powered forklift and pallet jack storage and refueling area ambient



Case Ready Plant Operations Workflow and Design – Confidential

#### Production and Distribution Module Conceptual Position and Flow Only - Not to Scale:

Pkg.		Chilled Shipping Dock – 2 dock doors					Pkg.	
Rec,								Rec,
Storage		Chilled Distribution Storage – 100 pallet positions						Storage
Tote	Finish	ed Cut Pac	kaging	Grinding	Finish	ned Cut Pac	kaging	Tote
Wash				Packaging				Wash
	Room							
	Finished Cut Accumulation Finished Cut Accumulation			d Cut Accur	mulation			
Maint.	PC 5	Carcass	PC 6	Grinding	PC 11	Carcass	PC 12	Maint.
	PC 3	Aisle	PC 4	Production	PC 9	Aisle	PC 10	
	PC 1		PC 2 Room PC 7 PC 8					
	Carcass Dry Aging – 10 Days Storage, 2,880 quarters							
						_		
	Chilled Receiving Dock – 2 dock doors							

- PC is a production cell for carcass to finish cutting
- Module fabricates 72 carcasses per shift to finished product
- Staffing estimated at 90 100 people per shift per module
- Chilled receiving shipping dock receives 1.3 trailer loads per day to stock dry aging
- Chilled shipping dock ships 1.3 trailer loads per day of finished product
- Jan 2022 requires 2 modules at 36,000 to 40,000 sf/module, 4 by year end to meet Q1 2023 demand, 14 modules at full buildout 1,000 carcasses per one shift day.

#### ASRS Detail – Dry Aging and Distribution:

For a single shift operation, our dry aging ASRS requires an eventual buildout of 10,000 slots, though we can start much smaller, at around 2,000 slots. If we decide at some point to operate two shifts, the number of slots required will double to 20,000. Each slot will be approximately 12 feet deep, 8 feet high between the load bearing beams, and about 4 feet wide. Each slot will hold two forequarters and two hindquarters comprising a single carcass. Each carcass requires good air circulation and the quarters cannot touch each other. The quarters hang from meat hooks on a stainless-steel rail system. All four quarters will be put away at the same time and retrieved at the same time.

Total aging will last 14 days, so each slot will only be visited once every 14 days. Carcasses to be aged will be delivered as four quarter carcasses in a surge initially as trailers are unloaded. In about five years, carcasses will come directly from an onsite kill plant to the dry aging ASRS and the flow will be continuous throughout a production shift. Once aged for 14 days, carcasses will be delivered to a forward staging area at the rate of six carcasses per production cell per day, delivered one at a time on



Case Ready Plant Operations Workflow and Design – Confidential

demand. The carcass portions, four quarters, will then be held and delivered manually to the production cell one quarter carcass at a time.

We anticipate the ASRS storage and retrieval module will be a hybrid unit perhaps 16 feet long to accommodate a 90-degree change in direction to allow carcasses to pass through the narrow aisle from the induction point and to the removal point. This hybrid unit will need to closely align the rail on the hybrid unit with the rail in the storage slot so a robotic arm can remove and stage the four quarters in the storage slot onto the rail on the hybrid unit for transport.

Hopefully, this description provides a verbal picture of the challenge we are attempting to surmount in moving carcass quarters in and out of the ASRS such that they remain commonly identified to the animal throughout the slaughter, dry aging, and production processes. This carcass identification methodology is critical to our overall marketing strategy and it is imperative that accurate carcass identification be maintained throughout the entire process.

The ASRS in the distribution (finished goods) warehouse is a pallet-based system used to pick GMA pallets for delivery for either truck loading or case pick area replenishment. 100 locations per production module. Initially 200 pallet locations. At capacity this will be 1400 pallet locations for single shift operation, 2800 pallet locations for two-shift operation.

#### AGV Alternatives For Material Handling – Design Options:

Carcass quarters transport and storage during dry aging-requires a carrier be designed, used, and cleaned for each quarter, replacing overhead rail system and beefed up roof structure requirements to support rail system. Carrier must be stable for use in production cell, zero tipping risk as quarter is moved to saw. Requires cost and safety analysis, low probability due to likely cost and workflow impacts.

Bins to replace Vemag carts for scraps and end cuts to grinding and bones to recycling-permits automated removal of grinding material on a scheduled basis to reduce possible violations of cold chain temperature control times. Requires cost analysis, high probability due to lowered costs, design simplification, and food safety risk reduction.

Finished product putaway to distribution – eliminates material handling labor from packaging lines. Requires cost analysis.

#### Robotic Case Erection, Case Packing, and Palletizing:

Eliminates labor content associated with highly repetitive tasks. Cost analysis required. Assume \$25 per hour burdened direct labor cost, 36 month payback requirement.



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#### Site Space Utilization Estimate – Preliminary:

- Cattle receiving and holding 200,000 sf for one shift, increase by 80% for two shift operation.
   Allow 60 sf per head in slotted floor barns, 2,000 sf pens with water access only. Manure to be scraped from subterranean floor multiple times per day for methane extraction and recycling. Truck cleanout using recycled water into further recycling, no groundwater contamination.
   Digested Organics recycling technology and reuse of methane required.
- Kill plant including hot box, carcass chiller, and grading prior to transfer to ASRS 50,000 sf. Offsite offal processing.
- Dry aging refrigerated ASRS 140,000 sf by 60 feet tall, 8.4 million cubic feet, increase by 100% for two shift operation
- Production and packaging areas 504,000 sf for 14 production modules
- Distribution refrigerated storage 25,000 sf, increase by 100% for 2 shift operation
- Offices, team member locker, break, training, and recreation spaces 20,000 sf, increase by 25% for two shift operation
- Solar array (3MW) 650,000 sf
- Truck and trailer maneuvering, parking, and staging 250,000 sf. Livestock hauling primarily
  using in-house fleet. Additional truck staging may be required for potential reefer trucking
  operations.
- Employee parking 300,000 sf for 1,000 vehicles per shift
- Retention pond 200,000 sf. Consider a fountained pond as site centerpiece using recycled clean water and rain/snow as sources.
- Total estimated space utilization at 1,000 head per day killed and finished 54 acres
- Total estimated space utilization at 2,000 head per day killed and finished on two shift operation

   61 acres

#### Site Layout and Flow – Conceptual Only, Not to Scale:

	conceptual city, net to coule.		
Incoming Cattle	Cattle Holding Pens	Kill Plant	Solar Farm, Water
Receiving			Treatment
Employee Parking	Administrative Areas, Lockers, Classrooms, Cafeteria, Courtyard	Dry Agi	ng ASRS
	Production Operations – F	inish Cutting, Packag	ging
	Finished Goods Stora	ge and Distribution	
Childcare Facility	Truck Docks, Tr	railer Staging	

#### Other Site Considerations:

- LEED design, methods, and operations expected to result in high level of LEED certification
- Use permeable grid road and parking surfaces to limit need for stormwater infrastructure
- Consider green roof on production buildings requiring beefed up structure to support beef rail system



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- Site security and biosecurity limit and control access points for trucks, team members, visitors. Use fences, landscaping, and stormwater retention ditches to control site access
- Private transit access for remote workforce participants to support workforce inclusion, diversity, and antiracist opportunity initiatives
- Facilitate on-site charging of electric vehicles for employee vehicles and commuter vans
- Childcare contractor facilities on site outside secured area, near bulk of employee parking
- Consider placing administrative facilities to allow community use of workforce classroom training facilities for off-peak continuing education, GED, ESL, and the like
- Consider outdoor recreation facilities on site baseball, soccer, tennis, basketball

Company

By: Dennis Brewer

Title: CEO

Email:

dbrewer@sheldonbeef.com

Liaison Agent

By: Raymond Poon

Title: Chairman

Raymond ParmenSHNET Callet 9176028583.

#### 24. Option to Sign Contract Direct with the Producer

Both parties agree to keep the option to sign the contract directly between the producer and the buyer open. In such a case, the price already agreed may not be changed. Payment of the margin seller has and all other terms and conditions must be clearly outlined and agreed.

#### 25. Bank Details

	Seller	Buyer
Bank:	Chase	Wells Fargo
Address:	950 River Road, Edgewater NJ 07020	502 Hungerford Dr Rockville, MD 20850 USA
Account Name:	Sheldon Beef Inc	Assure Group International, LLC.
Account Number:	570482718	121000248
Swift Code:	021000021 (Domestic Wire Transfer Only)	WFBIUS6S
Bank Ph. Number	201-969-9629	+1-866-313-1586

IN WITNESS WHEREOF, the parties to this contract declare that they have full legal authority to execute this document and accordingly to be fully bound by the terms and conditions.

	Seller	Buyer
Signature:	Cerris Bruser	Mangchling
Ву:	Dennis Brewer	John Vangchhia
Title:	CEO	President
Company Name:	Sheldon Beef Inc	Assure Group International LLC
Corporate Seal & Date:	10/2/20	October 1, 2020

# A/P Aging Detail As of December 31, 2020

DATE	TRANSACTION TYPE	NUM	VENDOR	LOCATION	DUE DATE	PAST DUE	AMOUNT	OPEN BALANCE
91 or more days	past due							
04/30/2020	Bill	002	Law Offices of Raymond F. Sullivan		04/30/2020	329	5,850.00	5,850.00
05/31/2020	Bill	003	Law Offices of Raymond F. Sullivan		05/31/2020	298	4,725.00	4,725.00
06/30/2020	Bill	004	Law Offices of Raymond F. Sullivan		06/30/2020	268	1,575.00	1,575.00
Total for 91 or m	ore days past due						\$12,150.00	\$12,150.00
TOTAL							\$12,150.00	\$12,150.00

## Balance Sheet

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10010 Chase 2718 Checking	51.41
Bank Clearing	0.00
Total Bank Accounts	\$51.41
Total Current Assets	\$51.41
TOTAL ASSETS	\$51.41
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	12,150.00
Total Accounts Payable	\$12,150.00
Other Current Liabilities	
Accrued Expenses	465.00
Total Other Current Liabilities	\$465.00
Total Current Liabilities	\$12,615.00
Total Liabilities	\$12,615.00
Equity	
Owner's Investment	2,462.14
Retained Earnings	
Net Income	-15,025.73
Total Equity	\$ -12,563.59
TOTAL LIABILITIES AND EQUITY	\$51.41

## **Profit and Loss**

January - December 2020

	TOTAL
Income	
Total Income	
GROSS PROFIT	\$0.00
Expenses	
Accounting Fees	200.00
Advertising & Marketing	172.70
Bank Charges & Fees	237.00
Legal Fees	12,150.00
Office Supplies	290.55
Other Professional Fees	149.00
Postage	90.00
Software	673.64
Taxes & Licenses	258.00
Telephone	464.93
Website	339.91
Total Expenses	\$15,025.73
NET OPERATING INCOME	\$ -15,025.73
NET INCOME	\$ -15,025.73

# OUTSOURCED BUSINESS SOLUTIONS, LLC 41 WATCHUNG PLAZA # 170 MONTCLAIR, NJ 07042 888-237-0386

April 4, 2021

SHELDON BEEF INC

EDGEWATER, NJ 07020

Dear Client:

Your 2020 Federal Corporation Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879C - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 New Jersey Corporation Business Tax Return will be electronically filed with the State of New Jersey. The balance due of \$750 will be directly withdrawn from your bank account on May 17, 2021.

Please be sure to call if you have any questions.

Sincerely,

Denis Mijajlovic

2020 FE	DERAL INCOME TAX SUMMARY	PAGE 1
	SHELDON BEEF INC	84-4406368
INCOME TOTAL INCOME		0
ADVERTISING		500 173 21,154
TOTAL DEDUCTIONS		21,827
TAXABLE INCOME TAXABLE INCOME (LINE 28)	)	-21,827
TAXABLE INCOME		-21,827
TAX COMPUTATION INCOME TAX		0
TOTAL TAX		0
	ITS	0
REFUND OR AMOUNT DUE OVERPAYMENT		0
TAX DUE		0
	EQUITY	0
	JITY	51 51
TAX RATES  MARGINAL TAX RATE		0.0%

2020	2020 FEDERAL BALANCE SHEET SUMMARY		PAGE 1
	SHELDON BEEF INC		84-4406368
ENDING ASSETS CASH			51
TOTAL ASSETS			51
OTHER LIABIL COMMON STOCK UNAPPROPRIAT	ABLE. T LIABILITIES ITIES ED RETAINED EARNINGS	2,462	18,450 965 1 2,462 -21,827
TOTAL LIABIL	ITIES AND EQUITY		51

2020 NEW JERSEY INCOME TAX SUMMARY	PAGE 1
SHELDON BEEF INC	84-4406368
SHELDON BEEF INC	04-4400308
NEW JEDSEY CLIMMADY	
NEW JERSEY SUMMARY NET INCOME (LOSS) BEFORE STATE ADJUSTMENT	-21,827
ADJUSTMENTS STATE TAXES DEDUCTED ON FEDERAL RETURN	500
TOTAL ADJUSTMENTS	21,827
ENTIRE NET INCOME ENTIRE NET INCOME	-21,327
BASE INCOME TAX BASE	0
TAX CBT TAX LIABILITY ALTERNATIVE MINIMUM ASSESSMENT TAX DUE (GREATER OF CBT OR AMA) INSTALLMENT PAYMENT	0 0 500 250
TOTAL TAX AND PROFESSIONAL FEES.	750
PAYMENTS TOTAL PAYMENTS.	0
REFUND OR AMOUNT DUE OVERPAYMENT	0
TAX DUE	750
SCHEDULE B  BEGINNING TOTAL ASSETS.  BEGINNING LIABILITIES & EQUITY.	0
ENDING TOTAL ASSETS ENDING LIABILITIES & EQUITY	51 51
TAX RATES  MARGINAL TAX RATE	0.0%

2020

#### **GENERAL INFORMATION**

PAGE 1

**SHELDON BEEF INC** 

84-4406368

#### FORMS NEEDED FOR THIS RETURN

FEDERAL: 1120, SCH G, 8879-C NEW JERSEY: CBT-100, E-FILE PAYMENT

**TAX RATES** 

 MARGINAL
 EFFECTIVE

 FEDERAL
 0%
 0%

 NEW JERSEY
 0%
 0%

#### **CARRYOVERS TO 2021**

NEW JERSEY CARRYOVERS

NET OPERATING LOSS 21,327.

1	^	1	^
Z	U	Z	u

#### FEDERAL WORKSHEETS

PAGE 1

**SHELDON BEEF INC** 

84-4406368

-21,827.

$T\Delta X$	<b>ACCRITAT</b>	L SUMMARY
1 – –	ACCIVA	L JUMMAN I

		BALANCE SHEET	ACCOUNTS
	TAXES	PREPAID TAX	TAX PAYABLE
FEDERAL STATE CITY	0. 500. 0.	0. 0. 0.	0. 500. 0.

# COMPUTATION OF NET INCOME (LOSS) PER BOOKS FORM 1120, SCHEDULE M-1, LINE 1 $\,$

INCOME (LOSS) PER RETURN (PAGE 1, LINE 28)	-21,827.
INCREASES: DEDUCTIONS ON RETURN NOT RECORDED ON BOOKS (SCH. M-1, LINE 8) INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN (SCH. M-1, LINE 7)	0. 0.
DECREASES: EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN (SCH. M-1, LINE 5) INCOME SUBJECT TO TAX NOT RECORDED ON BOOKS (SCH. M-1, LINE 4) EXCESS OF CAPITAL LOSSES OVER CAPITAL GAINS (SCH. M-1, LINE 3) FEDERAL INCOME TAX PER BOOKS (SCH. M-1, LINE 2)	0. 0. 0.

#### **COMPUTATION OF 2020 NET OPERATING LOSS**

COMPUTED NET INCOME (LOSS) PER BOOKS (SCH. M-1, LINE 1)

1. TOTAL INCOME	0.
2. TOTAL DEDUCTIONS	21,827.
3. TAXABLE INCOME (LINE 1 LESS LINE 2)	-21,827.
4. SPECIAL DEDUCTIONS UNLIMITED	0.
5. 2020 NET OPERATING LOSS (LINE 3 MINUS LINE 4)	21,827.

**SHELDON BEEF INC** 

844-40-6368

#### **Form Payment Record**

THE CBT-100 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE NEW JERSEY ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 4.1.

Name of Bank	CHASE
Routing Transit Number	021202337
Bank Account Number	570482718
Type of Account	CHECKING
Amount of Tax Payment	750.00
Тах Туре	CBT-100
Requested Payment Date	5/17/2021
Taxpayer's Daytime Phone Number	800-956-9883

FDIL4001L 06/18/20

#### Form **8879-C**

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization for Form 1120

OMB	Nο	1545-0123
CIVID	I VO.	1373-0123

For calendar year 2020, or tax year beginning \_\_\_\_\_\_, 2020, ending \_\_\_\_\_,

► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879C for the latest information. 2020

Name of corporation Employer identification number						
SHELDON BEEF INC	84-44	06368				
Part I Tax Return Information (Whole dollars only)						
1 Total income (Form 1120, line 11)		1	0.			
2 Taxable income (Form 1120, line 30)	[	2	-21,827.			
<b>3</b> Total tax (Form 1120, line 31)		3				
4 Amount owed (Form 1120, line 35)		4				
5 Overpayment (Form 1120, line 36)		5				
Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the	ne corp	oratio	n's return.			
Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.						
Officer's PIN: check one box only						
X I authorize OUTSOURCED BUSINESS SOLUTIONS, LLC to enter my PIN  ERO firm name on the corporation's 2020 electronically filed income tax return.	041 o not ente		as my signature			
As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 electronically filed	I income	tax retur	n.			
Officer's signature ►	_ Title ►	CEO				
Part III   Certification and Authentication						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		· · · · · <u>-</u>	20348507042 do not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 3112</b> , IRS <i>e-file</i> Application and Participation, and <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.						
ERO's signature ► DENIS MIJAJLOVIC	Date ►	4/0	8/2021			
ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So						
BAA For Paperwork Reduction Act Notice, see instructions.			Form <b>8879-C</b> (2020)			

Concented and offer Treasure   For Calendary year 2020 or tax year beginning   .2020, ending   .2020	Form	Form 1120 U.S. Corporation Income Tax Return					OMB No. 1545-0123						
A Check If:    A Check If:   Total points and all leaves the principles of the princ	Department of the Treasury			reasury								2020	
Secretarist State	Interna	Internal Revenue Service			1	► Go to www.	.irs.gov/Forn	n1120 for instruc	tions and t	he latest inforn			
Column   C	1a Consolidated return												
PRINT   Display   Print   Pr				urn 1)	ГҮРЕ	CHELDON	DDD TNO						
Proceeding   Company   C	<b>b</b> Life	/nonli	ife cons			SHELDON E	BEEF INC				١٠		•
To Cross receipts or sales   E Check if: (1)   Initial return   (2)   Final return   (3)   Name change   (4)   Address change	2 Per	sonal	l holding	ıco.       <b> </b>	PRINT	F:DGF:WATE	R N.T 070	120			-		
Seminate with a statement   Committee   Control						пропинны	t, 110 07	320					
1 a Gross receipts or sales   1 a   1 b   1   1   1   1   1   1   1   1		p. (se	e instrs	) <u> </u>  _							,	<u> </u>	51.
b Returns and allowances.    Balance: Subtract line 1b from line 1a.   2   Cost of goods sold (attach Form 1125-A).   3   Gross profits Subtract line 2 from line 1c.   4   Dividends and inclusions (Schedule C, line 23).   4   Gross rents.   5   Gross rents.   6   Gross rents.   7   Gross rents.   8   Captal again net income (attach Schedule D (Form 1120)).   8   Returns and allowances.   8   Captal again net income (attach Schedule D (Form 1120)).   9   Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797).   10   Other income (see instructions – attach statherm).   11   Total income. Add lines 3 through 10.   12   Compensation of offices (See instructions – attach Form 1125-E).   13   Salaries and wages (less employment credits).   14   Repairs and maintenance.   14   Repairs and maintenance.   15   Bad debts.   16   Rents.   17   Taxes and licenses.   17   Taxes and licenses.   17   Taxes and licenses.   18   Interest (see instructions).   19   Charliable contributions.   19   Charliable c	4 Sch	nedule	e M-3 at	tached	Check i	f: <b>(1)</b> 🛚 Init	ial return	(2) Final ret	urn <b>(3</b>	Name cha	inge	<b>(4)</b> A	ddress change
Breturns and allowances   1c   1c   1c   1c   1c   1c   1c   1		1	<b>a</b> Gro	ss receipts	s or sales			<del>_</del>	1a				
2   2   2   3   3   3   3   3   3   3										<b>o</b>			
2   2   2   3   3   3   3   3   3   3			<b>c</b> Bala	ance. Subf	tract line 1b	from line 1a.						. 1 c	
4   Voldends and inclusions (Schedule C, line 23)   4													
Formal   Company   Compa	N N	3	Gro	ss profit. S	Subtract line	e 2 from line 1	C					. 3	
Formal   Company   Compa	C O	4	Divi	dends and	inclusions (	Schedule C, line	e 23)						
7   Gross royalties   7   8   Capital gain ret income (attach Schedule D (Form 1120))   8   8	M E	5										' <del>                                    </del>	
Secretary   Secr		_										· <del></del>	
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797).  10 Officeris (see instructions — attach statement).  11 Total income. Add lines 3 through 10													
10													
11 Total income. Add lines 3 through 10   12 Compensation of officers (see instructions – attach Form 1125-E).   12   13   13   13   13   14   14   15   15   15   15   15   15												· — - —	
12 Compensation of officers (see instructions — attach Form 1125-E)   13   3 salaries and wages (less employment credits)   14   14   14   15   15   14   14   15   15				`			,					· — - —	Λ
13 Salaries and wages (less employment credits)   14   Repairs and maintenance.   15   15   15   15   15   15   15   1													<u> </u>
14 Repairs and maintenance.   14													
16   Rents   16   Rents   17   Taxes and licenses   17   Taxes and licenses   17   Taxes and licenses   18   18   19   19   19   19   19   19		14											
19   Charitable contributions   19   20   Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)   20   20   21   Depletion   21   Depletion   22   173.   22   173.   22   173.   23   Pension, profit-sharing, etc., plans   23   24   24   25   25   26   26   26   27   27   28   28   27   27   28   27   27	D O	15	Bac	l debts								15	
19   Charitable contributions   19   20   Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)   20   20   21   Depletion   21   Depletion   22   173.   22   173.   22   173.   23   Pension, profit-sharing, etc., plans   23   24   24   25   25   26   26   26   27   27   28   28   27   27   28   27   27	E R D	16	Rer	nts									
19   Charitable contributions   19   20   Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)   20   20   21   Depletion   21   Depletion   22   173.   22   173.   22   173.   23   Pension, profit-sharing, etc., plans   23   24   24   25   25   26   26   26   27   27   28   28   27   27   28   27   27	UL	17										`	500.
Depletion Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562).  Depletion 22 Advertising 22 173.  Depletion 22 Advertising 22 173.  Person, profit-sharing, etc., plans 23 Pension, profit-sharing, etc., plans 24 Employee benefit programs. 24 Employee benefit programs. 25 Reserved for future use. 25 26 Other deductions, 4dd lines 12 through 26 27 Total deductions. Add lines 12 through 26 27 Total deductions. Add lines 12 through 26 27 Total deductions, 4dd lines 12 through 26 29 a Net operating loss deduction (see instructions) 30 -21,827.  Total tax (Schedule J, Part I, line 11) 31 O.  Total tax (Schedule J, Part I, line 12) 32 O20 net 965 tax liability paid (Schedule J, Part II, line 12) 32 O20 net 965 tax liability paid (Schedule J, Part II, line 12) 33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23) 34 Estimated tax penalty. See instructions. Check if Form 2220 is attached.	T M	_											
21   Depletion   22   Advertising   22   173.	O T N A	_										·	
22 Advertising. 22 Advertising. 23 Pension, profit-sharing, etc., plans. 23 Pension, profit-sharing, etc., plans. 24 Employee benefit programs. 24 Pension, profit-sharing, etc., plans. 25 Pension, profit-sharing, etc., plans. 24 Pension, profit-sharing, etc., plans. 24 Pension, profit-sharing, etc., plans. 24 Pension, profit-sharing, etc., plans. 25 Pension, profit-sharing, etc., plans. 24 Pension, profit-sharing, etc., plans. 25 Pension, profit-sharing, etc., plans. 25 Pension, profit-sharing, etc., plans. 26 Pension, profit-sharing, etc., plans. 27 Pension, profit-sharing, etc., plans. 26 Pension, profit-sharing, etc., plans. 27 Pension, profit-sharing, etc., plans. 27 Pension, profit-sharing, etc., plans. 27 Pension, profit-sharing, etc., plans. 28 Pension, profit-sharing, etc., plans. 29 Pension, profit profit plans. 29 Pension, profit pl	- 1	_								•	-		
23   Pension, profit-sharing, etc., plans   24   Employee benefit programs.   25   Employee benefit programs.   26   Employee benefit programs.   27   Employee benefit programs.   26   Employee benefit programs.   26   Employee benefit programs.   27   Employee benefit programs.   27   Employee benefit programs.   28   Employee benefit programs.   26   Employee benefit programs.   26   Employee benefit programs.   27   Employee benefit programs.   27   Employee benefit programs.   28   Employee benefit programs.   26   Employee benefit programs.   26   Employee benefit programs.   26   Employee benefit programs.   26   Employee benefit programs.   27   Employee benefit programs.   26   Employee benefit programs.   27   Employee benefit programs.   28   Employee benefit programs.   27   Employee benefit programs.   28   Employee benefit programs.   29   Employee benefit progra	S O E N												172
24 Employee benefit programs.  25 Reserved for future use.  26 Other deductions (attach statement)  27 Total deductions. Add lines 12 through 26.  28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.  29 a Net operating loss deduction (see instructions).  30				•								`	1/3.
Employee benefit plograms.  25 Reserved for future use.  26 Other deductions (attach statement).  27 Total deductions. Add lines 12 through 26.  28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.  29 a Net operating loss deduction (see instructions).  30 a Net operating loss deducti													
27   Total deductions. Add lines 12 tilrough 28   29   28   29   29   29   29   29	S T D											`	
27   Total deductions. Add lines 12 tilrough 28   29   28   29   29   29   29   29	R E U D												21 154
28	C U		Total	ol doductions	(attacii stateiii	nac 12 through				.0 11111.01101111	· · <del>+</del> · · · ·	`	
b Special deductions (Schedule C, line 24).  c Add lines 29a and 29b.  7 C Add lines 29a and 29b.  29 c  30 Taxable income. Subtract line 29c from line 28. See instructions.  31 Total tax (Schedule J, Part I, line 11).  32 2020 net 965 tax liability paid (Schedule J, Part II, line 12).  33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23).  34 Estimated tax penalty. See instructions. Check if Form 2220 is attached.  35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount ower amount overpaid.  36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid.  36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid.  36 Inter amount from line 36 you want: Credited to 2021 estimated tax.  Paid Print/Type preparer's name  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  Firm's name  PoutSOURCED BUSINESS SOLUTIONS, LLC  Firm's address  10 Londer penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. See instructions.  We instruction the proparer has any knowledge. See instructions.  Paid Print/Type preparer's name  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  Firm's address  Paid WATCHUNG PLAZA # 170													•
b Special deductions (Schedule C, line 24).  c Add lines 29a and 29b.  7 C Add lines 29a and 29b.  29 c  30 Taxable income. Subtract line 29c from line 28. See instructions.  31 Total tax (Schedule J, Part I, line 11).  32 2020 net 965 tax liability paid (Schedule J, Part II, line 12).  33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23).  34 Estimated tax penalty. See instructions. Check if Form 2220 is attached.  35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount ower amount overpaid.  36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid.  36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid.  36 Inter amount from line 36 you want: Credited to 2021 estimated tax.  Paid Print/Type preparer's name  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  Firm's name  PoutSOURCED BUSINESS SOLUTIONS, LLC  Firm's address  10 Londer penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. See instructions.  We instruction the proparer has any knowledge. See instructions.  Paid Print/Type preparer's name  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  Firm's address  Paid WATCHUNG PLAZA # 170	N O S N				•	•	•		i	1		. 20	-21,021.
c Add lines 29a and 29b. 29c  T C R J S S S S S S S S S S S S S S S S S S	S						•						
Taxable income. Subtract line 29c from line 28. See instructions												20.0	
31 Total tax (Schedule J, Part I, line 11).  32 2020 net 965 tax liability paid (Schedule J, Part II, line 12).  33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23).  34 Estimated tax penalty. See instructions. Check if Form 2220 is attached.  35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owerpaid.  36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid.  36 Overpayment If line 38 you want: Credited to 2021 estimated tax.  37 Enter amount from line 36 you want: Credited to 2021 estimated tax.  38 Refunded > 37  Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Signature of officer  Date  Print/Type preparer's name  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  Firm's name OUTSOURCED BUSINESS SOLUTIONS, LLC  Firm's name OUTSOURCED BUSINESS SOLUTIONS, LLC  Firm's elin > 46-1731394			Tav	able incor	anu 290	et line 20c from	lino 28 So	o inetructions					_21 027
32 2020 net 965 tax liability paid (Schedule J, Part II, line 12)	T R A E												
Sign Here   Signature of officer   Signature of officer   Date	I			•		•							<u> </u>
Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	RT ES,				-			•					
A D B P M B M B	F U A							· ·		•			0.
A mount owed. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	D D											_	
Sign Here amount from line 3b you want: Credited to 2021 estimated tax    Name of the period of period of period of period of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title  Print/Type preparer's name  DENIS MIJAJLOVIC  Preparer's signature  DENIS MIJAJLOVIC  Firm's name  OUTSOURCED BUSINESS SOLUTIONS, LLC  Firm's address  41 WATCHUNG PLAZA # 170  Refunded   37    May the IRS discuss this return with the preparer has any knowledge. Title in preparer has any knowledge. The preparer shown below? See instructions.  X Yes   No    PTIN   PO1967990   Firm's name   OUTSOURCED BUSINESS SOLUTIONS, LLC   Firm's address   41 WATCHUNG PLAZA # 170	A B P												<u> </u>
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer  Date  Print/Type preparer's name  DENIS MIJAJLOVIC  DENIS MIJAJLOVIC  Firm's name  DENIS MIJAJLOVIC  Firm's name  OUTSOURCED BUSINESS SOLUTIONS, LLC  Firm's address  41 WATCHUNG PLAZA # 170  May the IRS discuss this return with the preparer has any knowledge. Date of the preparer has any knowledge. Developed this return with the preparer shown below? See instructions. IX yes No  Print/Type preparer's name  DENIS MIJAJLOVIC  Firm's EIN ► 46-1731394									4, enter an	1			
Sign Here  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.  CEO  Title  Print/Type preparer's name  DENIS MIJAJLOVIC  Preparer's signature  DENIS MIJAJLOVIC  Firm's name  OUTSOURCED BUSINESS SOLUTIONS, LLC  Firm's address  41 WATCHUNG PLAZA # 170  This based on all information of which preparer has any knowledge.  CEO  Title  Check X if self-employed  Pol 967990  Pol 967990  Firm's EIN  46-1731394	<u> </u>	<del>-</del>			· ·				hadulas and at				May the IRS discuss
Here Signature of officer Date Signature Object Signature Date Signature Date Signature Date Signature Date Signature Denis MIJAJLOVIC Signature Preparer Signature Date Signature Denis MIJAJLOVIC Signature Polyoed Polyof7990 Firm's name OUTSOURCED BUSINESS SOLUTIONS, LLC Firm's EIN ► 46-1731394 Firm's address 14 WATCHUNG PLAZA # 170	Sian	ar	nd belief	f, it is true, co	rrect, and com	plete. Declaration of	f preparer (other	than taxpayer) is base	d on all inform	ation of which prepa	rer has an	y knowledge	this return with the
Print/Type preparer's name	Here	:   <b> </b>	<b>_</b>										See instructions.
Paid Preparer Use Only  Paid  DENIS MIJAJLOVIC Firm's address ► 0UTSOURCED BUSINESS SOLUTIONS, LLC Firm's address ► 41 WATCHUNG PLAZA # 170			Sign			· · · · · · · · · · · · · · · · · · ·							
Preparer Use Only     Firm's name     ► OUTSOURCED BUSINESS SOLUTIONS, LLC     Firm's EIN ► 46-1731394       Firm's address     ► 41 WATCHUNG PLAZA # 170		ı			•			-		te			
Use Only Firm's address • 41 WATCHUNG PLAZA # 170			שב										
TI WITCHONG I BREIT    170									ттС		rırm's El	N <b>-</b> 46	-1/31394
			,	i iiii s auure				<u> </u>			Phone no	. 888	-237-0386

11/30/2022

Scl	Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	<b>(b)</b> Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock).		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations.		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities.		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities.		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958.		100	
11	Dividends from affiliated group members		100	
	Dividends from certain FSCs		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)		100	
15	Section 965(a) inclusion.		See instructions	
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
С	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c) lines 9 through 22. Enter he	ere and on page 1, line	29b	

	nedule J Tax Computation and Payment (see instructions)			
Par	t I — Tax Computation			
1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)	). See instructions		
2	Income tax. See instructions		2	0.
3	Base erosion minimum tax amount (attach Form 8991).		3	
4	Add lines 2 and 3		4	0.
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
c	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9 <i>a</i>	Recapture of investment credit (attach Form 4255).	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	: Interest due under the look-back method — completed long-term contracts			
	• • •	9c		
c	I Interest due under the look-back method — income forecast method (attach			
		9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
Ç	Other (see instructions – attach statement)	9g		
10	Total. Add lines 9a through 9g.		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0.
Par	t II - Section 965 Payments (see instructions)			
12	2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter h	ere and on page 1, line 32.	12	
Par	t III — Payments and Refundable Credits, and Section 965 Net Tax	Liability		
13	2019 overpayment credited to 2020		13	
14	2020 estimated tax payments		14	
15	2020 refund applied for on Form 4466		15	
16	Combine lines 13, 14, and 15		16	0.
17	Tax deposited with Form 7004.		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18		19	0.
20	Refundable credits from:			
а		20 a		
b	Form 4136	20 b		
c	Reserved for future use	20 c		
c	Other (attach statement – see instructions)	20 d		
21	Total credits. Add lines 20a through 20d		21	
22	2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instruction	ons	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22			
	Enter here and on page 1, line 33		23	0.

Sch	nedule K	Other Information (see	e instructions)						
1	Check acc	ounting method: a Cash	<b>b</b> X Accrual	С	Other (specify) ►			Yes	No
		structions and enter the:	<u> </u>	-					
		activity code no. • 424500							
t	Business a	activity SALES OF FOO	₽						
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For rules of constr&lt;/th&gt;&lt;th&gt;uctive&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;3.7&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;, see instructionsmplete (i) through (iv) below.&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;X&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;11 165, 60&lt;/th&gt;&lt;th&gt;implete (i) tillough (iv) below.&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;(ii) Employer&lt;/th&gt;&lt;th&gt;(III) Country of&lt;/th&gt;&lt;th&gt;(iv) Pe&lt;/th&gt;&lt;th&gt;rcenta&lt;/th&gt;&lt;th&gt;ge&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;(i) Name of Corporation&lt;/td&gt;&lt;td&gt;1&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Identification Number&lt;/td&gt;&lt;td&gt;(iii) Country of Incorporation&lt;/td&gt;&lt;td&gt;Owned&lt;/td&gt;&lt;td&gt;in 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year, did the corporation pay&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;the corporation's current and a&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;_&lt;/td&gt;&lt;td&gt;•&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;X&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;e &lt;b&gt;Form 5452&lt;/b&gt;, Corporate Report of consolidated return, answer here&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;7&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;e during the tax year, did one&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;,&lt;/td&gt;&lt;td&gt;nower 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If " td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></a>							
		tage owned > a							
	(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign								
	·	n Engaged in a U.S. Trade or							
8	Check this	box if the corporation issued p	oublicly offered de	ebt ins	struments with original issue	e discount	► ∐		
α	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.  9 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$								
9 10	Enter the	number of shareholders at the	end of the tay ve-	eu uul ar (if 1	100 or fower) > 7				
			-	•					
11	If the corpo	ition has an NOL for the tax year and is oration is filing a consolidated retu	urn, the statement i				····· • 🔟		
12	attached o	r the election will not be valid.				• •			
12	deduction	available NOL carryover from p	nior lax years (do	HOE TE	educe it by any		NONE		

Form **1120** (2020)

# Form 1120 (2020) SHELDON BEEF INC Schedule K Other Information (continued from page 4)

13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> its total assets at the end	Yes	No
	of the tax year less than \$250,000?	X	
	If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year > \$ NONE		
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		Х
15 a	Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?		Χ
ŀ	olf "Yes," did or will the corporation file required Form(s) 1099?		
16	During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		Х
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		Х
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		Х
19	During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		Х
20	Is the corporation operating on a cooperative basis?		Χ
21	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		Х
	If "Yes," enter the total amount of the disallowed deductions ►\$		
22	Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)).		Х
	If "Yes," complete and attach Form 8991.		
23	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		Х
24	Does the corporation satisfy one or more of the following? See instructions.		Х
ā	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
ŀ	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 \$26 million and the corporation has business interest expense.		
(	The corporation is a tax shelter and the corporation has business interest expense.		
	If "Yes," complete and attach Form 8990.		
25	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		Х
26	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		Х
	Percentage: By Vote Percentage: By Value		1.2

Form **1120** (2020)

Form	1120 (2020) SHELDON BEEF INC			84-4406368	Page 6
Sch	nedule L Balance Sheets per Books	Beginning	of tax year	End of tax	year
	Assets	(a)	(b)	(c)	(d)
1	Cash				51.
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
	Buildings and other depreciable assets				
	Less accumulated depreciation				
	Depletable assets				
	Depletable assets				
	Land (net of any amortization)				
	Intangible assets (amortizable only)				
	D Less accumulated amortization				
	Other assets (attach statement)				
	,		0.		51.
13	Total assets		0.		51.
16	Liabilities and Shareholders' Equity Accounts payable				18,450.
17	Mortgages, notes, bonds payable in less than 1 year				10,430.
18	Other current liabilities (attach stmt) SEE ST 2.				965.
19	Loans from shareholders				3001
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement) SEE .ST .3.				1.
22	Capital stock: a Preferred stock				
	<b>b</b> Common stock			2,462.	2,462.
23	Additional paid-in capital				
24	Retained earnings — Approp (att stmt)				
25	Retained earnings — Unappropriated				-21,827.
26	Adjmt to shareholders' equity (att stmt)				
27	Less cost of treasury stock				
	Total liabilities and shareholders' equity		0.		51.
Scr	nedule M-1 Reconciliation of Income Note: The corporation may be	e (Loss) per Books	With Income per R	eturn	
1				on books this year not	
	Net income (loss) per books  Federal income tax per books		included on this re	•	
3	Excess of capital losses over capital gains				
	Income subject to tax not recorded on books		Tax-exempt milerest २		
4					
	this year (itemize):		8 Deductions on this retu	urn not charged	
_	Expenses recorded on books this year not			-	
Э	deducted on this return (itemize):		against book income the		
_			a Depreciation		
a L	Depreciation \$	-	Ciarrable contribus \$		
r					

6 Add lines 1 through 5. -21,827. **10** Income (page 1, line 28) — line 6 less line 9. Schedule M-2 | Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

-21,827.

1	Balance at beginning of year	
2	Net income (loss) per books	-21,827.
3	Other increases (itemize):	
_		

c Travel & entertainment . . \$\_

4 Add lines 1, 2, and 3...

5 Distributions..... a Cash...

6 Other decreases (itemize):

**9** Add lines 7 and 8.....

**7** Add lines 5 and 6..... <del>-</del>21,827. 8 Balance at end of year (line 4 less line 7).

#### **SCHEDULE G** (Form 1120)

(Rev December 2011)

# Information on Certain Persons Owning the Corporation's Voting Stock

► Attach to Form 1120.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► See instructions.

varrie						Employer identifica	ition number (EIN)
SHELDON	BEEF INC					84-440636	8
Part I		rnoration's Vot	ina (	Stock (Form 11	20. Schodul		
ı artı	Complete columns (i) through (v) below	for any foreign or	dome	estic corporation.	partnership	(including any e	a). entity treated as a
	Certain Entities Owning the Cor Complete columns (i) through (v) below partnership), trust, or tax-exempt organizat	tion that owns direct	ly 209	% or more, or owns	s, directly or	indirectly, 50% or	more of the
	total voting power of all classes of the c	corporation's stock	entiti	ed to vote (see in	istructions).		
	(i) Name of Entity	(ii) Employer Identifi		(iii) Type of Entity	/ (iv) Cou	ntry of Organization	(V) Percentage Owned in
		Number (if any)					Voting Stock
Part II	Certain Individuals and Estates	Owning the Co	orpo	ration's Votin	g Stock. (	Form 1120, Sch	edule K, Question 4b).
	Complete columns (i) through (iv) below fo	r any individual or e	state	that owns directly 2	20% or more	, or owns, directly	or indirectly,
	50% or more of the total voting power of	it all classes of the	corp	oration's stock er	ititled to vot	e (see instructio	ns).
	(i) Norman of the dividence to a Fortable		/iii	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(iii) o	the control of Oiting and the	(iv) Demonstrate Outlined
	(i) Name of Individual or Estate		(11	) Identifying Number (if any)		ntry of Citizenship instructions)	(IV) Percentage Owned in Voting Stock
				(11 (11.15)	(000	inou double)	in roung otook
DEMMITC	DDEFED				IINTEED	CHAMPC	00 700
DENNIS	BREWER				UNITED	STATES	90.70%
					1		
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## 2020 FEDERAL STATEMENTS PAGE 1 84-4406368 SHELDON BEEF INC STATEMENT 1 **FORM 1120, LINE 26** OTHER DEDUCTIONS ACCOUNTING. \$ 200. BANK CHARGES. 237. 18,599. 1,272. LEGAL AND PROFESSIONAL MISCELLANEOUS 90. POSTAGE 291. SUPPLIES 46<u>5.</u> TELEPHONE TOTAL \$ 21,154. **STATEMENT 2** FORM 1120, SCHEDULE L, LINE 18 OTHER CURRENT LIABILITIES BEGINNING \_\_ ACCRUED EXPENSES. \$ STATE TAX PAYABLE TOTAL \$ 0. \$ 465. 500. 965. **STATEMENT 3** FORM 1120, SCHEDULE L, LINE 21 OTHER LIABILITIES BEGINNING ENDING ROUNDING

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2020 - CBT-100 - Page 1

# 2020 CBT-100

## New Jersey Corporation Business Tax Return For Tax Years Ending On or After July 31, 2020, Through June 30, 2021

Tax year beginning 01/01/2020 , and ending 12/31/2020

		MPLOYER I.D. NUMBER  N.J. CORPORATION NUMBER  0.62.60	State and date of incorporation	NJ	1/23/2020
		06368 0450-4568-28 ION NAME	Date authorized to do business in New Je	rsey _	1/23/2020
		ON BEEF INC	Federal business activity code		4500
		DDRESS	Corporation books are in the care of	<u>DE</u>	NNIS BREWER
			at	000	
			Phone Number <u>(800)</u> 956-9	883	
CITY <b>EDG</b>	ΕWΔ	STATE ZIP CODE 07020	Check if applicable (see instructions):		Professional Corporation
		icable return type: X Initial Amended	Investment Company		Regulated Invest. Company
Oncon	Сарріі	Timed Translated	Real Estate Investment Trust		Federal 1120-S Filer
1	Tax	Base – Enter amount from line 4 of Schedule A, Part III		1	0
2	Am	ount of Tax - Multiply line 1 by the applicable tax rate (see instru	uctions)	2	0
3	Tax	Credits - Enter amount from Schedule A-3, Part I, line 28 (see i	instructions)	3	
4	CB	T TAX LIABILITY - Subtract line 3 from line 2		4	0
5		Surtax on taxable net income – Multiply the amount on Schedule		_	
		(whichever is applicable) by the applicable surtax rate (see instru Pass-Through Business Alternative Income Tax Credit from Form		5a	0
		(Amount entered cannot be more than amount on line 5a)	•	5b	
_		Balance of surtax - Subtract line 5b from line 5a		5c	500
6 7		Due – Add line 5c to the greater of line 4 or minimum tax due from Schedule A-GR tallment Payment – Only applies if line 6 is \$500 or less (see inst	` '	6 7	500
		fessional Corporation Fees (from Schedule PC, line 7)		<u> </u>	250
8 9		TAL TAX AND PROFESSIONAL CORPORATION FEES - Add line		9	750
					750
10		Payments and Credits (see instructions)		10a	
		Payments made by partnerships on behalf of taxpayer (include co		10b	
	<b>c.</b> [	Refundable Tax Credits from Schedule A-3, Part II, line 5 (see ins	structions)	10c	
	d.	Total Payments and Credits – Add lines 10a, 10b, and 10c		10d	
11	Bal	ance of Tax Due – If line 10d is less than line 9, subtract line 10d	from line 9	11	750
12	Per	nalty and Interest Due (see instructions)		12	
13	Tota	al Balance Due - Add line 11 and line 12		13	750
14	Amo	ount Overpaid – If line 10d is greater than the sum of line 9 and 12, enter amount o	f overpayment	14	
15	Am	ount of line 14 to be Refunded		15	
16	Am	ount of line 14 to be Credited to 2021 Tax Return		16	
17	Am	ount of line 14 to be Credited to a Combined Group and tax year	Unitary ID Number		
		which it is to be applied 2020 or 2021	. NU	17	
Z≻	()	If the corporation is inactive, page 1, the Annual General Questionnai		nd III),	A-2, A-3, A-4, and A-GR
CERTIFICATION OF INACTIVITY	ions	must be completed. A corporate officer must sign and certify bel By marking the check box to the left, I certify that the corporation	1000° A	not ha	ve any income receints
SE.	ruct	or expenses, and did not own any assets during the entire pe	eriod covered by the tax return.	not na	ve any meeme, receipts,
ΕŠ	Inst				
	See	(Date) (Signature of Corporate Office	<u></u>		(Title)
<u> </u>	3)	(Signature of Corporate Office			(Title)
		Under penalties of perjury, I declare that I have examined this re			
۵,		to the best of my knowledge and belief, it is true, correct, and co declaration is based on all information of which the preparer has	ompiete. If prepared by a persor s anv knowledge.	i otne	r than the taxpayer, this
₹ <u>Ó</u>	(suc	DO NOT MAIL - REFER			CEO
띪첫	(See Instructions)	(Date) (Signature of Duly Authorized Office			CEO (Title)
2분	Insti		, .		
¥R	(See	(Date) (Signature of Individual Preparing Return) (Address)	ICHUNG PLAZA # 170		P01967990 (Preparer's ID Number)
SIGNATURE AND VERIFICATION	_	DENIS MIJAJLOVIC MONTCLAIR, NJ	07042		46-1731394
-,		(Name of Tax Preparer's Employer) (Address)	- · · · · -		(Employer's ID Number)
		1			

NAN	ME AS SHOWN ON RETURN	FEDERAL ID NUMBER		
SHELDON BEEF INC 84-4406368				
AN	NUAL GENERAL QUESTIONNAIRE (See Instructions)			
PA	RT I All taxpayers must answer the following questions. Riders must be provided where necess	sary.		
1	Type of business SALES OF FOOD			
•	Principal products handled SALES			
2	State the location of the actual seat of management or control of the corporation			
	<u> </u>			
3	Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the	same interests own	10002222	
	beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?			
	the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of the controlled corporation.	entage of stock owned or controlled	. OR X No.	
4	These questions must be answered by corporations with a controlling interest in certain comm	ercial property.		
	a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling int property? Yes. Answer question 4b below. OR X No.	erest in certain commercial		
	<b>b.</b> Was the CITT-1, Controlling Interest Transfer Tax, or CITT-1E, Statement of Waiver of Tra  Yes. Provide a rider indicating the information and include a copy of the CITT-1 or CITT-1E filed. OR No name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.	nsfer Tax, filed with the Div o. Provide a rider indicating the	rision of Taxation?	
5	Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)?   Yes. Provide a rider indicating the name subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are income.		).	
6	Did the taxpayer receive any deemed repatriation dividends reported under IRC §965 from a subsidiary in the taxpayer's New Jersey 2017, 2018, or 2019 tax return? Yes. Provide a rider indicating the name and FEIN of the subsidiary, the amount of deemed repatriation dividends, and indicate on which New Jersey return the income was included. OR	je	hich the taxpayer files a	
7	If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer distribute dividends or deemed dividends in the current tax year? Yes. Provide a rider indicating the name and FEIN dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR	of the entity to which the		
8	Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property that are deductible against the income of members of a combined group? Yes. Provide a rider indicating the names a combined group or the related members and detail the taxpayer's income that is deductible against their income. OR			
9	Is income from sources outside the United States included in taxable net income on Schedule A?  Yes No NA			
	If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes			
	Part II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deduc			
	Does the taxpayer have related parties or affiliates that file combined returns in New Jersey?	Yes. OR X No.		
	Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do file separate New Jersey returns? Yes. OR X No.	•		
12	Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return?	Yes. Provide information		
	below. OR X No.			
12	Name of the managerial member of the combined group:  Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when f	iling this return or their		
13	federal tax return? Yes. Include a rider detailing the information. OR $\mathbf{X}$ No.	ining this return or their		
	For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10	O, formerly FASB		
	Interpretation No. 48 (FIN 48).			
14	Does the taxpayer own or lease real or tangible property:			
	a. In New Jersey? Yes. OR X No.			
	<b>b.</b> Outside New Jersey? Yes. Provide information below. OR No.			
	List the states, political subdivisions, and foreign nations (as applicable):			
15	What percentage of the taxpayer's worldwide property, real or tangible, is inside the United St	ates?		
16	Does the taxpayer have payroll:			
	a. In New Jersey? Yes. OR X No.			
	<b>b.</b> Outside New Jersey? Yes. Provide information below. OR X No.			
	List the states, political subdivisions, and foreign nations (as applicable):			
17	What percentage of the taxpayer's worldwide payroll is inside the United States?			
18	Is 20 percent or more of either or both the taxpayer's property and payroll inside the United States?	Yes. OR X	No.	
19	Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? Yes. Include a rider with Double 1. The number 1. OR 1. No.	th the entity's name and tax		

NA	ME AS SHOWN ON RETURN	FEDERAL ID NUMBER					
SF	SHELDON BEEF INC 84-4406368						
ΑN	NNUAL GENERAL QUESTIONNAIRE (Continued)						
PA	ART II REGULATED INVESTMENT COMPANIES (Riders must be provide	d where necessary)					
1	Is this taxpayer registered and regulated under the Federal Investment Cominformation below (include rider if necessary). $\boxed{\chi}$ No.	pany Act of 1940 (54 Stat. 789, as amended)? Yes. Provide					
	Securities and Exchange Commission Information						
	Registration Number	Registration Date					
	<b>IMPORTANT NOTE:</b> If the taxpayer's certificate under the Act was not return or if such authority was not continued during such entire period, Company.						
2	Has the taxpayer satisfied the requirements of IRC § 852(a)? Yes OR X No. If no, taxpayer cannot file as a Regulated Investment Company.						
3	Every taxpayer seeking to report as a regulated investment company MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS for the period covered by this return together with all other stockholder reports issued by the company during such period.						

Every taxpayer seeking to report as a regulated investment company MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS for the period covered by this return together with all other stockholder reports issued by the company during such period.

NAME AS SHOWN ON RETURN
SHELDON BEEF INC

FEDERAL ID NUMBER 84-4406368

Schedule A

# CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS) EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE

PART I - COMPUTATION OF ENTIRE NET INCOME (All data must match the federal proforma or federal return, whichever is applicable.) Income 1a 1 a. Gross receipts or sales ...... 1b c. Total – Subtract line 1b from line 1a..... 1c 2 3 4 a. Dividends 4a b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993)... 4b c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992). 4c 5 6 **7** Gross royalties ..... 7 8 Capital gain net income (include a copy of federal Schedule D)..... 8 9 Net gain or (loss) (from federal Form 4797, include a copy). 9 10 10 Other income (include schedule(s)) ...... 11 Total Income — Add lines 3 through 10..... 11 **Deductions** 12 Compensation of officers (from Schedule F)..... 12 13 Salaries and wages (less employment credits)..... 13 14 Repairs (Do not include capital expenditures). 14 15 Bad debts 15 16 500 17 18 19 20 Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return..... 20 21 173 22 Advertising..... 22 23 Pension, profit-sharing plans, etc. 23 24 Employee benefit programs ..... 24 25 Reserved for future use ..... 25 26 Other deductions (include schedule)..... 26 21,154 27 21,827 27 Total Deductions - Add lines 12 through 26 ...... 28 Taxable income before federal net operating loss deductions and federal special deductions -Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions) -21,82728 PART II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28). -21,8271 2 Reserved for future use ..... 2 **3** Other federally exempt income not included in line 1 (see instructions)...... 4 4 Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions)... 500 5 5 New Jersey State and other states taxes deducted in line 1 (see instructions)..... 6 Related party interest addback (from Schedule G, Part I)..... 6 7 Related party intangible expenses and costs addback (from Schedule G, Part II)..... 7 8 Reserved for future use ..... 8 9 Depreciation modification being added to income (from Schedule S)..... 9 10 10 Other additions. Explain on separate rider (see instructions)...... 11 Taxable income/(loss) with additions – Add line 1 through line 10 and enter the total..... 11 -21.327

NAME AS SHOWN ON RETURN FEDERAL ID NUMBER SHELDON BEEF INC 84-4406368

### Schedule A

# CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS) EVERY CORPORATION MUST COMPLETE PARTS I, II AND III OF THIS SCHEDULE

Deductions		
12 Depreciation modification being subtracted from income (from Schedule S)	. 12	
13 Previously Taxed Dividends (from Schedule PT)	. 13	
14 a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1	. 14a	
<b>b.</b> Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1.	. 14b	
c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere	. 14c	
15 I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere)	<b>+</b>	
16 Reserved for future use		
17 a. Elimination of nonoperational activity (from Schedule O, Part I)		
17 b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	-	
18 Other deductions. Explain on separate rider (see instructions)		
19 Total deductions – Add line 12 through line 18 and enter the total		
Taxable Net Income/(Loss) Calculation		
20 Entire Net Income/(Loss) Subtotal – Subtract line 19 from line 11	. 20	-21,327
21 Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000)		1.000000
22 Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion – Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29)		-21,327
23 Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22).		-21,327
24 Allocated entire net income before post allocation net operating loss deduction – Subtract line 23 from line 22 (If zero or less, enter zero here and on line 29)	. 24	0
25 Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24)	. 25	
26 Allocated entire net income before allocated dividend exclusion – Subtract line 25 from line 24 (If zero or less, enter zero here and on line 29).	. 26	0
27 Allocated Dividend Exclusion (from Schedule R) (see instructions)	. 27	
28 Reserved for future use	. 28	
29 Taxable net income – Subtract line 27 from line 26.  Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108 Yes. See instructions for Form 500. OR XNO.	. 29	0
PART III - COMPUTATION OF NEW JERSEY TAX BASE		
1 Enter taxable net income from Schedule A, Part II, line 29	. 1	
2 a. Investment Company – Enter 40% of line 1	. 2a	
2 b. Real Estate Investment Trust – Enter 4% of line 1		
2 c. All Others – Enter the amount from line 1	. 2c	
3 a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero)	. 3a	0
3 b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)	. 3b	0
4 Tax Base – Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1	. 4	
LP Evidentiary Exhibits Page 009864 NJCA0804 02/04/21	11	/30/2022
, , , , , , , , , , , , , , , , , , , ,		

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
SHELDON BEEF INC  Schedule A-2  COST OF GOODS SOLD (See Instructions) All data must match amounts reported on form	84-4406368
Form 1125-A of the federal pro forma or federal return, whichever is applicable.	suerai
1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4 Additional section 263A costs	4
5 Other costs (include schedule)	5
6 Total – Add lines 1 through 5	6
7 Inventory at end of year.	7
8 Cost of goods sold - Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2	8
Schedule A-3 SUMMARY OF TAX CREDITS (See Instructions)	
PART I – Tax Credits Used Against Liability	
1 New Jobs Investment Tax Credit from Form 304	1
2 Angel Investor Tax Credit from Form 321.	2
3 Business Employment Incentive Program Tax Credit from Form 324	3
4 EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300.	
OR b) Urban Enterprise Zone Investment Tax Credit from Form 301.	4
5 Redevelopment Authority Project Tax Credit from Form 302	5
6 Manufacturing Equipment and Employment Investment Tax Credit from Form 305	6
7 Research and Development Tax Credit from Form 306.	7
8 Neighborhood Revitalization State Tax Credit from Form 311	8
-	9
9 Effluent Equipment Tax Credit from Form 312.	10
10 Economic Recovery Tax Credit from Form 313.	11
11 AMA Tax Credit from Form 315.	12
12 Business Retention and Relocation Tax Credit from Form 316	
13 Sheltered Workshop Tax Credit from Form 317	13
14 Film Production Tax Credit from Form 318	14
15 Urban Transit Hub Tax Credit from Form 319.	15
16 Grow NJ Tax Credit from Form 320	16
17 Wind Energy Facility from Form 322	17
18 Residential Economic Redevelopment and Growth Tax Credit from Form 323	18
19 Public Infrastructure Tax Credit from Form 325	19
20 Reserved for future use	20
21 Film and Digital Media Tax Credit from Form 327	21
22 Tax Credit for Employers of Employees With Impairments from Form 328	22
23 Pass-Through Business Alternative Income Tax Credit from Form 329	23
24 Apprenticeship Program Tax Credit from Form 330	24
25 Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331	25
26 Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332	26
27 Other Tax Credit (see instructions).	27
28 Total tax credits - Add lines 1 through 27. Enter here and on page 1, line 3	28
PART II - Refundable Tax Credits	
1 Refundable portion of New Jobs Investment Tax Credit from Form 304.	1
2 Refundable portion of Angel Investor Tax Credit from Form 321	2
3 Refundable portion of Business Employment Incentive Program Tax Credit from Form 324	3.
4 Other Tax Credit to be refunded.	4
5 Total amount of tax credits to be refunded. Enter here and on page 1, line 10c	5

NAME AS SHOWN ON RETURN FEDERAL ID NUMBER SHELDON BEEF INC 84-4406368 Schedule A-4 SUMMARY SCHEDULE (See Instructions) **PNOL Deduction and Carryover Net Operational Income Information** 1 1 Form 500, Section A, line 5 minus line 7. . . . . . . 8 **NOL Deduction and Carryover** Schedule A-GR Information 2 Form 500, Section B, line 6 minus line 8. 2 9 Schedule A-GR, line 6. **Dividend Exclusion Information** Interest and Intangible Costs and Expenses 3 Schedule G, Part I, line b...... 3 10 Schedule R, line 7..... 10 11 Schedule R, line 9..... 4 11 4 Schedule G, Part II, line b...... **Schedule J Information** 5 **12** Schedule R, line 11...... 12 5 Schedule J, line 1f..... Schedule P Information 6 **6** Schedule J, line 1g..... 13 Schedule P, Part III, line 1..... 13 7 14 Schedule P, Part III, line 2...... 14 **7** Schedule J, line 1h... 1.000000 Schedule A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See Instructions) Complete this schedule only if the amount reported on page 1, line 4 is less than \$2,000. Enter sales of tangible personal property shipped to points within New Jersey..... 1 2 2 Enter services if the benefit of the service is received in New Jersey..... 3 Enter rentals of property situated in New Jersey..... 3 4 Enter royalties for the use in New Jersey of patents, copyrights, and trademarks..... 4 5



Total New Jersey Gross Receipts .....

7 Enter minimum tax per instructions. Include here and on page 1, line 6......

6 7

500

SHELDON BEEF INC 84-4406368

Schedule B **BALANCE SHEET AS OF**  12/31 2020

Figures appearing below must be the same as year-end figures shown on the taxpayer's books. If not, explain and reconcile on rider. Consolidated information is not permitted on single returns. See instructions. Where applicable, data must match amounts reported on Schedule L of the federal pro forma or federal return, whichever is applicable.

	Assets	Beginning of Tax Year	End of Tax Year
1	Cash.		51
2	Trade notes and accounts receivable		
	a. Reserve for bad debts		
3	Loans to stockholders/affiliates		
4	Stock of subsidiaries.		
5	Corporate stocks		
6	Bonds, mortgages, and notes		
7	New Jersey state and local government obligations		
8	All other government obligations		
9	Patents and copyrights		
10	Deferred charges		
11	Goodwill		
12	All other intangible personal property (itemize)		
13	Total intangible personal property (total lines 1 to 12)		51
14	Land		
15	Buildings and other improvements		
	a. Less accumulated depreciation		
16	Machinery and equipment		
	a. Less accumulated depreciation		
17	Inventories		
18	All other tangible personalty (net) (itemize on rider)		
19	Total real and tangible personal property (total lines 14 to 18)		
20	Total assets (add lines 13 and 19)		51
	Liabilities and Stockholder's Equity		31
21	Accounts payable		10 450
22	Mortgages, notes, bonds payable in less		18,450
	than 1 year (incl. schedule)		
23	Other current liabilities (include schedule)		965
24	Loans from stockholders/affiliates.		
25	Mortgages, notes, bonds payable in 1 year or more (include schedule)		
26	Other liabilities (include schedule)		
27	Capital stock: (a) Preferred stock.		
	(b) Common stock		2,462
28	Paid-in or capital surplus.		2,402
29	Retained earnings – appropriated		
	(include schedule)		
30	Retained earnings – unappropriated		-21,827
31	Adjustments to shareholders' equity (include schedule)		
32	Less cost of treasury stock		
33	Total liabilities and stockholder's equity (total lines 21 to 32).		51
		ı	<u> </u>



## SHELDON BEEF INC

84-4406368

Schedule C	RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instructions)	

Data must match amounts reported on Schedule M-1 of the federal pro forma or federal return, whichever is applicable. If the taxpayer completed federal Schedule M-3 (Form 1120/1120-F), include a copy.

1	Net income per books	-21,827 <b>7</b> Inc	ome recorded on books this year not	
2	Federal income tax per books  Excess of capital losses over capital gains	a.	come recorded on books this year not cluded in this return (itemize)  Tax-exempt	
4	Income subject to tax not recorded on books this year (itemize)	b. c.	interest \$	
5	Expenses recorded on books this year not deducted in this return (itemize)  a. Depreciation \$ b. Contributions Carryover \$ c. Other (itemize) \$	aga a. b.	ductions in this tax return not charged ainst book income this year (itemize)  Depreciation \$  Contributions Carryover \$  tal of lines 7 and 8	
6	Total of lines 1 through 5	-21,827 <b>10</b> Inco	ome (Schedule A, Part I, line 28) — line 6 less 9	-21,827

#### Schedule C-1 ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instructions)

Data must match amounts reported on Schedule M-2 of the federal pro forma or federal return, whichever is applicable.

1	Balance at beginning of year		5 Distributions	
2	Net income per books	-21,827	<b>A</b>	
3	Other increases (itemize)	,	<b>b.</b> Stock \$	
			c. Property \$	
			6 Other decreases (itemize)	
			7 Total of lines 5 and 6	_
4	Total of lines 1, 2, and 3	-21,827	8 Balance end of year (line 4 less 7)	-21,827

Schedule F	CORPORATE OFFICERS — GENERAL INFORMATION AND COMPENSATION (See Instructions)
	Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

(1) Name and Current Address of Officer	(2) Social Security Number	<b>(3)</b> Title	Dates Ei in this p	<b>1)</b> mployed position	Percentage of tion Stock (	<b>5)</b> of Corpora- Owned	<b>(6)</b> Amount of Compensation
			From	То	Common	Preferred	
DENNIS BREWER							
EDGEWATER, NJ 07020		CEO	1/20	12/20	90.70	000.00	
·							
-							
-							
							* *-
a. Total compensation of officers		<u> </u>					<u> </u>

a. Total comp	ensation of	officers.
---------------	-------------	-----------

**b.** Less: Compensation of officers claimed elsewhere on the return.....

c. Balance of compensation of officers (include here and on Schedule A, Part I, line 12).....

**NOTE:** For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

c. Related Party Intangible Expenses and Costs addback (include here and on Schedule A, Part II, line 7).......

a. Total amount of intangible expenses and costs deducted.....

b. Subtract: Exceptions (see instructions).....



NAME AS SHOWN ON RETURN

SHELDON BEEF INC

84-4406368

Schedule H TAXES (See Instructions)

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

		(a)	(b)	(c)	(d)	<b>(e)</b> Other Taxes/	(f)
		Corporation Franchise Business Taxes	Corporation Business/ Occupancy Taxes	Property Taxes	U.C.C. or Payroll Taxes	Licenses (include schedule)	Total
1	New Jersey Taxes	500					500
2	Other States & U.S. Possessions						
3	City and Local Taxes						
4	Taxes Paid to Foreign Countries*						
5	Total	500					500
6	Combine lines 5(a) and 5(b)		500				
7	Sales & Use Taxes Paid by a Utility Vendor						
8	Add lines 6 and 7						
			500				
9	Federal Taxes						
10	Total (Combine line 5 and line 9)	500					500

### \* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

### Schedule J COMPUTATION OF ALLOCATION FACTOR (See Instructions)

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 20, Form CBT-100, must complete Schedule J. This schedule can be omitted if the taxpayer does not have receipts outside New Jersey, in which case the allocation factor will be 100% (1.000000).

#### For tax years ending on and after July 31, 2019, services are sourced based on market sourcing not cost of performance.

1 Receipts:		AMOUNTS (omit cents)
a. From sales of tangible personal property shipped to points within New Jersey	a.	
<b>b.</b> From services if the benefit of the service is received in New Jersey	b.	
c. From rentals of property situated in New Jersey.	c.	
d. From royalties for the use in New Jersey of patents, copyrights, and trademarks	d.	
e. All other business receipts earned in New Jersey (See instructions).	e.	
f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive)	f.	
g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	g.	
h. Allocation Factor (Percentage in New Jersey (line 1f) divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 21	h.	

NOTE: Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC §250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. § 250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.



FEDERAL ID NUMBER 84-4406368

#### Schedule P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)

Par	t I - Partnership Info	ormation												
(1) Partnership, LLC, or Other Entity Information		(2)		(3)	(4)		(5)		(6)		(7)			
		Date and State where		Percentage of Ownership	Limited	General	Tax Accounting Method		New Jersev		Tax Payments Made on Behalf of Taxpayer			
	Name Federal ID		Organize		o. oo.	Partner	Partner	Flow	Separate	Nexus		by Partnerships		
	rvarric	Number						Through	Accounting*	Yes	No			
Ent	er total of column 7	here and on	page 1, line 1	<b>0</b> b										
*Ta	xpayers using a sep	parate accoun	ting method n	nust co	mplete Part II	l								
Par	t II - Separate Acco	unting of Non	unitary Partn	ership	Income									
	(1)		(2)			(3)						(4)		
	Nonunitary Partn	ershin's	Distributive SI	hare of	f Income/Loss	Partne	ership's Al	llocation F	actor	Taxpayer's Share of Income Allocated to New Jersey				
	Federal ID Nu		from Nonur			1 druit	(See Inst		dotoi	(Multiply Column 2 by Column 3)				
1														
2														
3														
4	Total column 2 En	ter amount he	re and Sched	lule A	Part II line 17	7h								
Total column 2. Enter amount here and Schedule A, Part II, line 17b.  Total column 4. Enter amount here and Schedule A, Part III, line 3b.														
	dditional space is n			iule A,	T art III, IIIIe 3	0								
		<u> </u>		00550	CIONAL EEE	<b>,</b>								
		PER CAPITA				`								
1	Is the corporation a Prof								<del>-</del>	or territ	ory			
	of the United States, a st	ate, or political su	bdivision thereot?	Ye	s. This schedule n	nust be inclu	ded with the	return.	No.					
2	How many licensed profe										е			
	· • · □	or less, complete			omplete Part I and									
Par	Part I - Provide the following information for each of the licensed professionals in the PC. Include a rider if additional sp						al spa							
1	Nam	е			P	ddress					FID/SSN			
3														
3 4														
_ 5										Ĉ.				
Par	t II - Complete only if			-					4		ł			
1														
_	New Jersey x \$150													
2														
2	New Jersey x \$150 x allocation factor of the PC							111825	3					
	3 Total Fee Due — Add line 1 and line 2													
								5						
	6 Less prior year 50% installment payment and credit (if applicable)								6					
7	7 Balance of Fee Due (line 5 minus line 6). If the result is zero or more, include the amount here and on Form CBT-100, page 1, line 8									7				
8	8 Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here)													

FEDERAL ID NUMBER

SHELDON BEEF INC 84-4406368

#### Schedule P SUBSIDIARY INVESTMENT ANALYSIS (See Instructions)

NOTE: Taxpayers must hold 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value. Do not include any previously taxed dividends. Instead, report those amounts on

PART I DOMESTIC S	UBSIDIARY			_		
	<b>(1)</b> Name of	Percentaç	(2) Percentage of Interest			(4) Domestic Dividend Income (as reported
Federal ID Number	Subsidiary	(a) Voting	<b>(b)</b> Non-Voting	- T	ook Value rted in Sch. B)	on Schedule A)
Totals						
PART II FOREIGN SU	JBSIDIARY		(2)	1		(4)
	<b>(1)</b> Name of	Percentag	<b>(2)</b> ge of Interest	Do	(3)	(4) Foreign Dividend
Federal ID Number	Subsidiary	(a) Voting	<b>(b)</b> Non-Voting		ok Value rted in Sch. B)	Income (as reported on Schedule A)
	·				<u> </u>	,
Totals				1		
Totals  PART III TOTAL OF 8	0% OR MORE OWNED SUE			1		
	column 4 (include here and				1	
	column 4 (include here and	<u> </u>			2	
3 Total dividends. Add line	es 1 and 2 (include here and	d on Schedule R)			3	
Schedule R <b>DIVID</b>	END EXCLUSION (See Inst	tructions)				
	and deemed dividends rep				1	
2 Enter amount from Sche	edule PT, Section D, line 3.				2	
· ·	vidend exclusion - Subtract				3	
4 Enter amount from Sche	edule P, Part III, line 3				4	
<b>5</b> Multiply line 4 by .95					5	
6 Subtract line 4 from line	3				6	
	vestments where taxpayer			. 2)	-	
	of all other classes of stoo	`		,	7	
					8	
<b>10</b> Reserved for future use					3	
11 DIVIDEND EXCLUSION:	Add lines 5 and 9				10	
12 Allocation factor from cu					11	1 00000
13 ALLOCATED DIVIDEND					12	1.000000
13 ALLOCATED DIVIDEND	EXCLUSION. Multiply life 11 i.	by fille 12 (filclude fiere and	on Schedule A, Part II, II	ile 27)	13	
			<b>₽</b>			
			_ (			
I D Evidontion	y Exhibits Page 009	NJCA0817 02/04	/21		4	1/30/2022
	V LAHIDILO FAUE UUS	JU1 &				1/30/2022

FEDERAL ID NUMBER SHELDON BEEF INC 84-4406368

Sc	chedule S -Part I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction	s)	
1	IRC § 179 Deduction	1	
2	Special Depreciation Allowance – for qualified property placed in service during the tax year	2	
3	MACRS	3	
4	ACRS	4	
5	Other Depreciation.	5	
6	Listed Property	6	
7	Total depreciation claimed in arriving at Schedule A, Part II, line 1	7	

#### Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 9 or line 12 – Depreciation and Certain Safe Harbor Lease Transactions

Add	itions		
8	Amounts from lines 3, 4, 5, and 6 above	8	
9	Special Depreciation Allowance from line 2 above.	9	
10	Distributive share of the special depreciation allowance from a partnership	10	
11	Distributive share of ACRS, MACRS, and other depreciation from a partnership	11	
12	Deductions on federal return resulting from an election made pursuant to IRC § 168(f)(8) exclusive of	á.	
	elections made with respect to mass commuting vehicles		
	a. Interest	12a	
	<b>b.</b> Rent	12b	
	c. Amortization of Transactional Costs.	12c	
	<b>d.</b> Other Deductions	12d	
13	IRC § 179 depreciation in excess of New Jersey allowable deduction	13	
14	Other additions (include an explanation/reconciliation).	14	
15	Total lines 8 through 14.	15	
	uctions		
16	New Jersey depreciation	16	
17	Recomputed depreciation attributable to distributive share of recovery property from a partnership	17	
18	Any income included in the return with respect to property solely as a result of an IRC § 168(f)(8) election	18	
19	The lessee/user should enter the amount of depreciation that would have been allowable under the		
	Internal Revenue Code on December 31, 1980, had there been no safe harbor lease election	19	
20	Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated New Jersey depreciation		
-	on physical disposal of recovery property (include computations).	20	
21	Other deductions (include an explanation/reconciliation)	21	
22	Total lines 16 through 21.	22	
23	ADJUSTMENT – Subtract line 22 from line 15 and enter the result. (If line 23 is positive, enter at Schedule A, Part II, line 9. If line 23 is negative, enter as a positive number at Schedule A, Part II, line 12)	23	
		<u> </u>	
Sc	hedule S - Part II NEW JERSEY DEPRECIATION FOR GAS, ELECTRIC, AND GAS AND E	ELEC.	TRIC PUBLIC
00	UTILITIES (See Instructions)		
1	Total depreciation claimed in arriving at Schedule A, Part II, line 1	1	
2	Federal depreciation for assets placed in service after January 1, 1998.	2	
3	Net – Subtract line 2 from line 1.	3	
4	New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to		
-	January 1, 1998)		
	a. Total adjusted federal depreciable basis as of December 31, 1997	4a	
	<b>b.</b> Excess book depreciable basis over federal tax basis as of December 31, 1997	4b	
	c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date.	4c	
	<b>d.</b> Total (line 4a plus line 4b less line 4c)	4d	
5	New Jersey Depreciation – Divide line 4d by 30	5	
6	New Jersey Adjustment		
	a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3	6a	
	<b>b.</b> Special bonus depreciation adjustment from Schedule S, Part I, line 23 (see instructions)	6b	
7	Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A,		
	Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12)	7	

# 2020 **NEW JERSEY STATEMENTS** PAGE 1 **SHELDON BEEF INC** 0450456828 STATEMENT 1 FORM CBT-100, SCHEDULE A, PART I, LINE 26 OTHER DEDUCTIONS ACCOUNTING. \$ 200. BANK CHARGES. 237. 18,599. 1,272. LEGAL AND PROFESSIONAL MISCELLANEOUS 90. POSTAGE 291. 46<u>5.</u> TELEPHONE TOTAL \$ 21,154. **STATEMENT 2** FORM CBT-100, SCHEDULE B, LINE 23 OTHER CURRENT LIABILITIES BEGINNING ENDING 0. \$ ACCRUED EXPENSES. \$ 465. STATE TAX PAYABLE..... 500. <u>965.</u> TOTAL \$ **STATEMENT 3** FORM CBT-100, SCHEDULE B, LINE 26 OTHER LIABILITIES BEGINNING ENDING ROUNDING TOTAL