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2023
Redacted

CLIENT'S COPY

Federal Tax Comparison for Married Filing Jointly and Separately

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Married Filing Separately</u>	<u>Married Filing Jointly</u>
Total Income	<u>1,756,698.</u>	<u>23,645.</u>	<u>1,780,343.</u>	<u>1,780,343.</u>
Less: Adjustments	<u>130,471.</u>	<u>1,662.</u>	<u>132,133.</u>	<u>132,133.</u>
Adjusted Gross Income	<u>1,626,227.</u>	<u>21,983.</u>	<u>1,648,210.</u>	<u>1,648,210.</u>
Standard/Itemized Deductions	<u>26,966.</u>	<u>14,639.</u>	<u>41,605.</u>	<u>36,216.</u>
Qualified business inc deduction	<u>1.</u>		<u>1.</u>	<u>1.</u>
Taxable Income	<u>1,599,260.</u>	<u>7,344.</u>	<u>1,606,604.</u>	<u>1,611,993.</u>
Total Tax (regular & AMT)	<u>556,160.</u>	<u>733.</u>	<u>556,893.</u>	<u>525,828.</u>
Less: Credits				<u>5.</u>
Add: Other Taxes	<u>34,873.</u>	<u>3,324.</u>	<u>38,197.</u>	<u>37,272.</u>
Less: Earned Income Credit				
Less: Additional child tax credit				
Less: Payments (excludes ext.)	<u>336,680.</u>	<u>214,839.</u>	<u>551,519.</u>	<u>551,519.</u>
Tax Underpayment/(Overpayment)	<u>254,353.</u>	<u>-210,782.</u>	<u>43,571.</u>	<u>11,576.</u>
MARRIED FILING JOINTLY PRODUCED AN ESTIMATED SAVINGS OF				31,995.

Tax Return Carryovers to 2024

NAME: ANTONIO & PATRICIA VILLARAIGOSA

ID Number: XXXXXXXXXX

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
8990	THE CHANGE COMPANY CDFI LLC BUSINESS INTEREST EXPENSE	8990			237,337.
1116	PASSIVE INC C/O FROM 2017	1116			6.
1116AMT	PASSIVE INC C/O FROM 2017	1116 AMT			7.
6198	SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		587,479.
6198	STATE SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		537,839.
6198	LONG-TERM CAPITAL - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,027.
6198	STATE LONG-TERM CAP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		915.
6198	CONTRIBUTIONS 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,083.
6198	STATE CONTRIBUTIONS 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,010.
6198	NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,135.
6198	ST NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		39,163.
6198	AT-RISK QBI LOSS - CHANGE LENDING LLC FROM 2023	SCH E P2	5		97,839.
6198	AT-RISK QBI LOSS - CDFI FROM 2023	SCH E P2	5		148,545.
6198AMT	SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		587,561.
6198AMT	STATE SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		537,950.
6198AMT	LONG-TERM CAPITAL - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,027.
6198AMT	STATE LONG-TERM CAP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		915.
6198AMT	CONTRIBUTIONS 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,083.
6198AMT	STATE CONTR 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,010.
6198AMT	NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,135.
6198AMT	ST NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		39,165.
8582	STATE PASSIVE ACTIVITY LOSS - THE CHANGE COMPANY CDFI LLC	SCH E P2	5	GA	4,020.
8995	TOTAL QUALIFIED BUSINESS LOSS	8995			622,295.
500NOL	GEORGIA NOL C/O FROM 2022	500NOL		GA	171.

Name: ANTONIO & PATRICIA VILLARAIGOSA

FEIN: [REDACTED]

Type and Entity: THE CHANGE COMPANY CDFI L - INTERES DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for									
2023	237,337.											
Detail Type	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
E												
S												
B												
C												

A B C D E F G H I J K L M N O P Q R S T U V W

A B C D E F G H I J K L M N O P Q R S T U V W

Direct Deposit/Debit Report

Name: ANTONIO & PATRICIA VILLARAIGOSA

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
CT	1040NR/PY	BANK OF AMERICA	CHECKING	[REDACTED]	[REDACTED]	DEBIT 10/15/24	456.
MD	505	BANK OF AMERICA	CHECKING	[REDACTED]	[REDACTED]	DEBIT 10/15/24	282.
NY	IT-203	BANK OF AMERICA	CHECKING	[REDACTED]	[REDACTED]	DEBIT 10/15/24	8,377.
VA	763	BANK OF AMERICA	CHECKING	[REDACTED]	[REDACTED]	DEPOSIT	916.

Two-Year Comparison Worksheet

2023

Name(s) as shown on return

ANTONIO & PATRICIA VILLARAIGOSA

Social security number

2022 Filing Status **MARRIED FILING JOINT**

2023 Filing Status **MARRIED FILING JOINT**

2022 Tax Bracket **37.0%**

2023 Tax Bracket **37.0%**

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
WAGES, SALARIES, AND TIPS	900,612.	469,992.	-430,620.
SCHEDULE B - TAXABLE INTEREST	21,047.	109,762.	88,715.
SCHEDULE B - QUALIFIED DIVIDENDS	629.	643.	14.
SCHEDULE B - ORDINARY DIVIDENDS	1,507.	1,768.	261.
TAXABLE PENSIONS AND ANNUITIES	116,154.	119,685.	3,531.
TAXABLE SOCIAL SECURITY BENEFITS	0.	37,901.	37,901.
SCHEDULE D (CAPITAL GAIN/LOSS)	185,941.	2,473.	-183,468.
SCH. C (BUSINESS INCOME/LOSS)	0.	23,529.	23,529.
SCHEDULE E (RENTAL AND PASSTHROUGH)	301,712.	1,015,233.	713,521.
TOTAL INCOME	1,526,973.	1,780,343.	253,370.
DEDUCTIBLE PART OF SE TAX	4,026.	12,009.	7,983.
SELF-EMPLOYED SEP AND SIMPLE PLANS	59,315.	66,000.	6,685.
SELF-EMPLOYED HEALTH INS. DEDUCTION	8,211.	20,974.	12,763.
ALIMONY PAID	33,150.	33,150.	0.
TOTAL ADJUSTMENTS	104,702.	132,133.	27,431.
ADJUSTED GROSS INCOME	1,422,271.	1,648,210.	225,939.
TAXES	10,000.	10,000.	0.
INTEREST (DEDUCTIBLE)	17,736.	17,712.	-24.
CONTRIBUTIONS	21,351.	8,504.	-12,847.
TOTAL ITEMIZED DEDUCTIONS	49,087.	36,216.	-12,871.
QUALIFIED BUSINESS INCOME DEDUCTION	2.	1.	-1.
TOTAL DEDUCTIONS	49,089.	36,217.	-12,872.
TAXABLE INCOME	1,373,182.	1,611,993.	238,811.
TAX	413,893.	525,828.	111,935.
TAX BEFORE CREDITS	413,893.	525,828.	111,935.
FORM 1116 (FOREIGN TAX CREDIT)	11.	5.	-6.
TAX AFTER NON-REFUNDABLE CREDITS	413,882.	525,823.	111,941.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	8,051.	24,017.	15,966.
FORM 8959 (ADDITIONAL MEDICARE TAX)	8,354.	8,868.	514.
FORM 8960 (NET INVEST. INCOME TAX)	5,201.	4,387.	-814.
TOTAL TAX	435,488.	563,095.	127,607.
FED. INCOME TAX WITHHELD, FORM W-2	201,576.	99,309.	-102,267.
FED. INCOME TAX WITHHELD, FORM 1099	19,636.	19,832.	196.
FED. INCOME TAX WITHHELD, OTHER FORM	6,305.	2,700.	-3,605.
ESTIMATED TAX PAYMENTS	387,649.	429,678.	42,029.
FORM 4868 (EXTENSION REQUEST)	0.	170,000.	170,000.
TOTAL PAYMENTS	615,166.	721,519.	106,353.
TAX OVERPAID	179,678.	158,424.	-21,254.
OVERPAYMENT APPLIED TO ESTIMATE	179,678.	158,424.	-21,254.
CALIFORNIA STATE RETURN			

Two-Year Comparison Worksheet

2023

Name(s) as shown on return: **ANTONIO & PATRICIA VILLARAIGOSA** Social security number: XXXXXXXXXX

2022 Filing Status: **MARRIED FILING JOINT** 2023 Filing Status: **MARRIED FILING JOINT**

2022 Tax Bracket: **37.0%** 2023 Tax Bracket: **37.0%**

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
TAXABLE INCOME	1,415,547.	1,729,045.	313,498.
TAX	139,174.	176,651.	37,477.
NON-REFUNDABLE CREDITS	38,738.	117,980.	79,242.
OTHER TAXES	4,285.	7,447.	3,162.
PAYMENTS	221,810.	72,391.	-149,419.
OVERPAYMENT APPLIED TO ESTIMATED TAX AMOUNT REFUNDED	24,000.	6,273.	-17,727.
	93,089.	0.	-93,089.
GEORGIA STATE RETURN			
TAXABLE INCOME	-171.	-919.	-748.
PAYMENTS	100.	0.	-100.
AMOUNT REFUNDED	100.	0.	-100.
MARYLAND STATE RETURN			
TAXABLE INCOME	183.	19,543.	19,360.
TAX	14.	1,539.	1,525.
PAYMENTS	552.	1,294.	742.
BALANCE DUE INCLUDING PEN. & INT.	0.	282.	282.
AMOUNT REFUNDED	538.	0.	-538.
NEW YORK STATE RETURN			
TAXABLE INCOME	6,320.	112,389.	106,069.
TAX	433.	7,699.	7,266.
BALANCE DUE INCLUDING PEN. & INT.	475.	8,377.	7,902.
VIRGINIA STATE RETURN			
TAXABLE INCOME	1,388.	14,239.	12,851.
TAX	28.	582.	554.
NON-REFUNDABLE CREDITS	28.	504.	476.
PAYMENTS	88.	994.	906.
AMOUNT REFUNDED	88.	916.	828.
CONNECTICUT STATE RETURN			
TAXABLE INCOME	0.	7,217.	7,217.
TAX	0.	510.	510.
REFUNDABLE CREDITS	0.	117.	117.
BALANCE DUE INCLUDING PEN. & INT.	0.	456.	456.



THE BRAE

CONNECTICUT INCOME TAX RETURN:

This return has been prepared for electronic filing. Please sign, date, and return federal Form 8879 to our office. We will then submit your electronic return to the CTDRS. Do not mail the paper copy of the return to the CTDRS.

Your balance due of \$456 will be automatically withdrawn from your account ending [REDACTED] on or after October 15, 2024. Refer to Form CT-1040NR/PY on the Direct Deposit/Debit Report for complete account information.

Your Connecticut return includes a late payment penalty of \$39 and late payment interest of \$24.

GEORGIA INCOME TAX RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the GA DOR, please sign, date, and return Form GA 8453 to our office. We will then submit your electronic return to the GA DOR. Do not mail the paper copy of the return to the GA DOR.

No payment is required.

MARYLAND INCOME TAX RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the MRAD, please sign, date, and return Form EL101 to our office. We will then submit your electronic return to the MRAD. Do not mail the paper copy of the return to the MRAD.

Your balance due of \$282 will be automatically withdrawn from your account ending [REDACTED] on or after October 15, 2024. Refer to Form 505 on the Direct Deposit/Debit Report for complete account information.

Your Maryland return includes a late payment penalty of \$25 and late payment interest of \$12.

NEW YORK INCOME TAX RETURN:

This return has been prepared for electronic filing. Please sign, date, and return Form TR-579-IT to our office. We will then submit your electronic return to the NY Tax Dept. Do not mail the paper copy of the return to the NY Tax Dept.

Your balance due of \$8,377 will be automatically withdrawn from your account ending [REDACTED] on or after October 15, 2024. Refer to Form IT-203 on the Direct Deposit/Debit Report for complete account information.

Your New York return includes a penalty for underpayment of estimated tax of \$32, a late payment penalty of \$231 and late payment interest of \$415.

Virginia Income Tax RETURN – TAXPAYER:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form VA 8879 to our office. We will then submit your electronic return to the VADOT. Your return will be completely paperless, therefore, do not mail the paper copy of the return to the VADOT.

No payment is required as you are to receive a refund in the amount of \$916.



THE BRAE

Your refund will be deposited directly into your account ending [REDACTED]. Refer to Form 763 on the Direct Deposit/Debit Report for complete account information.

VIRGINIA INCOME TAX RETURN – SPOUSE:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form VA 8879 to our office. We will then submit your electronic return to the VADOT. Your return will be completely paperless, therefore, do not mail the paper copy of the return to the VADOT.

No payment is required.

A contribution to the taxpayer's self-employed retirement plan of \$66,000 has been deducted in arriving at taxable income. The balance of the contribution to the taxpayer's self-employed retirement plan of \$66,000 must be made no later than the due date of your return (including extensions).

Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Eric Adler, CPA

U.S. Individual Income Tax Transmittal for an IRS e-file Return

For the year January 1 - December 31, 2023
See instructions on back.

OMB No. 1545-0074

2023

Go to www.irs.gov/Form8453 for the latest information.

Please print or type.

P R I N T C L E A R L Y	Your first name and middle initial ANTONIO VILLARAIGOSA		Last name 	Your social security number 	
	If a joint return, spouse's first name and middle initial PATRICIA VILLARAIGOSA		Last name 	Spouse's social security number 	
	Home address (number and street). If you have a P.O. box, see instructions. 			Apt. no. 	Important! You must enter your SSN(s) above.
	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) 				
	Foreign country name 		Foreign province/state/county 	Foreign postal code 	

FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.

Check the applicable box(es) to identify the attachments.

- Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- Form 3115, Application for Change in Accounting Method
- Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2 - Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- Form 4136 - attach the appropriate certificates and, if applicable, the appropriate reseller statements for biodiesel, renewable diesel, and sustainable aviation fuel claims
- Form 5713, International Boycott Report
- Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement that went into effect after 1984 and before 2009) (see instructions)
- Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- Form 8864 - attach the appropriate certificates and, if applicable, the appropriate reseller statements for biodiesel, renewable diesel, and sustainable aviation fuel claims
- Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DON'T SIGN THIS FORM.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.

Form 8453 (2023)

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name ANTONIO VILLARAIGOSA		Social security number [REDACTED]
Spouse's name PATRICIA VILLARAIGOSA		Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	1,648,210.
2	Total tax	2	563,095.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	121,841.
4	Amount you want refunded to you	4	0.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, 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 from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize THE BRAE LLP to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10/15/2024

Spouse's PIN: check one box only

I authorize THE BRAE LLP to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 10/15/2024

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED] Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ THE BRAE LLP Date ▶ 10/15/2024

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

**Tax Year 2023 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN

██████████

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN:

██████████

Date 10152024

Spouse's PIN:

██████████

NO PAYMENT IS REQUIRED.

MAIL AS SOON AS POSSIBLE TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0045

318711 05-01-23

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2023, or other tax year beginning

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

, 2023, ending

1019

2023

Part I Identification		Part II Individual Income Tax	
1 Your name(s) ANTONIO VILLARAIGOSA PATRICIA VILLARAIGOSA [REDACTED]		4 Estimate of total tax liability for 2023 \$	0.
2 Your social security number [REDACTED]		5 Total 2023 payments	401,519.
3 Spouse's social security number [REDACTED]		6 Balance due. Subtract line 5 from line 4	0.
		7 Amount you are paying	0.
		8 Check here if you are "out of the country" and a U.S. citizen or resident	<input type="checkbox"/>
		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>

[REDACTED] S0 VILL 30 0 202312 670

2024 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2024 (see instructions)		1
2a	Deductions		2a
	<ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. 		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction		2b
c	Add lines 2a and 2b		2c
3	Subtract line 2c from line 1		3
4	Tax. Figure your tax on the amount on line 3 by using the 2024 Tax Rate Schedules . <i>Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax</i>		4
5	Alternative minimum tax from Form 6251		5
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16		6
7	Credits (see instructions). Do not include any income tax withholding on this line		7
8	Subtract line 7 from line 6. If zero or less, enter -0-		8
9	Self-employment tax (see instructions)		9
10	Other taxes (see instructions)		10
11a	Add lines 8 through 10		11a
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit		11b
c	Total 2024 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-		11c
12a	Multiply line 11c by 90% (66 2/3% for farmers and fishermen)	12a	
b	Required annual payment based on prior year's tax (see instructions)	12b	
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b	12c	
	<i>Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.</i>		
13	Income tax withheld and estimated to be withheld during 2024 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)		13
14a	Subtract line 13 from line 12c	14a	498,000.
	Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 14b.		
b	Subtract line 13 from line 11c	14b	
	Is the result less than \$1,000? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 15 to figure your required payment.		
15	If the first payment you are required to make is due April 15, 2024, enter 1/4 of line 14a (minus any 2023 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order		15

OVERPAYMENT APPLIED	158,424.
AMOUNT ALREADY PAID	200,000.

2024 Estimated Tax

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 15, 2024	
Amount of estimated tax you are paying by check or money order.	\$ <input style="width: 100px; height: 20px;" type="text"/>

Pay online at
www.irs.gov/efpay

Simple.
 Fast.
 Secure.

Print or type	Your first name and middle initial		Your last name		Your social security number		
	If joint payment, complete for spouse						
	Spouse's first name and middle initial		Spouse's last name		Spouse's social security number		
	Address (number, street, and apt. no.)						
City, town, or post office. If you have a foreign address, also complete spaces below.						State	ZIP code
Foreign country name			Foreign province/county			Foreign postal code	

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
 P.O. BOX 802502
 CINCINNATI, OH 45280-2502

2024 Estimated Tax

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 17, 2024

Amount of estimated tax you are paying by check or money order.

\$

Pay online at
www.irs.gov/efpay

Simple.
 Fast.
 Secure.

Print or type	Your first name and middle initial		Your last name		Your social security number	
	<i>If joint payment, complete for spouse</i>					
	Spouse's first name and middle initial		Spouse's last name		Spouse's social security number	
	Address (number, street, and apt. no.)					
	City, town, or post office. If you have a foreign address, also complete spaces below.				State	ZIP code
Foreign country name			Foreign province/county		Foreign postal code	

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
 P.O. BOX 802502
 CINCINNATI, OH 45280-2502

2024 Estimated Tax

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 16, 2024	
Amount of estimated tax you are paying by check or money order.	\$

Pay online at
www.irs.gov/efpay

Simple.
 Fast.
 Secure.

Print or type	Your first name and middle initial		Your last name		Your social security number	
	If joint payment, complete for spouse					
	Spouse's first name and middle initial		Spouse's last name		Spouse's social security number	
	Address (number, street, and apt. no.)					
City, town, or post office. If you have a foreign address, also complete spaces below.				State	ZIP code	
Foreign country name			Foreign province/county		Foreign postal code	

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
 P.O. BOX 802502
 CINCINNATI, OH 45280-2502

2024 Estimated Tax

Payment
 Voucher **4**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 15, 2025

Amount of estimated tax you are paying by check or money order.

\$ **120,000.**

Pay online at
www.irs.gov/efpay

Simple.
 Fast.
 Secure.

Print or type	Your first name and middle initial ANTONIO	Your last name VILLARAIGOSA	Your social security number [REDACTED]	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial PATRICIA	Spouse's last name VILLARAIGOSA	Spouse's social security number [REDACTED]	
	Address (number, street, and apt. no.) [REDACTED]			
	City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]	ZIP code [REDACTED]
	Foreign country name	Foreign province/county	Foreign postal code	

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

Form 1040-ES (2024)

 CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
 P.O. BOX 802502
 CINCINNATI, OH 45280-2502

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:
Name _____
Telephone _____
Function _____
Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address ANTONIO VILLARAIGOSA _____ _____	Taxpayer identification number(s) _____ _____
	Daytime telephone number _____
	Plan number (if applicable) _____

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address ERIC ADLER, CPA _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	
Name and address ROBIN BROCK, CPA _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address SHIN JUNG LEE, CPA _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	
Name and address _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME TAX	1040	2021-2024

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4, Specific Use Not Recorded on CAF* in the instructions ▶

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
 Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;
 Other acts authorized: _____

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

ANTONIO VILLARAIGOSA
 [REDACTED]

Taxpayer identification number(s)
 [REDACTED]

Daytime telephone number
 [REDACTED]

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

ERIC ADLER, CPA
 [REDACTED]

CAF No. [REDACTED]

PTIN [REDACTED]

Telephone No. [REDACTED]

Fax No. [REDACTED]

Check if to be sent copies of notices and communications

Check if new: Address Telephone No. Fax No.

Name and address

ROBIN BROCK, CPA
 [REDACTED]

CAF No. [REDACTED]

PTIN [REDACTED]

Telephone No. [REDACTED]

Fax No. [REDACTED]

Check if to be sent copies of notices and communications

Check if new: Address Telephone No. Fax No.

Name and address

SHIN JUNG LEE, CPA
 [REDACTED]

CAF No. [REDACTED]

PTIN [REDACTED]

Telephone No. [REDACTED]

Fax No. [REDACTED]

(Note: IRS sends notices and communications to only two representatives.)

Check if new: Address Telephone No. Fax No.

Name and address

(Note: IRS sends notices and communications to only two representatives.)

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address Telephone No. Fax No.

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME TAX	1040	2021-2024

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4, Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): Access my IRS records via an Intermediate Service Provider;

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____
- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you do not want to revoke a prior power of attorney, check here _____
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
 ▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature _____ Date _____ Title (if applicable) _____
ANTONIO VILLARAIGOSA
 Print name _____ Print name of taxpayer from line 1 if other than individual _____

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	CA	103232		10/15/2024
B	CA	92494		10/15/2024
B	CA	96305		10/15/2024

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:
Name _____
Telephone _____
Function _____
Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address PATRICIA VILLARAIGOSA _____ _____	Taxpayer identification number(s) _____ _____
	Daytime telephone number _____ _____
	Plan number (if applicable) _____

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address ERIC ADLER, CPA _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	
Name and address ROBIN BROCK, CPA _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address SHIN JUNG LEE, CPA _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	
Name and address _____ _____ _____	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME TAX	1040	2021-2024

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4, Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
 Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature: PATRICIA VILLARAIGOSA Date: _____ Title (if applicable): _____
Print name: _____ Print name of taxpayer from line 1 if other than individual: _____

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	CA	[REDACTED]	[REDACTED]	10/15/2024
B	CA	[REDACTED]	[REDACTED]	10/15/2024
B	CA	[REDACTED]	[REDACTED]	10/15/2024

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending

Your first name and middle initial ANTONIO Last name VILLARAIGOSA See separate instructions. Your social security number

If joint return, spouse's first name and middle initial PATRICIA Last name VILLARAIGOSA Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

Foreign country name Foreign province/state/county Foreign postal code [X] You [] Spouse

Filing Status [] Single [X] Married filing jointly (even if only one had income) [] Head of household (HOH) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents

Main income table with rows 1a through 15. Includes sub-rows for interest, dividends, pensions, and adjustments. Total taxable income: 1,611,993.

Attach Sch. B if required.

Standard Deduction for - [] Single or Married filing separately, \$13,650 [] Married filing jointly or Qualifying surviving spouse, \$27,700 [] Head of household, \$20,600 [] If you checked any box under Standard Deduction, see instructions.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	525,828.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	525,828.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	5.
	21	Add lines 19 and 20	21	5.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	525,823.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	37,272.
24	Add lines 22 and 23. This is your total tax	24	563,095.	

Payments	25	Federal income tax withheld from:	25d	121,841.
	a	Form(s) W-2 SEE STATEMENT 7	25a	99,309.
	b	Form(s) 1099 SEE STATEMENT 9	25b	19,832.
	c	Other forms (see instructions) SEE STATEMENT 10	25c	2,700.
	d	Add lines 25a through 25c	25d	121,841.
	26	2023 estimated tax payments and amount applied from 2022 return STATEMENT 8	26	429,678.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	170,000.	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	170,000.	
33	Add lines 25d, 26, and 32. These are your total payments	33	721,519.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	158,424.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	158,424.	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name **ERIC ADLER, CPA** Phone no. [redacted] Personal identification number (PIN) [redacted]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **CONSULTANT** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. [redacted] Email address _____

Paid Preparer Use Only Preparer's name **ERIC ADLER, CPA** Preparer's signature **ERIC ADLER, CPA** Date **10/15/24** PTIN [redacted] Check if: Self-employed

Firm's name **THE BRAE LLP** Phone no. [redacted]
Firm's address [redacted] Firm's EIN [redacted]

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

ANTONIO & PATRICIA VILLARAIGOSA

Part I Additional Income

STATEMENT 12

1	Taxable refunds, credits, or offsets of state and local income taxes	STMT 11	STMT 13	1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	23,529.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	1,015,233.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	()		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
e	Income from Form 8863	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABL account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	1,038,762.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	12,009.
16	Self-employed SEP, SIMPLE, and qualified plans	16	66,000.
17	Self-employed health insurance deduction	17	20,974.
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	33,150.
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): <u>10/2010</u>		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	132,133.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANTONIO & PATRICIA VILLARAIGOSA

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	24,017.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	8,868.
12	Net investment income tax. Attach Form 8960	12	4,387.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

For Paperwork Reduction Act Notice, see your tax return instructions.

(continued on page 2)
Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17 Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount		
		17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions		
		17b	
c	Additional tax on HSA distributions. Attach Form 8889		
		17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889		
		17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853		
		17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853		
		17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property		
		17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A		
		17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A		
		17i	
j	Section 72(m)(5) excess benefits tax		
		17j	
k	Golden parachute payments		
		17k	
l	Tax on accumulation distribution of trusts		
		17l	
m	Excise tax on insider stock compensation from an expatriated corporation		
		17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866		
		17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR		
		17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund		
		17p	
q	Any interest from Form 8621, line 24		
		17q	
z	Any other taxes. List type and amount:		
		17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			37,272.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANTONIO & PATRICIA VILLARAIGOSA

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1		5.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441				
3	Education credits from Form 8863, line 19		2		
4	Retirement savings contributions credit. Attach Form 8880		3		
5a	Residential clean energy credit from Form 5695, line 15		4		
b	Energy efficient home improvement credit from Form 5695, line 32		5a		
6	Other nonrefundable credits:		5b		
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount:	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7		
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8		5.

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	170,000.
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	170,000.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleA for instructions and the latest information.

2023
Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

ANTONIO & PATRICIA VILLARAIGOSA

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **SEE STATEMENT 18**
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **21,648,210.**
- 3 Multiply line 2 by 7.5% (0.075)
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1	14,076.
2	123,616.
3	123,616.
4	0.

Taxes You Paid

- 5 State and local taxes.
 - a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box **SEE STATEMENT 15**
 - b State and local real estate taxes (see instructions)
 - c State and local personal property taxes
 - d Add lines 5a through 5c
 - e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)
- 6 Other taxes. List type and amount:
- 7 Add lines 5e and 6

5a	76,503.
5b	35,566.
5c	
5d	112,069.
5e	10,000.
6	
7	10,000.

Interest You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box
 - a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **SEE STATEMENT 17**
 - b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address
 - c Points not reported to you on Form 1098. See instructions for special rules
 - d Reserved for future use
 - e Add lines 8a through 8c
- 9 Investment interest. Attach Form 4952 if required. See instructions
- 10 Add lines 8e and 9

8a	17,712.
8b	
8c	
8d	
8e	17,712.
9	
10	17,712.

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500
- 13 Carryover from prior year
- 14 Add lines 11 through 13

11	8,504.
12	
13	
14	8,504.

STMT 16

Casualty and Theft Losses

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15	
----	--

Other Itemized Deductions

- 16 Other - from list in instructions. List type and amount:

16	
----	--

Total Itemized Deductions

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box

17	36,216.
18	

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **08**

Your social security number

ANTONIO & PATRICIA VILLARAIGOSA

Part I		Amount
Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: _____ BANK OF AMERICA LOS ANGELES FEDERAL CREDIT UNION MERRILL LYNCH MERRILL LYNCH BANK ACCOUNT INTEREST FROM K-1 - ANTONIO R. VILLARAIGOSA LLC	13. 79. 19,359. 18. 116. 90,177.
	2 Add the amounts on line 1	2 109,762.
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4 109,762.
	Note: If line 4 is over \$1,500, you must complete Part III.	

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II		Amount
Ordinary Dividends	5 List name of payer: MERRILL LYNCH	3,016.
	SUBTOTAL FOR LINE 5	3,016.
	TAX-EXEMPT DIVIDENDS SEE STATEMENT 19	-1,248.
	6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6 1,768.
Note: If line 6 is over \$1,500, you must complete Part III.		

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Part III		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
Foreign Accounts and Trusts	7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
	b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located		
	8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 327501 11-03-23

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Interest and Dividend Summary

Name: ANTONIO & PATRICIA VILLARAIGOSA

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A BANK OF AMERICA	13.							
B LOS ANGELES FEDERAL CREDIT UNION	79.							
C MERRILL LYNCH	19,359.							
D MERRILL LYNCH	18.							
E MERRILL LYNCH			1,248.	201.			1,768.	643.
F BANK ACCOUNT INTEREST	116.							
G FROM K-1 - ANTONIO R. VILLARAIGOSA LLC	90,177.							
H								
I								
J								
K								
Totals	109,762.		1,248.	201.			1,768.	643.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D								
E				7.				5.
F								
G								
H								
I								
J								
K								
Totals				7.				5.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 09

Name of proprietor

PATRICIA VILLARAIGOSA

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

SOCIAL IMPACT

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2023, check here

Yes No

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions

Yes No

J If "Yes," did you or will you file required Form(s) 1099?

Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	23,529.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	23,529.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	23,529.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	23,529.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expenses	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 a Other expenses (from line 48)	27a	
			b Energy efficient commercial bldg. deduction (attach Form 7205)	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	0.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	23,529.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____

Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.	31	23,529.
----------------------------------------------------------------	-----------	---------

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you must attach **Form 8198**. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

2023
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

ANTONIO & PATRICIA VILLARAIGOSA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	23,450.	23,414.		36.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 36.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	8,702.	7,722.		980.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 SEE STATEMENT 20 1,461.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 SEE STATEMENT 21 <4.>
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 2,437.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2023

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	16	2,473.
	18	
	19	
	21	

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

ANTONIO & PATRICIA VILLARAIGOSA

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	MERRILL LYNCH							
		VARIOUS	09/27/23	8,702.	7,722.	M	0.	980.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								
				8,702.	7,722.			980.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return

ANTONIO & PATRICIA VILLARAIGOSA

Your SSN



Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	1,611,993.
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	643.
3.	Are you filing Schedule D?*	3.	2,437.
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.		
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4.	Add lines 2 and 3	4.	3,080.
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	1,608,913.
6.	Enter:		
	\$ 44,625 if single or married filing separately, \$ 89,250 if married filing jointly or qualifying surviving spouse, \$ 59,750 if head of household.	6.	89,250.
7.	Enter the smaller of line 1 or line 6	7.	89,250.
8.	Enter the smaller of line 5 or line 7	8.	89,250.
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	0.
10.	Enter the smaller of line 1 or line 4	10.	3,080.
11.	Enter the amount from line 9	11.	0.
12.	Subtract line 11 from line 10	12.	3,080.
13.	Enter:		
	\$ 492,300 if single, \$ 276,900 if married filing separately, \$ 553,850 if married filing jointly or qualifying surviving spouse, \$ 523,050 if head of household.	13.	553,850.
14.	Enter the smaller of line 1 or line 13	14.	553,850.
15.	Add lines 5 and 9	15.	1,608,913.
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	0.
17.	Enter the smaller of line 12 or line 16	17.	0.
18.	Multiply line 17 by 15% (0.15)	18.	0.
19.	Add lines 9 and 17	19.	0.
20.	Subtract line 19 from line 10	20.	3,080.
21.	Multiply line 20 by 20% (0.20)	21.	616.
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	525,212.
23.	Add lines 18, 21, and 22	23.	525,828.
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	526,351.
25.	Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	525,828.

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ANTONIO & PATRICIA VILLARAIGOSA

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SEE STATEMENT 22					
B						
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A					
B					
C					
D					
29a Totals					1,031,039.
b Totals	1,448.		14,358.		
30 Add columns (h) and (k) of line 29a				30	1,031,039.
31 Add columns (g), (i), and (j) of line 29b				31	(15,806.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	1,015,233.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	1,015,233.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

2023 Income from Passthroughs

ANTONIO R. VILLARAIGOSA LLC
I.D. NUMBER: [REDACTED]
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ANTONIO R. VILLARAIGOSA LLC

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	497,375.
BUSINESS USE OF HOME	-14,358.
TOTAL NONPASSIVE INCOME (LOSS)	<u>483,017.</u>

OTHER K-1 INFORMATION:

INTEREST INCOME	90,177.
MEDICAL INSURANCE	16,505.
INVESTMENT INCOME	19,165.
NONDEDUCTIBLE EXPENSES	25,904.
SE EARNINGS	497,375.

2023 Income from Passthroughs

ACTUM CA HOLDING LLC F/K/A MSGDMNSM VENTURES XXIII LLC

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ACTUM CA HOLDING LLC F/K/A MSGDMNSM VENTURES
XXIII

100% DISPOSITION

2023 Income from Passthroughs

PATRICIA GOVEA COLLECTION, LLC

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

PATRICIA GOVEA COLLECTION, LLC

NONPASSIVE

2023 Income from Passthroughs

THE CHANGE COMPANY CDFI LLC
I.D. NUMBER: [REDACTED]
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

THE CHANGE COMPANY CDFI LLC

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	-244,565.	
RENTAL REAL ESTATE INCOME (LOSS)	930.	
OTHER DEDUCTIONS FROM SCHED OF ACTIVITIES	-2,831.	
BASIS CARRYOVER	-342,461.	
		<hr/>
PASSIVE LOSS		-588,927.
DISALLOWED LOSS DUE TO AT-RISK		587,479.
		<hr/>
TOTAL PASSIVE INCOME (LOSS)		-1,448.
		<hr/> <hr/>

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT	-41.
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OTHER K-1 INFORMATION:

SECTION 1231 GAIN (LOSS)	1,461.
NET LONG-TERM CAPITAL GAIN (LOSS)	-4.
CHARITABLE CONTRIBUTIONS	4.
NONDEDUCTIBLE EXPENSES	639.
SE EARNINGS	-244,007.
SECTION 199A W-2 WAGES	249,711.
SECTION 199A UNADJUSTED BASIS	52,132.

2023 Income from Passthroughs

ACTUM, LLC

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ACTUM, LLC

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

533,664.

TOTAL NONPASSIVE INCOME (LOSS)

533,664.

OTHER K-1 INFORMATION:

OTHER ITEMIZED DEDUCTIONS

NONDEDUCTIBLE EXPENSES

2,288.

SE EARNINGS

7,372.

SECTION 199A W-2 WAGES

533,664.

SECTION 199A UNADJUSTED BASIS

844,439.

16,219.

2023 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	90,177.
SECTION 1231 GAIN (LOSS)	1,461.
NET LONG-TERM CAPITAL GAIN (LOSS)	-4.
CHARITABLE CONTRIBUTIONS	4.
OTHER ITEMIZED DEDUCTIONS	2,288.
MEDICAL INSURANCE	16,505.
NONDEDUCTIBLE EXPENSES	33,915.
SE EARNINGS	787,032.
SECTION 199A W-2 WAGES	1,094,150.
SECTION 199A UNADJUSTED BASIS	68,351.
INVESTMENT INTEREST EXPENSE:	
INVESTMENT INCOME	19,165.
TAX PREFERENCE ITEMS:	
DEPRECIATION ADJUSTMENT	-41.

Schedule E **PASSTHROUGH RECAP - BASIC INFORMATION** **2023**

ANTONIO & PATRICIA VILLARAIGOSA

Schedule K-1 Line Reference: (1065/1120S/1041)

TY	Entity No.	Act. No.	Name	1/1/6	2/2/7	3/3/8	5/4/1	6a/5a/2a	7/6*	8/7/3	9a/8a/4a				
SP	JE			Ordinary Income (Loss)	Rental Real Estate Inc. (Loss)	Other Rental Income (Loss)	AMT Passive Activity Loss C/O	Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Qualified Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)
TP	3	3	ACTUM CA HOLDING LLC F/K/A MSGD												
TP	6	6	ACTUM, LLC	533,664.											
TP	1	1	ANTONIO R. VILLARAIGOSA LLC	497,375.					90,177.						
SP	4	4	PATRICIA GOVEA COLLECTION, LLC												
TP	5	5	THE CHANGE COMPANY CDFI LLC	244,565.	930.										
Totals				786,474.	930.		Form 8582 AMT, Line 2c	Form 8582 Line 2c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Line 5	Form 1040 Line 3a	Schedule E, Line 4	Schedule D, Line 5	Schedule D, Line 12

Component of:

Schedule K-1 Line Reference: (1065/1120S/1041)

Entity No.	Act. No.	Guaranteed Payments to Partner	4*/1*	10/9**	11/10**	12/11**	13/12**	13/12**	13/12**	20/17/14	13**/*	14**/*	17/15/12	**/12	**/12	Exclusion Items
				Section 1231 Gain (Loss) Form 4797	Ordinary Gain (Loss) Form 4797	Charitable Contributions 60%	Section 179 Expense	Other Deductions	Investment Int. Expense (Schedule A) (Schedule E)	Investment Income	SE Health Insurance Premium	Wages for More Than 2% Shareholders	Net SE Earnings	AMT Depr Adj on Post 198 Property	Minimum Tax Adjustment	
6	6												533664			
1	1					14,358.	19,165.			19,165.	16,505.		497375			
5	5		1,461.		419.	2,831.							-244007	-41.		
Totals			1,461.		419.	17,189.	19,165.			19,165.	16,505.		787032	-41.		

Component of:

* - No specific Schedule K-1 line reference for these amounts.

Schedule E PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS 2023

ANTONIO & PATRICIA VILLARAIGOSA

Schedule K-1
Line Reference: (1065/1120S/1041)

Entity No.	Acct. No.	AMT Adj. Gain or Loss	17/15/*	15/13/13	15/13/13	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*
			Low Income Housing Cr Post '07	Reserved	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O
6	5									7,372.							
1	1									25,904.							
5	5									639.							
Totals																	
Component of:																	
		Form 6251, Line 2m	Form 8586 Line 4	Schedule A, Line 16	Schedule A, Line 16	Schedule A, Line 16	Schedule A, Line 16	Schedule B, Line 1	Schedule B, Line 1	Form 6166, Line 4 Basic Lmt.	Form 8582, Line 2c	Form 8582 AMT, Line 2c	Form 8582, Line 2c	Form 8582 AMT, Line 2c	Form 8582, Line 2c	Form 8582, Line 2c	Form 4797 Ordinary PAL C/O

Schedule K-1
Line Reference: (1065/1120S/1041)

Entity No.	Acct. No.	Section 179 Carryover	13/12/*	13/12/*	13/12/*	13/12/*	13/12/*	13/12/*	13/12/*	11/10/5	*	9c/8c/4c	20/17/*	*	*/*/9	13/12/*	*	13/12/*
			Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive Income	Unrecaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Deductions Related to Portfolio Income (not 2%)	Medical Payments for 2% Owner	Section 59(e)(2) Expenditure	
Totals																		
Component of:																		
		Form 4562, Line 10	Schedule A, Lines 11 & 12	Schedule A, Lines 11 & 12	Schedule A, Lines 11 & 12	Form 1040, Schedule 1, Line 16	Form 1040, Schedule 1, Line 16	Form 1040, Schedule 1, Line 20	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule D, Line 19	Form 4952, Line 5	Form 4952, Line 2	Schedule E, Line 33	Schedule A, Line 16	Schedule A, Line 1	Schedule E, Page 2, Various	

* - No specific Schedule K-1 line reference for these amounts.

Schedule E													2023				
ANTONIO & PATRICIA VILLARAIGOSA													[REDACTED]				
PASSTHROUGH RECAP - CARRYOVERS TO NEXT YEAR																	
Entity No.	Act. No.	Schedule E Passive Activity Loss C/O	AMT Schedule E Passive Activity Loss C/O	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Section 1231 PAL C/O	AMT Section 1231 PAL C/O	Ordinary PAL C/O	AMT Ordinary PAL C/O	Schedule E At-Risk Carryover	AMT Schedule E At-Risk Carryover	ST Capital At-Risk Carryover	AMT ST Capital At-Risk Carryover	LT Capital At-Risk Carryover	AMT LT Capital At-Risk Carryover
5	5											587,479.	587,561.			1,027.	1,027.
Totals													587,479.	587,561.		1,027.	1,027.

Entity No.	Act. No.	Section 1231 At-Risk Carryover	AMT Section 1231 At-Risk Carryover	Form 4797 Ordinary At-Risk Carryover	AMT Form 4797 Ordinary At-Risk Carryover	Charitable Contributions At-Risk Carryover	AMT Charitable Contributions At-Risk C/O	Section 179 Expense At-Risk C/O	AMT Section 179 Expense At-Risk C/O	Portfolio Income Deductions At-Risk C/O	Keogh, SEP, IRA At-Risk C/O	AMT Keogh, SEP, IRA At-Risk C/O	Other At-Risk Carryovers	AMT Other At-Risk Carryovers					
5	5					1,083.	1,083.						1,135.	1,135.					
Totals															1,083.	1,083.		1,135.	1,135.

Schedule E PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS 2023

ANTONIO & PATRICIA VILLARAIGOSA

Schedule K-1
Line Reference: (1065/120S/1041)

Entity No.	Act. No.	11/10*	13/1*	15/13*	15/13/13	15/13/13	15/13/13	15/13/13	20/17/13	*/**	13/12*
		Sec. 1256 Contracts & Straddles	Dependent Care Benefits	Undistributed Capital Gains	Empowerment Zone Credit	Credit for Increasing Research Activities	New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-income Housing Credit	Royalty/Depletion Expenses	Charitable Contributions 100%
6	6										
5	5										
Totals											
Component of:											
		Form 6781, Line 1	Form 2441, Line 12	Form 1040, Schedule 3, Line 13	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5	Form 8611, Line 8	Schedule E, Page 1 of 2	Schedule A, Lines 11 & 12

Schedule K-1
Line Reference: (1065/120S/1041)

Entity No.	Act. No.	Schedule E Basis Carryover	AMT Schedule E Basis Carryover	ST Basis Carryover	AMT Basis Carryover	LT Basis Carryover	AMT LT Basis Carryover	Sec. 1231 Basis Carryover	AMT Sec. 1231 Basis Carryover	4797-Ord. Basis Carryover	AMT 4797-Ord. Basis Carryover	Other Basis Carryovers	AMT Other Basis Carryovers
5	5	342,461.	342,502.			1,031.	1,031.					1,169.	1,169.
Totals													
Component of:													
		Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet

* - No specific Schedule K-1 line reference for these amounts.

328076 04-01-23

Schedule K-1
 Line Reference: (1065/1120S/1041)

Entity No.	Act. No.	20/17/14 Ordinary Income or Loss	20/17/14 Rental Income or Loss	20/17/14 Royalty Income or Loss	20/17/14 Section 1231 Loss	20/17/14 Other Income	20/17/14 Other Deductions	20/17/14 Reserved	20/17/14 Depletion	20/17/14 Depletion Adjustments	20/17/14 Sec 59(e)(2) Expenditures	20/17/14 Sec 59(e)(2) Expenditures Adjustments	20/17/14 W-2 Wages	20/17/14 Unadjusted Basis	20/17/14 REIT Dividends	20/17/14 PTP Income Override
6		533,664.											844,439.	16,219.		
1		497,375.														
5		243,886.	930.				2,498.						249,711.	52,132.		
Totals		787,153.	930.				2,498.						1094150.	68,351.		
Components of:		Form 8995	Form 8995	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A		Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A

Schedule K-1
 Line Reference: (1065/1120S/1041)

Entity No.	Act. No.	20/17/14 Qualified Business Inc Override	20/17/14 Qualified Services Inc Override	20/17/14 Patron Reduction Override	20/17/14 Ordinary Gain Override	20/17/14 QBI from Cooperatives	20/17/14 W-2 Wages from Cooperatives	20/17/14 Section 179 Deduction	20/17/14 Section 179 Deduction Adjustment	20/17/14 SE Health Insurance Deduction	20/17/14 SE Health Insurance Deduction Adj.	20/17/14 Retirement Plan Deductions	20/17/14 Retirement Plan Deduction Adj.	20/17/14 Net Earnings from SE	20/17/14 Net Earnings from SE Adjustment
6														533,664.	
1														497,375.	
5															243,886.
Totals														1031039.	243,886.
Components of:		Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A	Form 8995/8995-A

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person
with self-employment income

ANTONIO VILLARAIGOSA

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 23	2	772,674.
3 Combine lines 1a, 1b, and 2	3	772,674.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions	4a	713,564.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	713,564.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	713,564.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	160,200.
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11 Multiply line 6 by 2.9% (0.029)	11	20,693.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	20,693.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	10,347.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.</p>		
14	Maximum income for optional methods	6,560
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.</p>		
16	Subtract line 15 from line 14	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person
with self-employment income

PATRICIA VILLARAIGOSA

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 24	2	23,529.
3 Combine lines 1a, 1b, and 2	3	23,529.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions	4a	21,729.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	21,729.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	21,729.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2 and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	160,200.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	2,694.
11 Multiply line 6 by 2.9% (0.029)	11	630.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	3,324.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,662.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.</p>		
14	Maximum income for optional methods	6,560
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.</p>		
16	Subtract line 15 from line 14	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

ANTONIO & PATRICIA VILLARAIGOSA

Identifying number

1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1a

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

1b

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	THE CHANGE COMPANY						
	CDFI LLC						1,461.

3 Gain, if any, from Form 4684, line 39

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

7

1,461.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7

11

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

At-Risk Limitations

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form6198 for instructions and the latest information.

Name(s) shown on return

Identifying number

ANTONIO VILLARAIGOSA

Description of activity (see instructions)

THE CHANGE COMPANY CDFI LLC

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	-588,927.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	-1,031.
b	Form 4797	2b	1,461.
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(2,227.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	-590,724.

Part II Simplified Computation of Amount at Risk. See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see instructions) SEE STATEMENT 27	7	122,563.
8	Add lines 6 and 7	8	122,563.
9	Decreases for the tax year (see instructions) SEE STATEMENT 28	9	218,000.
10a	Subtract line 9 from line 8 ▶ 10a		-95,437.
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	0.

Part III Detailed Computation of Amount at Risk.

If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 26	21	(0.)

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

ALTERNATIVE MINIMUM TAX

At-Risk Limitations

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form6198 for instructions and the latest information.

OMB No. 1545-0712

Attachment Sequence No. **31**

Form **6198**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Identifying number

ANTONIO VILLARAIGOSA

Description of activity (see instructions)

THE CHANGE COMPANY CDFI LLC

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	-589,009.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	-1,031.
b	Form 4797	2b	1,461.
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(2,227.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	-590,806.

Part II Simplified Computation of Amount at Risk. See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see instructions)	7	122,563.
8	Add lines 6 and 7	8	122,563.
9	Decreases for the tax year (see instructions)	9	218,000.
10a	Subtract line 9 from line 8	10a	-95,437.
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	0.

Part III Detailed Computation of Amount at Risk.

If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(SEE STATEMENT 30 0.)

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 6198.

Form 6198 (Rev. 12-2020)

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

ANTONIO & PATRICIA VILLARAIGOSA

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$182,100 (\$364,200 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	SEE STATEMENT 31	7.
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		7.
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		1.
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		1.
33	Taxable income before qualified business income deduction	33	1,611,994.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	3,080.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		1,608,914.
36	Income limitation. Multiply line 35 by 20% (0.20)	36		321,783.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		1.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		1.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

**SCHEDULE C
(Form 8995-A)**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

ANTONIO & PATRICIA VILLARAIGOSA

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
		930.	(930.)	0.
2	Qualified business net (loss) carryforward from prior years. See instructions SEE STATEMENT 32			(623,225.)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			(623,225.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			930.
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).			(930.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			(622,295.)

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

Schedule C (Form 8995-A) (Rev. 12-2022)

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.
 Code **704 (D)** (Enter the Code section limiting your loss.)

Part I: Suspended & Allowed Losses							
	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections			
1. Pre-2018	0.	.000000%					
2. 2018	0.	.000000%	0.	0.			
3. 2019	0.	.000000%	0.	0.			
4. 2020	0.	.000000%	0.	0.			
5. 2021	0.	.000000%	0.	0.			
6. 2022	-342,461.	.234193%	0.	0.			
7. 2023	0.	.000000%	-342,461.	0.			
8. Total	-342,461.		-342,461.	0.			

Part II: Non-QBI Suspended and Allowed Losses									
Allocable to Non-QBI									
	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018	0.		0.	0.	0.	0.	0.	0.	0.
2. 2018	0.	0.	0.	0.	0.	0.	0.	0.	0.
3. 2019	0.	0.							0.
4. 2020	0.	0.							0.
5. 2021	0.	0.							0.
6. 2022	-262,259.	0.							-262,259.
7. 2023	0.	0.	0.	0.	0.	0.	0.	0.	0.
8. Total	-262,259.	0.	0.	0.	0.	0.	0.	0.	-262,259.

Part III: QBI Suspended and Allowed Losses									
Allocable to QBI									
	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018	0.	0.		0.					0.
3. 2019	0.	0.							0.
4. 2020	0.	0.							0.
5. 2021	0.	0.							0.
6. 2022	-80,202.	0.							-80,202.
7. 2023	0.	-80,202.	0.	0.	0.	0.	0.	0.	0.
8. Total	-80,202.	-80,202.	0.	0.	0.	0.	0.	-80,202.	0.
9. Allocation of allowed losses limited by other Code sections									
10. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	0.	-80,202.	

QBI Loss Tracking Worksheet

Keep for Your Records

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.
 Code **465** (Enter the Code section limiting your loss.)

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	0.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	0.	.000000%	0.	0.
5. 2021	0.	.000000%	0.	0.
6. 2022	0.	.000000%	0.	0.
7. 2023	-246,384.	.397100%	0.	0.
8. Total	-246,384.		0.	0.

Part II Non-QBI Suspended and Allowed Losses

Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018	0.		0.	0.	0.	0.	0.	0.	0.
2. 2018	0.	0.							0.
3. 2019	0.	0.							0.
4. 2020	0.	0.							0.
5. 2021	0.	0.							0.
6. 2022	0.	0.							0.
7. 2023	-148,545.	0.							-148,545.
8. Total	-148,545.	0.	0.	0.	0.	0.	0.	0.	-148,545.

9. Allocation of allowed losses limited by other Code sections.

Part III QBI Suspended and Allowed Losses

Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018	0.	0.							0.
3. 2019	0.	0.							0.
4. 2020	0.	0.							0.
5. 2021	0.	0.							0.
6. 2022	0.	0.							0.
7. 2023	-97,839.	0.							-97,839.
8. Total	-97,839.	0.	0.	0.	0.	0.	0.	0.	-97,839.

9. Allocation of allowed losses limited by other Code sections

10. Total prior year suspended losses allowed that must be included in QBI

QBI Loss Tracking Worksheet
 Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.
 Code **704(D)** (Enter the Code section limiting your loss.)

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	0.	.000000%		
2. 2018	0.	.000000%		
3. 2019	0.	.000000%	0.	0.
4. 2020	0.	.000000%	0.	0.
5. 2021	0.	.000000%	0.	0.
6. 2022	-342,461.	.677347%	0.	0.
7. 2023	0.	.000000%	0.	0.
8. Total	-342,461.		-342,461.	0.

Part II Non-QBI Suspended and Allowed Losses
 Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018	0.		0.	0.	0.	0.	0.	0.	0.
2. 2018	0.	0.							0.
3. 2019	0.	0.							0.
4. 2020	0.	0.							0.
5. 2021	0.	0.							0.
6. 2022	-110,496.	0.							0.
7. 2023	0.	0.							0.
8. Total	-110,496.	0.	0.	0.	0.	0.	0.	0.	-110,496.
9. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	-110,496.

Part III QBI Suspended and Allowed Losses
 Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018	0.	0.							
3. 2019	0.	0.		0.	0.	0.	0.	0.	0.
4. 2020	0.	0.		0.	0.	0.	0.	0.	0.
5. 2021	0.	0.		0.	0.	0.	0.	0.	0.
6. 2022	-231,965.	0.							0.
7. 2023	0.	-231,965.	0.	0.	0.	0.	0.	-231,965.	0.
8. Total	-231,965.	-231,965.	0.	0.	0.	0.	0.	-231,965.	0.
9. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	-231,965.	0.
10. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	0.	-231,965.	

QBI Loss Tracking Worksheet

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.
 Code 465 (Enter the Code section limiting your loss.)

Keep for Your Records

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	0.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	0.	.000000%	0.	0.
5. 2021	0.	.000000%	0.	0.
6. 2022	0.	.000000%	0.	0.
7. 2023	-246,384.	.602900%	0.	0.
8. Total	-246,384.		0.	0.

Part II Non-QBI Suspended and Allowed Losses

Allocable to Non-QBI		Allocable to QBI							
	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018	0.		0.	0.	0.	0.	0.	0.	0.
2. 2018	0.			0.	0.	0.	0.	0.	0.
3. 2019	0.				0.	0.	0.	0.	0.
4. 2020	0.					0.	0.	0.	0.
5. 2021	0.						0.	0.	0.
6. 2022	0.							0.	0.
7. 2023	-97,839.								-97,839.
8. Total	-97,839.	0.	0.	0.	0.	0.	0.	0.	-97,839.

Part III QBI Suspended and Allowed Losses

Allocable to QBI		Allocable to QBI							
	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018	0.			0.	0.	0.	0.	0.	0.
3. 2019	0.				0.	0.	0.	0.	0.
4. 2020	0.					0.	0.	0.	0.
5. 2021	0.						0.	0.	0.
6. 2022	0.							0.	0.
7. 2023	-148,545.								-148,545.
8. Total	-148,545.	0.	0.	0.	0.	0.	0.	0.	-148,545.
9. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	
10. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	0.	0.	

QBI Loss Tracking Worksheet

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.

Code (Enter the Code section limiting your loss.)

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	0.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	0.	.000000%	0.	0.
5. 2021	0.	.000000%	0.	0.
6. 2022	0.	.000000%	0.	0.
7. 2023	-246,384.	.602900%	0.	0.
8. Total	-246,384.		0.	0.

Part II Non-QBI Suspended and Allowed Losses

Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018	0.		0.	0.	0.	0.	0.	0.	0.
2. 2018	0.	0.	0.	0.	0.	0.	0.	0.	0.
3. 2019	0.	0.	0.	0.	0.	0.	0.	0.	0.
4. 2020	0.	0.	0.	0.	0.	0.	0.	0.	0.
5. 2021	0.	0.	0.	0.	0.	0.	0.	0.	0.
6. 2022	0.	0.	0.	0.	0.	0.	0.	0.	0.
7. 2023	-97,839.	0.	0.	0.	0.	0.	0.	0.	-97,839.
8. Total	-97,839.	0.	0.	0.	0.	0.	0.	0.	-97,839.

9. Allocation of allowed losses limited by other Code sections

Part III QBI Suspended and Allowed Losses

Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018	0.	0.	0.	0.	0.	0.	0.	0.	0.
3. 2019	0.	0.	0.	0.	0.	0.	0.	0.	0.
4. 2020	0.	0.	0.	0.	0.	0.	0.	0.	0.
5. 2021	0.	0.	0.	0.	0.	0.	0.	0.	0.
6. 2022	0.	0.	0.	0.	0.	0.	0.	0.	0.
7. 2023	-148,545.	0.	0.	0.	0.	0.	0.	0.	-148,545.
8. Total	-148,545.	0.	0.	0.	0.	0.	0.	0.	-148,545.

9. Allocation of allowed losses limited by other Code sections

10. Total prior year suspended losses allowed that must be included in QBI

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

2023

Attachment
Sequence No. 71

Name(s) shown on return ANTONIO & PATRICIA VILLARAIGOSA	Your social security number [REDACTED]
-----------------------------------------------------------------------	-------------------------------------------

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	499,992.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	499,992.		
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		249,992.	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			2,250.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	735,293.		
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000.		
10 Enter the amount from line 4	10	499,992.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	0.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		735,293.	
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			6,618.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			8,868.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	9,950.		
20 Enter the amount from line 1	20	499,992.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	7,250.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		2,700.	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			2,700.

Net Investment Income Tax - Individuals, Estates, and Trusts

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment
Sequence No. **72**

Name(s) shown on your tax return

ANTONIO & PATRICIA VILLARAIGOSA

Your social security number or EIN

Part I Investment Income

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		109,762.
2	Ordinary dividends (see instructions)		1,768.
3	Annuities (see instructions)		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	1,038,762.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 33	-1,040,210.	
c	Combine lines 4a and 4b		-1,448.
5a	Net gain or loss from disposition of property (see instructions)	2,473.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		
d	Combine lines 5a through 5c		2,473.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		
7	Other modifications to investment income (see instructions) SEE STATEMENT 34		7,783.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		120,338.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		
b	State, local, and foreign income tax (see instructions)	4,891.	
c	Miscellaneous investment expenses (see instructions)		
d	Add lines 9a, 9b, and 9c		4,891.
10	Additional modifications (see instructions)		
11	Total deductions and modifications. Add lines 9d and 10		4,891.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		115,447.
Individuals:			
13	Modified adjusted gross income (see instructions)	1,648,210.	
14	Threshold based on filing status (see instructions)	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	1,398,210.	
16	Enter the smaller of line 12 or line 15		115,447.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		4,387.
Estates and Trusts:			
18a	Net investment income (line 12 above)		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-		
19a	Adjusted gross income (see instructions)		
b	Highest tax bracket for estates and trusts for the year (see instructions)		
c	Subtract line 19b from line 19a. If zero or less, enter -0-		
20	Enter the smaller of line 18c or line 19c		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Line 7 - Deduction Recoveries Worksheet

CALIFORNIA

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION *This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.*

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 117,219.

3. Total amount of recovery (add lines 1 and 2) 3. 117,219.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. .065214395

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68) 5. 7,644.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 290.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 136,873.

8. Add the amount on line 5 to line 7 8. 144,517.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 5,492.

10. Enter the NIIT reported for the year of the deduction 10. 5,201.

11. Subtract line 10 from line 9 11. 291.

12. Enter the smaller of line 6 or line 11 12. 290.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 **AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.** 13. 7,644.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Line 7 - Deduction Recoveries Worksheet

MARYLAND

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 51.

3. Total amount of recovery (add lines 1 and 2) 3. 51.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. 1.000000000

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68) 5. 51.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 2.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 136,873.

8. Add the amount on line 5 to line 7 8. 136,924.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 5,203.

10. Enter the NIIT reported for the year of the deduction 10. 5,201.

11. Subtract line 10 from line 9 11. 2.

12. Enter the smaller of line 6 or line 11 12. 2.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 13. 51.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Line 7 - Deduction Recoveries Worksheet

VIRGINIA

1. Enter total amount of recovery included in gross income	1.	<u>0.</u>	
<ul style="list-style-type: none"> • Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6). • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013. • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold. 			
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">CAUTION</div> <i>This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.</i>			
2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111	2.	<u>88.</u>	
3. Total amount of recovery (add lines 1 and 2)	3.	<u>88.</u>	
4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.)	4.	<u>1.000000000</u>	
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68)	5.	<u>88.</u>	

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038)	6.	<u>3.</u>	
7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)	7.	<u>136,873.</u>	
8. Add the amount on line 5 to line 7	8.	<u>136,961.</u>	
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	9.	<u>5,205.</u>	
10. Enter the NIIT reported for the year of the deduction	10.	<u>5,201.</u>	
11. Subtract line 10 from line 9	11.	<u>4.</u>	
12. Enter the smaller of line 6 or line 11	12.	<u>3.</u>	
13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.	13.	<u>88.</u>	

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)	14.	<u> </u>	
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)	15.	<u> </u>	
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7	16.	<u> </u>	

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) **STMT 35** 2. 4,891.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 4,891.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 36,216.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A	
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A	
(c)	Medical Expenses	N/A	
(d)	Gambling Losses	N/A	
(e)	Total of lines 6(a) through 6(d)		6e. <u>N/A</u>

7. Subtract line 6e from line 5 7. 36,216.

8. Enter the lesser of line 7 or line 4 8. 4,891.

TIP This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

(A)			(B)			(C)		
Reenter the amounts and descriptions from Part III, lines 1 - 3.			IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).			Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.		
Miscellaneous Itemized Deductions properly allocable to investment income:								
1.	(a)	N/A	N/A	N/A	X	N/A	=	N/A
	(b)	N/A	N/A	N/A	X	N/A	=	N/A
2.	State, local, and foreign income taxes			4,891.	X	1.0000	=	4,891.
Itemized Deductions Included on Line 3 of Part III:								
3.	(a)				X		=	
	(b)				X		=	

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2023

CALIFORNIA

Name(s) **ANTONIO & PATRICIA VILLARAIGOSA** Your social security number or EIN XXXXXXXXXX

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1 Taxable interest			1	110,152.
2 Ordinary dividends			2	1,768.
3 Annuities from nonqualified plans			3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a	1,171,126.		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-1,172,417.		
c Combine lines 4a and 4b			4c	-1,291.
5a Net gain or loss from disposition of property	5a	2,473.		
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b			
c Adjustment from disposition of partnership interest or S corporation stock	5c			
d Combine lines 5a through 5c			5d	2,473.
6 Changes in investment income for certain CFCs and PFICs			6	
7 Other modifications to investment income			7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	113,102.
Part II State Income Tax Pro-ration for 2023 Income Tax Payments				
9 State total income			9	1,743,063.
10 State income tax payments for 2023		SEE STATEMENT 36	10	72,391.
11 2023 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10			11	4,697.
Part III State Income Tax Pro-ration for 2022 Estimate Payments Made in 2023				
12 State estimate payments for 2022			12	
13 Percent of state income taxes attributable to investment income for 2022			13	.065214
14 2022 state estimate payments attributable to investment income. Line 12 times line 13			14	
Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2023				
15 Balance of prior years tax plus extension payments paid in 2023			15	
16 Percent of state income taxes attributable to investment income for 2022			16	.065214
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16			17	
Part V Reduction of State Tax Deduction				
18 Reduction of state tax deduction			18	()
19 Percent of state income taxes attributable to investment income for 2022			19	
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19			20	()
Part VI Total State Income Tax Payments Attributable to Investment Income				
21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2			21	4,697.

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2023

MARYLAND

Name(s) **ANTONIO & PATRICIA VILLARAIGOSA** Your social security number or EIN XXXXXXXXXX

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1 Taxable interest			1	
2 Ordinary dividends			2	
3 Annuities from nonqualified plans			3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a	15,644.	4c	
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-15,644.		
c Combine lines 4a and 4b				
5a Net gain or loss from disposition of property	5a	-919.	5d	-919.
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b			
c Adjustment from disposition of partnership interest or S corporation stock	5c			
d Combine lines 5a through 5c				
6 Changes in investment income for certain CFCs and PFICs			6	
7 Other modifications to investment income			7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-919.

Part II State Income Tax Pro-ration for 2023 Income Tax Payments

9 State total income			9	19,994.
10 State income tax payments for 2023		SEE STATEMENT 37	10	1,294.
11 2023 state income tax payments attributable to investment income. Line 8 divided by line 9 times line 10			11	

Part III State Income Tax Pro-ration for 2022 Estimate Payments Made in 2023

12 State estimate payments for 2022			12	
13 Percent of state income taxes attributable to investment income for 2022			13	
14 2022 state estimate payments attributable to investment income. Line 12 times line 13			14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2023

15 Balance of prior years tax plus extension payments paid in 2023			15	500.
16 Percent of state income taxes attributable to investment income for 2022			16	1.000000
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16			17	500.

Part V Reduction of State Tax Deduction

18 Reduction of state tax deduction			18	(487.)
19 Percent of state income taxes attributable to investment income for 2022			19	1.000000
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19			20	(487.)

Part VI Total State Income Tax Payments Attributable to Investment Income

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2			21	13.
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**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2023

NEW YORK

Name(s) **ANTONIO & PATRICIA VILLARAIGOSA** Your social security number or EIN XXXXXXXXXX

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1	Taxable interest		1	0.
2	Ordinary dividends		2	0.
3	Annuities from nonqualified plans		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a 100,308.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b -100,349.		
c	Combine lines 4a and 4b		4c	-41.
5a	Net gain or loss from disposition of property	5a 0.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c	Adjustment from disposition of partnership interest or S corporation stock	5c		
d	Combine lines 5a through 5c		5d	0.
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-41.

Part II State Income Tax Pro-ration for 2023 Income Tax Payments

9	State total income	9	113,457.
10	State income tax payments for 2023	10	
11	2023 state income tax payments attributable to investment income. Line 8 divided by line 9 times line 10	11	

Part III State Income Tax Pro-ration for 2022 Estimate Payments Made in 2023

12	State estimate payments for 2022	12	
13	Percent of state income taxes attributable to investment income for 2022	13	
14	2022 state estimate payments attributable to investment income. Line 12 times line 13	14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2023

15	Balance of prior years tax plus extension payments paid in 2023	15	433.
16	Percent of state income taxes attributable to investment income for 2022	16	.649509
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	281.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2022	19	
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	281.
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Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

2023
Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

ANTONIO & PATRICIA VILLARAIGOSA

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a	
1b	Activities with net loss (enter the amount from Part IV, column (b))	1b	()
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()
1d	Combine lines 1a, 1b, and 1c	1d	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a	1,461.
2b	Activities with net loss (enter the amount from Part V, column (b))	2b	(1,448.)
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()
2d	Combine lines 2a, 2b, and 2c	2d	13.

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used

3 13.

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing separately, see instructions	5	
6	Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR PART V					
Total. Enter on Part I, lines 2a, 2b, and 2c	1,461.	-1,448.			

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total				

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Expenses for Business Use of Your Home

Name of Proprietor

ANTONIO VILLARAIGOSA

Your social security number

██████████

Part I Business Percentage

1 Area used exclusively for business	1	
2 Total area of home	2	
3 Divide line 1 by line 2. Enter the result as a percentage.	3	
4 Total hours facility used	4	
5 Total hours available	5	
6 Divide line 4 by line 5. Enter the result as a decimal amount.	6	
7 Business percentage. Multiply line 6 by line 3. Enter the result as a percentage.	7	10.0000%

Part II Deductible Expenses

(a)
Direct expenses

(b)
Indirect expenses

8 Net profit before home office deduction, plus any gain derived from the business use of your home and shown on Sch. D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Sch. D or Form 4797 ...	8	
9 Casualty losses	9	
10 Deductible mortgage interest	10	19,680.
11 Real estate taxes STMT 41	11	0.
12 Add lines 9, 10 and 11	12	19,680.
13 Multiply line 12, column (b) by line 7	13	1,968.
14 Add line 12, column (a) and line 13	14	1,968.
15 Subtract line 14 from line 8	15	495,407.
16 Excess mortgage interest	16	38,372.
17 Excess real estate taxes	17	3,952.
18 Insurance	18	
19 Rent	19	
20 Repairs and maintenance	20	2,821.
21 Utilities	21	9,519.
22 Other expenses SEE STATEMENT 40	22	8,534.
23 Add lines 16 through 22	23	3,952.
24 Multiply line 23, column (b) by line 7	24	5,925.
25 Carryover of 2022 operating expenses	25	
26 Add line 23, column (a), line 24, and line 25	26	9,877.
27 Allowable operating expenses. Enter the smaller of line 15 or line 26	27	9,877.
28 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15.	28	485,530.
29 Excess casualty losses	29	
30 Depreciation from Part III, line 42	30	2,513.
31 Carryover of 2022 excess casualty losses and depreciation	31	
32 Add lines 29 through 31	32	2,513.
33 Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	2,513.
34 Add lines 14, 27 and 33	34	14,358.
35 Casualty loss portion, if any, from lines 14 and 33	35	0.
36 Allowable expenses for business use of home. Subtract line 35 from line 34	36	14,358.

Part III Depreciation

37 Enter the smaller of home's adjusted basis or its fair market value	37	3,305,000.
38 Value of land included on line 37	38	2,325,000.
39 Basis of building. Subtract line 38 from line 37	39	980,000.
40 Business basis of building. Multiply line 39 by line 7	40	98,000.
41 Depreciation percentage	41	2.5643%
42 Depreciation allowable. Multiply line 40 by line 41	42	2,513.

Part IV Carryovers

43 Carryover of operating expenses. Subtract line 27 from line 26	43	
44 Carryover of excess casualty losses and depreciation. Subtract line 33 from line 32	44	

2023 DEPRECIATION AND AMORTIZATION REPORT

ANTONIO R. VILLARAIGOSA LLC ACTIVITY #

FORM 8829- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	BUILDING	01/01/22	SL	39.00		16	980,000.	.9000			980,000.	25,128.		25,128.	50,256.
	LESS EXCLUSION						-882,000.				-882,000.	-22,615.		-22,615.	-45,230.
4	LAND	01/01/22	L			2	325,000.	.9000			2,325,000.			0.	0.
	LESS EXCLUSION						-209,2500.				-2092500.			0.	0.
	TOTAL 8829 DEPRECIATION						330,500.				330,500.	2,513.		2,513.	5,026.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. **FORM 8829- 1**

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ANTONIO & PATRICIA VILLARAIGOSA

**ANTONIO R. VILLARAIGOSA
LLC ACTIVITY #1**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,513.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,513.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns (a-f) for Vehicle 1 through Vehicle 6. Rows include: 30 Total business/investment miles driven during the year (don't include commuting miles); 31 Total commuting miles driven during the year; 32 Total other personal (noncommuting) miles driven; 33 Total miles driven during the year. Add lines 30 through 32; 34 Was the vehicle available for personal use during off-duty hours?; 35 Was the vehicle used primarily by a more than 5% owner or related person?; 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows include: 42 Amortization of costs that begins during your 2023 tax year; 43 Amortization of costs that began before your 2023 tax year; 44 Total. Add amounts in column (f). See the instructions for where to report

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

OMB No. 1545-0123

Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return
ANTONIO & PATRICIA VILLARAIGOSA

Identification number
[REDACTED]

- A** If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:
 Name of foreign entity _____
 Employer identification number, if any _____
 Reference ID number _____
- B** Is the foreign entity a CFC group member? See instructions Yes No
- C** Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions Yes No
- D** Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete Yes No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	416,365.		
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4	5			416,365.

Section II - Adjusted Taxable Income

Tentative Taxable Income

6 Tentative taxable income. See instructions	6			1,611,993.
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Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instr.	8			
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10	1.		
11 Reserved for future use	11			
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12	15,806.		
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16 Total. Add lines 7 through 15	16			15,807.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18 Any business interest income not from a pass-through entity. See instructions	18			
19 Amount of any income or gain items from a pass-through entity. See instructions	19	1,031,039.		
20 Other reductions. See instructions	20			
21 Total. Combine lines 17 through 20	21			1,031,039.
22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions	22			596,761.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24		
25	Total. Add lines 23 and 24	25		

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions	26	179,028.	
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28	29		179,028.

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30		179,028.
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-)	31		237,337.
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Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32		
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Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-)	35		
36	Excess taxable income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-)	37		
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Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-)	38		
39	Subtract line 38 from line 26. (If zero or less, enter -0-)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-)	40		
41	Excess taxable income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-)	42		
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Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **ACTUM CA HOLDING LLC F/K/A MSGDMNSM VENTUR**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. _____ 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. _____

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. _____ 0.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)	_____				

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					

15t. Total deductions and losses (add lines 15a through 15r, column C)	_____				
16. Allowable deductions and losses	_____				
17. Unused EBIE on sale of partnership interest	_____				
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)	_____				

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **PATRICIA GOVEA COLLECTION, LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero	1.	15,531.
Section A - Increases		
2. Acquisitions of partnership interests and contributions of money and property	2.	
3a. Partner's share of liabilities at the end of the year	3a.	
3b. Partner's share of liabilities at the beginning of the year	3b.	
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	
3d. Partnership liabilities assumed during the tax year	3d.	
3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.)	3e.	
4a. Ordinary business income	4a.	
4b. Net rental real estate income	4b.	
4c. Other net rental income	4c.	
4d. Interest income	4d.	
4e. Ordinary dividends	4e.	
4f. Dividend equivalents	4f.	
4g. Royalties	4g.	
4h. Net short-term capital gain	4h.	
4i. Net long-term capital gain	4i.	
4j. Net section 1231 gain	4j.	
4k. Other income	4k.	
4l. Tax-exempt income	4l.	
4m. Other increases to basis	4m.	
4n. BIE (enter as a positive) (see instructions)	4n.	
4o. Total increases (add lines 4a through 4n)	4o.	
5. Gain recognized on contributions of property during the year	5.	
6. Excess depletion adjustment	6.	
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)	7.	15,531.
Section B - Decreases (Enter as a negative.)		
8. Withdrawals, distributions of money, and the adjusted basis of distributed property		
8a. Cash and marketable securities distributed	8a.	
8b. Distribution subject to section 737	8b.	
8c. Other property distributed	8c.	
8d. Total distributions (add lines 8a through 8c)	8d.	
9a. Decrease in partner's share of liabilities (see instructions)	9a.	
9b. Partner's liabilities assumed by the partnership during the tax year	9b.	
9c. Decrease in liabilities (sum of lines 9a and 9b)	9c.	
10. Total distributions and decrease in liabilities (add lines 8d and 9c)	10.	
11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)	11a.	15,531.
11b. Gain on distributions in excess of basis	11b.	

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)				15,531.	

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					

15t. Total deductions and losses (add lines 15a through 15r, column C)					
16. Allowable deductions and losses					
17. Unutilized EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)				15,531.	

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **ANTONIO R. VILLARAIGOSA LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 1,273,365.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. 483,017.

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest Income 4d. 90,177.

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis STMT 42 4m. 55,450.

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. 628,644.

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. 1,902,009.

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. -1,507,026.

8d. Total distributions (add lines 8a through 8c) 8d. -1,507,026.

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. -1,507,026.

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 394,983.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses	-25,904.		-25,904.	-25,904.	
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)					369,079.

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					
15t. Total deductions and losses (add lines 15a through 15r, column C)					

16. Allowable deductions and losses	
17. Unutilized EBIE on sale of partnership interest	
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)	369,079.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **THE CHANGE COMPANY CDFI LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero		1.	<u>35,119,817.</u>
Section A - Increases			
2. Acquisitions of partnership interests and contributions of money and property		2.	
3a. Partner's share of liabilities at the end of the year	3a.		<u>52,225,532.</u>
3b. Partner's share of liabilities at the beginning of the year	3b.		<u>35,663,731.</u>
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.		<u>16,561,801.</u>
3d. Partnership liabilities assumed during the tax year	3d.		
3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.)		3e.	<u>16,561,801.</u>
4a. Ordinary business income	4a.		
4b. Net rental real estate income	4b.		<u>930.</u>
4c. Other net rental income	4c.		
4d. Interest income	4d.		
4e. Ordinary dividends	4e.		
4f. Dividend equivalents	4f.		
4g. Royalties	4g.		
4h. Net short-term capital gain	4h.		
4i. Net long-term capital gain	4i.		
4j. Net section 1231 gain	4j.		<u>1,461.</u>
4k. Other income	4k.		
4l. Tax-exempt income	4l.		
4m. Other increases to basis	4m.		
4n. BIE (enter as a positive) (see instructions)	4n.		
4o. Total increases (add lines 4a through 4n)		4o.	<u>2,391.</u>
5. Gain recognized on contributions of property during the year		5.	
6. Excess depletion adjustment		6.	
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)		7.	<u>51,684,009.</u>
Section B - Decreases (Enter as a negative.)			
8. Withdrawals, distributions of money, and the adjusted basis of distributed property			
8a. Cash and marketable securities distributed	8a.		
8b. Distribution subject to section 737	8b.		
8c. Other property distributed	8c.		<u>-218,000.</u>
8d. Total distributions (add lines 8a through 8c)		8d.	<u>-218,000.</u>
9a. Decrease in partner's share of liabilities (see instructions)	9a.		
9b. Partner's liabilities assumed by the partnership during the tax year	9b.		
9c. Decrease in liabilities (sum of lines 9a and 9b)		9c.	
10. Total distributions and decrease in liabilities (add lines 8d and 9c)		10.	<u>-218,000.</u>
11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)		11a.	<u>51,466,009.</u>
11b. Gain on distributions in excess of basis		11b.	

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses	-639.	-501.	-1,140.	-1,140.	
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)				<u>51,464,869.</u>	

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-247,396.	-342,461.	-589,857.	-589,857.	
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss		-1,031.	-1,031.	-1,031.	
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions	-419.	-668.	-1,087.	-1,087.	
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-247,815.	-344,160.	-591,975.	-591,975.	
15t. Total deductions and losses (add lines 15a through 15r, column C)			<u>-591,975.</u>		
16. Allowable deductions and losses				<u>-591,975.</u>	
17. Unused EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)					<u>50,872,894.</u>

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **ACTUM, LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero	1.		139,685.
Section A - Increases			
2. Acquisitions of partnership interests and contributions of money and property	2.		
3a. Partner's share of liabilities at the end of the year	3a.	419,269.	
3b. Partner's share of liabilities at the beginning of the year	3b.		
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	419,269.	
3d. Partnership liabilities assumed during the tax year	3d.		
3e. Increase in liabilities (add lines 3c and 3d) (if amount is negative, enter on line 9a below.)	3e.	419,269.	
4a. Ordinary business income	4a.	533,664.	
4b. Net rental real estate income	4b.		
4c. Other net rental income	4c.		
4d. Interest income	4d.		
4e. Ordinary dividends	4e.		
4f. Dividend equivalents	4f.		
4g. Royalties	4g.		
4h. Net short-term capital gain	4h.		
4i. Net long-term capital gain	4i.		
4j. Net section 1231 gain	4j.		
4k. Other income	4k.		
4l. Tax-exempt income	4l.		
4m. Other increases to basis	4m.		
4n. BIE (enter as a positive) (see instructions)	4n.		
4o. Total increases (add lines 4a through 4n)	4o.	533,664.	
5. Gain recognized on contributions of property during the year	5.		
6. Excess depletion adjustment	6.		
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)	7.	1,092,618.	
Section B - Decreases (Enter as a negative.)			
8. Withdrawals, distributions of money, and the adjusted basis of distributed property			
8a. Cash and marketable securities distributed	8a.		
8b. Distribution subject to section 737	8b.		
8c. Other property distributed	8c.	-225,420.	
8d. Total distributions (add lines 8a through 8c)	8d.	-225,420.	
9a. Decrease in partner's share of liabilities (see instructions)	9a.		
9b. Partner's liabilities assumed by the partnership during the tax year	9b.		
9c. Decrease in liabilities (sum of lines 9a and 9b)	9c.		
10. Total distributions and decrease in liabilities (add lines 8d and 9c)	10.	-225,420.	
11a. Basis after distributions (add lines 7 and 10) (if the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)	11a.	867,198.	
11b. Gain on distributions in excess of basis	11b.		

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses	-7,372.		-7,372.	-7,372.	
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)					<u>859,826.</u>

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					

15t. Total deductions and losses (add lines 15a through 15r, column C)					
16. Allowable deductions and losses					
17. Unutilized EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)					<u>859,826.</u>

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **ACTUM CA HOLDING LLC F/K/A MSGDMNSM VENTUR**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. 0.

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (if amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest Income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. _____

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (if the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 0.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					

14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					

15t. Total deductions and losses (add lines 15a through 15r, column C)

16. Allowable deductions and losses

17. Unutilized EBIE on sale of partnership interest

18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **PATRICIA GOVEA COLLECTION, LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero	1.	15,531.
Section A - Increases		
2. Acquisitions of partnership interests and contributions of money and property	2.	0.
3a. Partner's share of liabilities at the end of the year	3a.	
3b. Partner's share of liabilities at the beginning of the year	3b.	
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	
3d. Partnership liabilities assumed during the tax year	3d.	
3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.)	3e.	
4a. Ordinary business income	4a.	
4b. Net rental real estate income	4b.	
4c. Other net rental income	4c.	
4d. Interest Income	4d.	
4e. Ordinary dividends	4e.	
4f. Dividend equivalents	4f.	
4g. Royalties	4g.	
4h. Net short-term capital gain	4h.	
4i. Net long-term capital gain	4i.	
4j. Net section 1231 gain	4j.	
4k. Other income	4k.	
4l. Tax-exempt income	4l.	
4m. Other increases to basis	4m.	
4n. BIE (enter as a positive) (see instructions)	4n.	
4o. Total increases (add lines 4a through 4n)	4o.	
5. Gain recognized on contributions of property during the year	5.	
6. Excess depletion adjustment	6.	
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)	7.	15,531.
Section B - Decreases (Enter as a negative.)		
8. Withdrawals, distributions of money, and the adjusted basis of distributed property		
8a. Cash and marketable securities distributed	8a.	
8b. Distribution subject to section 737	8b.	
8c. Other property distributed	8c.	
8d. Total distributions (add lines 8a through 8c)	8d.	
9a. Decrease in partner's share of liabilities (see instructions)	9a.	
9b. Partner's liabilities assumed by the partnership during the tax year	9b.	
9c. Decrease in liabilities (sum of lines 9a and 9b)	9c.	
10. Total distributions and decrease in liabilities (add lines 8d and 9c)	10.	
11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)	11a.	15,531.
11b. Gain on distributions in excess of basis	11b.	

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)				<u>15,531.</u>	

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					
15t. Total deductions and losses (add lines 15a through 15r, column C)					
16. Allowable deductions and losses					
17. Unutilized EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)				<u>15,531.</u>	

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **ANTONIO R. VILLARAIGOSA LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero	1.		1,273,365.
Section A - Increases			
2. Acquisitions of partnership interests and contributions of money and property	2.		0.
3a. Partner's share of liabilities at the end of the year	3a.		
3b. Partner's share of liabilities at the beginning of the year	3b.		
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.		
3d. Partnership liabilities assumed during the tax year	3d.		
3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.)	3e.		
4a. Ordinary business income	4a.	483,017.	
4b. Net rental real estate income	4b.		
4c. Other net rental income	4c.		
4d. Interest income	4d.	90,177.	
4e. Ordinary dividends	4e.		
4f. Dividend equivalents	4f.		
4g. Royalties	4g.		
4h. Net short-term capital gain	4h.		
4i. Net long-term capital gain	4i.		
4j. Net section 1231 gain	4j.		
4k. Other income	4k.		
4l. Tax-exempt income	4l.		
4m. Other increases to basis	4m.	55,450.	
4n. BIE (enter as a positive) (see instructions)	4n.		
4o. Total increases (add lines 4a through 4n)	4o.		628,644.
5. Gain recognized on contributions of property during the year	5.		
6. Excess depletion adjustment	6.		
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)	7.		1,902,009.
Section B - Decreases (Enter as a negative.)			
8. Withdrawals, distributions of money, and the adjusted basis of distributed property			
8a. Cash and marketable securities distributed	8a.		
8b. Distribution subject to section 737	8b.		
8c. Other property distributed	8c.	-1,507,026.	
8d. Total distributions (add lines 8a through 8c)	8d.		-1,507,026.
9a. Decrease in partner's share of liabilities (see instructions)	9a.		
9b. Partner's liabilities assumed by the partnership during the tax year	9b.		
9c. Decrease in liabilities (sum of lines 9a and 9b)	9c.		
10. Total distributions and decrease in liabilities (add lines 8d and 9c)	10.		-1,507,026.
11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)	11a.		394,983.
11b. Gain on distributions in excess of basis	11b.		

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses	-25,904.		-25,904.	-25,904.	
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)					<u>369,079.</u>

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					

15t. Total deductions and losses (add lines 15a through 15r, column C)					
16. Allowable deductions and losses					
17. Unutilized EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)					<u>369,079.</u>

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **THE CHANGE COMPANY CDFI LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero		1.	35,119,817.
Section A - Increases			
2. Acquisitions of partnership interests and contributions of money and property		2.	0.
3a. Partner's share of liabilities at the end of the year	3a.		52,225,532.
3b. Partner's share of liabilities at the beginning of the year	3b.		35,663,731.
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.		16,561,801.
3d. Partnership liabilities assumed during the tax year	3d.		
3e. Increase in liabilities (add lines 3c and 3d) (if amount is negative, enter on line 9a below.)	3e.		16,561,801.
4a. Ordinary business income	4a.		
4b. Net rental real estate income	4b.		930.
4c. Other net rental income	4c.		
4d. Interest income	4d.		
4e. Ordinary dividends	4e.		
4f. Dividend equivalents	4f.		
4g. Royalties	4g.		
4h. Net short-term capital gain	4h.		
4i. Net long-term capital gain	4i.		
4j. Net section 1231 gain	4j.		1,461.
4k. Other income	4k.		
4l. Tax-exempt income	4l.		
4m. Other increases to basis	4m.		
4n. BIE (enter as a positive) (see instructions)	4n.		
4o. Total increases (add lines 4a through 4n)		4o.	2,391.
5. Gain recognized on contributions of property during the year		5.	
6. Excess depletion adjustment		6.	
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)		7.	51,684,009.
Section B - Decreases (Enter as a negative.)			
8. Withdrawals, distributions of money, and the adjusted basis of distributed property			
8a. Cash and marketable securities distributed	8a.		
8b. Distribution subject to section 737	8b.		
8c. Other property distributed	8c.		-218,000.
8d. Total distributions (add lines 8a through 8c)		8d.	-218,000.
9a. Decrease in partner's share of liabilities (see instructions)	9a.		
9b. Partner's liabilities assumed by the partnership during the tax year	9b.		
9c. Decrease in liabilities (sum of lines 9a and 9b)		9c.	
10. Total distributions and decrease in liabilities (add lines 8d and 9c)		10.	-218,000.
11a. Basis after distributions (add lines 7 and 10) (if the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)		11a.	51,466,009.
11b. Gain on distributions in excess of basis		11b.	

**Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(continued)**

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses	-639.	-501.	-1,140.	-1,140.	
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)				<u>51,464,869.</u>	

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-247,437.	-342,502.	-589,939.	-589,939.	
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss		-1,031.	-1,031.	-1,031.	
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions	-419.	-668.	-1,087.	-1,087.	
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-247,856.	-344,201.	-592,057.	-592,057.	
15t. Total deductions and losses (add lines 15a through 15r, column C)			<u>-592,057.</u>		

16. Allowable deductions and losses	<u>-592,057.</u>
17. Unutilized EBIE on sale of partnership interest	
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)	<u>50,872,812.</u>

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **ACTUM, LLC**

EIN: XXXXXXXXXX

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero	1.	139,685.
Section A - Increases		
2. Acquisitions of partnership interests and contributions of money and property	2.	0.
3a. Partner's share of liabilities at the end of the year	3a.	419,269.
3b. Partner's share of liabilities at the beginning of the year	3b.	
3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	419,269.
3d. Partnership liabilities assumed during the tax year	3d.	
3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.)	3e.	419,269.
4a. Ordinary business income	4a.	533,664.
4b. Net rental real estate income	4b.	
4c. Other net rental income	4c.	
4d. Interest Income	4d.	
4e. Ordinary dividends	4e.	
4f. Dividend equivalents	4f.	
4g. Royalties	4g.	
4h. Net short-term capital gain	4h.	
4i. Net long-term capital gain	4i.	
4j. Net section 1231 gain	4j.	
4k. Other income	4k.	
4l. Tax-exempt income	4l.	
4m. Other increases to basis	4m.	
4n. BIE (enter as a positive) (see instructions)	4n.	
4o. Total increases (add lines 4a through 4n)	4o.	533,664.
5. Gain recognized on contributions of property during the year	5.	
6. Excess depletion adjustment	6.	
7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6)	7.	1,092,618.
Section B - Decreases (Enter as a negative.)		
8. Withdrawals, distributions of money, and the adjusted basis of distributed property		
8a. Cash and marketable securities distributed	8a.	
8b. Distribution subject to section 737	8b.	
8c. Other property distributed	8c.	-225,420.
8d. Total distributions (add lines 8a through 8c)	8d.	-225,420.
9a. Decrease in partner's share of liabilities (see instructions)	9a.	
9b. Partner's liabilities assumed by the partnership during the tax year	9b.	
9c. Decrease in liabilities (sum of lines 9a and 9b)	9c.	
10. Total distributions and decrease in liabilities (add lines 8d and 9c)	10.	-225,420.
11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.)	11a.	867,198.
11b. Gain on distributions in excess of basis	11b.	

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses	-7,372.		-7,372.	-7,372.	
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)					<u>859,826.</u>

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss					
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)					
15t. Total deductions and losses (add lines 15a through 15r, column C)					
16. Allowable deductions and losses					
17. Unutilized EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)					<u>859,826.</u>

ANTONIO & PATRICIA VILLARAIGOSA

FORM 1040		WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX	
T ACTUM I LLC	469,992.	99,309.	40,406.	1,378.	9,932.	9,950.	
TOTALS	469,992.	99,309.	40,406.	1,378.	9,932.	9,950.	

FORM 1040		TAX-EXEMPT INTEREST		STATEMENT 2	
NAME OF PAYER			AMOUNT		
MERRILL LYNCH			1,248.		
TOTAL TO FORM 1040, LINE 2A			1,248.		

FORM 1040		QUALIFIED DIVIDENDS		STATEMENT 3	
NAME OF PAYER		ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS		
MERRILL LYNCH		1,768.	643.		
TOTAL INCLUDED IN FORM 1040, LINE 3A			643.		

FORM 1040		PENSIONS AND ANNUITIES		STATEMENT 4	
LOS ANGELES CITY EMPLOYEES RETIREMENT					
AMOUNT RECEIVED THIS YEAR		121,236.			
NONTAXABLE AMOUNT		1,551.			
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D				119,685.	
TOTAL INCLUDED IN FORM 1040, LINE 5B				119,685.	

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE
 X B. MARRIED FILING JOINTLY
 C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2023
 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2023
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A
 IF YOU CHECKED BOX B: TAXPAYER AMOUNT 44,589. 44,589.
 SPOUSE AMOUNT
2. MULTIPLY LINE 1 BY 50% (0.50) 22,295.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 1,743,690.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 1,765,985.
5. ADD LINES 2, 3, AND 4 132,133.
6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 1,633,852.
7. SUBTRACT LINE 6 FROM LINE 5 32,000.
8. ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR
 \$32000. IF YOU CHECKED BOX B, OR
 \$-0- IF YOU CHECKED BOX C 32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
 [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2023, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
 [X] YES. SUBTRACT LINE 8 FROM LINE 7 1,601,852.
10. ENTER \$9000. IF YOU CHECKED BOX A OR D,
 \$12000. IF YOU CHECKED BOX B
 \$-0- IF YOU CHECKED BOX C 12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 1,589,852.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000.
13. ENTER ONE HALF OF LINE 12 6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 1,351,374.
16. ADD LINES 14 AND 15 1,357,374.
17. MULTIPLY LINE 1 BY 85% (.85) 37,901.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 37,901.

* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

ANTONIO & PATRICIA VILLARAIGOSA



FORM 1040	TAX	STATEMENT 6
DESCRIPTION		AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		525,828.
TOTAL TO FORM 1040, LINE 16		525,828.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 7
T S DESCRIPTION		AMOUNT
T ACTUM I LLC		99,309.
TOTAL TO FORM 1040, LINE 25A		99,309.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 8
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT		150,000.
4TH QTR ESTIMATE PAYMENT - JOINT		100,000.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT		179,678.
TOTAL TO FORM 1040, LINE 26		429,678.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 9
T S DESCRIPTION		AMOUNT
T LOS ANGELES CITY EMPLOYEES RETIREMENT		19,832.
TOTAL TO FORM 1040, LINE 25B		19,832.

ANTONIO & PATRICIA VILLARAIGOSA



FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 10

T S DESCRIPTION	AMOUNT
FORM 8959, LINE 24	2,700.
TOTAL TO FORM 1040, LINE 25C	2,700.



SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 11

	2022	2021	2020
ARIZONA			
GROSS STATE/LOCAL INC TAX REFUNDS	500.		
LESS: TAX PAID IN FOLLOWING YEAR	500.		
NET TAX REFUNDS ARIZONA	0.		
CALIFORNIA			
GROSS STATE/LOCAL INC TAX REFUNDS	117,219.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	117,219.		
GEORGIA			
GROSS STATE/LOCAL INC TAX REFUNDS	100.		
LESS: TAX PAID IN FOLLOWING YEAR	100.		
NET TAX REFUNDS GEORGIA	0.		
MARYLAND			
GROSS STATE/LOCAL INC TAX REFUNDS	538.		
LESS: TAX PAID IN FOLLOWING YEAR	487.		
NET TAX REFUNDS MARYLAND	51.		
NEW MEXICO			
GROSS STATE/LOCAL INC TAX REFUNDS	500.		
LESS: TAX PAID IN FOLLOWING YEAR	500.		
NET TAX REFUNDS NEW MEXICO	0.		
VIRGINIA			
GROSS STATE/LOCAL INC TAX REFUNDS	88.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS VIRGINIA	88.		
TOTAL NET TAX REFUNDS	117,358.		



SCHEDULE 1 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 12

	2022	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
ARIZONA			
STATE TAX PAID IN FOLLOW YEAR	500.		
	<u>500.</u> X		
TOTAL STATE TAX PAID 2022		500. =	<u>500.</u>
GEORGIA			
STATE TAX PAID IN FOLLOW YEAR	100.		
	<u>100.</u> X		
TOTAL STATE TAX PAID 2022		100. =	<u>100.</u>
MARYLAND			
STATE TAX PAID IN FOLLOW YEAR	500.		
	<u>552.</u> X		
TOTAL STATE TAX PAID 2022		538. =	<u>487.</u>
NEW MEXICO			
STATE TAX PAID IN FOLLOW YEAR	500.		
	<u>500.</u> X		
TOTAL STATE TAX PAID 2022		500. =	<u>500.</u>



SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 13
	2020	2021	2022
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			117,358.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION		0.	117,358.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			38,340.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-28,340.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6 ENTER THE AMOUNT FROM LINE 1			
7 SUBTRACT LINE 6 FROM LINE 5			
8 ADD LINE 7 TO LINE 3			
9 SUBTRACT LINE 8 FROM LINE 2			
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13 SUBTRACT LINE 12 FROM LINE 11			
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15 PRIOR YEAR TAXABLE INCOME			
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1			
* IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14			
* IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2020			
TOTAL TO SCHEDULE 1, LINE 1			



SCHEDULE 1

SEP DEDUCTION

STATEMENT 14

ANTONIO VILLARAIGOSA

1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE	.200000
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1	772,674.
3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 15	10,347.
4. SUBTRACT LINE 3 FROM LINE 2	762,327.
5. MULTIPLY LINE 4 TIMES LINE 1	152,465.
6. MULTIPLY \$330,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$66,000	66,000.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	66,000.
8. CONTRIBUTION DOLLAR LIMIT	66,000.
*IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9.	
*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19.	
9. ALLOWABLE ELECTIVE DEFERRALS	
10. SUBTRACT LINE 9 FROM LINE 8	
11. SUBTRACT LINE 9 FROM LINE 4	
12. ENTER ONE-HALF OF LINE 11	
13. ENTER THE SMALLEST OF LINES 7, 10 OR 12	
14. SUBTRACT LINE 13 FROM LINE 4	
15. ENTER THE SMALLER OF LINE 9 OR LINE 14	
*IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16.	
*OTHERWISE, SKIP LINES 16 THROUGH 18.	
16. SUBTRACT LINE 15 FROM LINE 14	
17. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER)	
18. ENTER THE SMALLER OF LINE 16 OR LINE 17	
19. ADD LINES 13, 15 AND 18. ENTER HERE AND ON LINE 16, SCHEDULE 1	66,000.

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 15

DESCRIPTION	AMOUNT
LOS ANGELES CITY EMPLOYEES RETIREMENT	7,985.
FROM K-1 - ACTUM, LLC	2,288.
ACTUM I LLC	40,406.
STATE DISABILITY INSURANCE - ACTUM I LLC	1,378.
AZ STATE TAX PAID	500.
GA STATE TAX PAID	100.
NM STATE TAX PAID	500.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED	24,000.
MARYLAND PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	500.
NEW YORK PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	433.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-1,587.
TOTAL TO SCHEDULE A, LINE 5A	76,503.



SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 16	
DESCRIPTION		AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
CATHEDRAL HIGH SCHOOL		2,500.	
PEACE OVER VIOLENCE		2,500.	
UC MERCED		2,500.	
JEWISH FEDERATION		1,000.	
FROM K-1 -- THE CHANGE COMPANY			
CDFI LLC		4.	
SUBTOTALS		8,504.	
TOTAL TO SCHEDULE A, LINE 11			8,504.

SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT 17	
DESCRIPTION		AMOUNT	
FROM BUSINESS USE OF HOME - DED HOME MTG INTEREST			17,712.
TOTAL TO SCHEDULE A, LINE 8A			17,712.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 18	
DESCRIPTION		AMOUNT	
DOCTORS, DENTISTS, ETC.			14,076.
TOTAL TO SCHEDULE A, LINE 1			14,076.



SCHEDULE B	TAX-EXEMPT INTEREST FROM 1099-DIV	STATEMENT 19
NAME OF PAYER		AMOUNT
MERRILL LYNCH		1,248.
TOTAL TAX-EXEMPT INTEREST FROM 1099-DIV TO SCHEDULE B, LINE 5		1,248.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 20
DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 4797	1,461.	
TOTAL TO SCHEDULE D, PART II, LINE 11	1,461.	

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 21
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
THE CHANGE COMPANY CDFI LLC	-4.	
TOTAL TO SCHEDULE D, PART II, LINE 12	-4.	



SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 22

NAME	EMP ID NO.	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
ANTONIO R. VILLARAIGOSA LLC									
P									497,375.
BUSINESS USE OF HOME									
P							14,358.		
ACTUM CA HOLDING LLC F/K/A MSGDMNSM VENTURES XXIII LLC									
P				*					0.
PATRICIA GOVEA COLLECTION, LLC									
P									0.
THE CHANGE COMPANY CDFI LLC									
P				X	2,256.				
BASIS CARRYOVER									
P				X	-808.				
ACTUM, LLC									
P									533,664.
TOTALS TO SCH. E, LN. 29					1,448.		14,358.		1,031,039.
* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY									

SCHEDULE SE NON-FARM INCOME STATEMENT 23

DESCRIPTION	AMOUNT
ANTONIO R. VILLARAIGOSA LLC	483,017.
THE CHANGE COMPANY CDFI LLC	-244,007.
ACTUM, LLC	533,664.
TOTAL TO SCHEDULE SE, LINE 2	772,674.



SCHEDULE SE	NON-FARM INCOME	STATEMENT 24
DESCRIPTION		AMOUNT
SOCIAL IMPACT		23,529.
TOTAL TO SCHEDULE SE, LINE 2		23,529.

FORM 6198	ALLOCATION OF INCOME AND AMOUNT AT-RISK			STATEMENT 25	
THE CHANGE COMPANY CDFI LLC					
DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY RENTAL REAL ESTATE	930.	589,857.	.994506967	2,378.	0.
LONG-TERM CAPITAL FORM 4797	1,461.	1,031.	.001738280	4.	0.
CHAR CONTR- 60% LMT - CASH		1,087.	.001832697	4.	0.
NONDEDUCTIBLE EXP		1,140.	.001922056	5.	0.
TOTALS	2,391.	593,115.	1.000000000	2,391.	0.

FORM 6198	ALLOCATION OF ALLOWABLE LOSSES			STATEMENT 26	
THE CHANGE COMPANY CDFI LLC					
DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY RENTAL REAL ESTATE	589,857.	2,378.	0.	2,378.	587,479.
LONG-TERM CAPITAL	1,031.	4.	0.	4.	1,027.
CHAR CONTR- 60% LMT - CASH	1,087.	4.	0.	4.	1,083.
NONDEDUCTIBLE EXP	1,140.	5.	0.	5.	1,135.
TOTALS	593,115.	2,391.	0.	2,391.	590,724.



FORM 6198 INCREASES IN BASIS STATEMENT 27

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	AMOUNT
RECOURSE LOANS	122,563.
TOTAL TO FORM 6198, LINE 7 OR LINE 16	122,563.

FORM 6198 DECREASES IN BASIS STATEMENT 28

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	AMOUNT
ASSETS WITHDRAWN FROM ACTIVITY	218,000.
TOTAL TO FORM 6198, LINE 9 OR LINE 18	218,000.

FORM 6198AMT ALTERNATIVE MINIMUM TAX ALLOCATION OF INCOME AND AMOUNT AT-RISK STATEMENT 29

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY RENTAL REAL ESTATE	930.	589,939.	.994507727	2,378.	0.
LONG-TERM CAPITAL FORM 4797	1,461.	1,031.	.001738040	4.	0.
CHAR CONTR- 60% LMT - CASH		1,087.	.001832444	4.	0.
NONDEDUCTIBLE EXP		1,140.	.001921789	5.	0.
TOTALS	2,391.	593,197.	1.000000000	2,391.	0.



FORM 6198AMT

ALTERNATIVE MINIMUM TAX
ALLOCATION OF ALLOWABLE LOSSES

STATEMENT 30

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	589,939.	2,378.	0.	2,378.	587,561.
LONG-TERM CAPITAL	1,031.	4.	0.	4.	1,027.
CHAR CONTR- 60% LMT					
- CASH	1,087.	4.	0.	4.	1,083.
NONDEDUCTIBLE EXP	1,140.	5.	0.	5.	1,135.
TOTALS	593,197.	2,391.	0.	2,391.	590,806.

FORM 8995-A

QUALIFIED REIT DIVIDENDS AND PTP INCOME

STATEMENT 31

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
MERRILL LYNCH	7.	
TOTAL TO FORM 8995-A, LINE 28	7.	

FORM 8995-A
SCHEDULE C

QUALIFIED BUSINESS NET LOSS CARRYOVER
FROM PRIOR YEARS

STATEMENT 32

TRADE OR BUSINESS NAME	AMOUNT
CHANGE LENDING LLC - 2022 C/O	80,202.
CDFI - 2022 C/O	231,965.
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	311,058.
TOTAL TO FORM 8995-A SCHEDULE C, LINE 2	623,225.

ANTONIO & PATRICIA VILLARAIGOSA



FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 33
ANTONIO R. VILLARAIGOSA LLC		-483,017.
ACTUM, LLC		-533,664.
PATRICIA VILLARAIGOSA		-23,529.
AMOUNT TO FORM 8960, LINE 4B		-1,040,210.

FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 34
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	7,644.	
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR MD	51.	
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR VA	88.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	7,783.	7,783.
AMOUNT TO FORM 8960, LINE 7		7,783.

FORM 8960	STATE INCOME TAX	STATEMENT 35
CALIFORNIA		4,697.
GEORGIA		-100.
MARYLAND		13.
NEW YORK		281.
AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2		4,891.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 36
CALIFORNIA		
DESCRIPTION		AMOUNT
ACTUM I LLC		40,406.
LOS ANGELES CITY EMPLOYEES RETIREMENT		7,985.
ESTIMATE OR PRIOR YEAR OVERPAYMENT		24,000.
TOTAL TO STATE FORM 8960, LINE 10		72,391.



FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 37

MARYLAND

DESCRIPTION

AMOUNT

ACTUM, LLC

1,294.

TOTAL TO STATE FORM 8960, LINE 10

1,294.

FORM 8582

OTHER PASSIVE ACTIVITIES - PART V

STATEMENT 38

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
THE CHANGE COMPANY CDFI LLC	1,461.	-1,448.		13.	
TOTALS	1,461.	-1,448.		13.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 39

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THE CHANGE COMPANY CDFI LLC	SCH E	-1,448.		-1,448.		1,448.
TOTALS		13.		13.		1,448.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						1,448.

ANTONIO & PATRICIA VILLARAIGOSA



PARTNERSHIP BASIS WKSHT INCREASES IN BASIS STATEMENT 42

ANTONIO R. VILLARAIGOSA LLC

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PY ADJUSTMENT	41,092.
CY ADJUSTMENT	14,358.
INCLUDED IN BASIS WORKSHEET, LINE 4M	55,450.

AMT PARTNERSHIP INCREASES IN BASIS STATEMENT 43
BASIS WORKSHEET

ANTONIO R. VILLARAIGOSA LLC

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PY ADJUSTMENT	41,092.
CY ADJUSTMENT	14,358.
INCLUDED IN BASIS WORKSHEET, LINE 4M	55,450.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ANTONIO & PATRICIA VILLARAIGOSA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
3	BUILDING	010122SL		39.00	16	980,000.	.9000		980,000.	25,128.		25,128.
	LESS EXCLUSION					-882,000.			-882,000.	-22,615.		-22,615.
4	LAND	010122L				2325000.	.9000		2325000.			0.
	LESS EXCLUSION					-2092500.			-2092500.			0.
	TOTAL 8829 DEPRECIATION					330,500.			330,500.	2,513.		2,513.

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ANTONIO & PATRICIA VILLARAIGOSA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
3	BUILDING	010122SL		39.00	980,000.		980,000.	50,256.	25,128.
4	LAND	010122L			2325000.		2325000.	0.	0.
	TOTAL 8829 DEPRECIATION				3305000.		3305000.	50,256.	25,128.