Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT

Tax Return Carryovers to 2025

NAME: ANTONIO VILLARAIGOSA ID Number: [redacted]

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
8990	THE CHANGE COMPANY CDFI LLC BUSINESS INTEREST EXPENSE	8990			325,019.
8990	ACTUM PARTNERS LLC BUSINESS INTEREST EXPENSE	8990			5,674.
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		672,970.
6198	STATE SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		622,944.
6198	LONG-TERM CAPITAL - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,026.
6198	STATE LONG-TERM CAP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		914.
6198	CONTRIBUTIONS 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,099.
6198	STATE CONTRIBUTIONS 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,026.
6198	NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		2,378.
6198	ST NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		41,314.
6198	AT-RISK QBI LOSS - CHANGE LENDING, LLC FROM 2023	SCH E P2	5		97,506.
6198	AT-RISK QBI LOSS - CHANGE LENDING, LLC FROM 2024	SCH E P2	5		24,583.
6198	AT-RISK QBI LOSS - CDFI FROM 2023	SCH E P2	5		148,039.
6198	AT-RISK QBI LOSS - CDFI FROM 2024	SCH E P2	5		61,443.
6198AMT	SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		673,088.
6198AMT	STATE SCH E - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		623,145.
6198AMT	LONG-TERM CAPITAL - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,026.
6198AMT	STATE LONG-TERM CAP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		914.
6198AMT	CONTRIBUTIONS 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,099.
6198AMT	STATE CONTR 60% CASH LMT - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		1,026.
6198AMT	NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		2,378.
6198AMT	ST NONDEDUCTIBLE EXP - THE CHANGE COMPANY CDFI LLC	SCH E P2	5		41,316.
8995	TOTAL QUALIFIED BUSINESS LOSS	8995			255,526.
500NOL	GEORGIA NOL C/O FROM 2022	500NOL		GA	171.

Name: ANTONIO 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 _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2023	237,337.										
B	2024	87,682.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

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

Name: ANTONIO VILLARAIGOSA FEIN: [redacted]

Type and Entity: ACTUM PARTNERS LLC - INTEREST EXPEN

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	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 _____
2024	5,674.										

Detail Type	ESBC	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 _____

Direct Deposit/Debit Report

Name: ANTONIO VILLARAIGOSA ID Number: [redacted]

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
CA	540	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEPOSIT	7,471.
CT	1040NR/PY	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEPOSIT	33.
MD	505	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEBIT 10/10/25	197.
NJ	1040NR	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEBIT 10/10/25	108.
NY	IT-203	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEPOSIT	938.
UT	TC-40	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEBIT 10/10/25	55.
VA	763	BANK OF AMERICA	CHECKING	[redacted]	[redacted]	DEPOSIT	700.

Two-Year Comparison Worksheet

2024

Name(s) as shown on return
ANTONIO VILLARAIGOSA

Social security number
[redacted]

2023 Filing Status MARRIED FILING JOINT
2024 Filing Status MARRIED FILING SEPARATE
2023 Tax Bracket 37.0%
2024 Tax Bracket 37.0%

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
WAGES, SALARIES, AND TIPS	469,992.	261,162.	-208,830.
SCHEDULE B - TAXABLE INTEREST	109,762.	20,799.	-88,963.
SCHEDULE B - QUALIFIED DIVIDENDS	643.	689.	46.
SCHEDULE B - ORDINARY DIVIDENDS	1,768.	1,917.	149.
TAXABLE PENSIONS AND ANNUITIES	119,685.	123,322.	3,637.
TAXABLE SOCIAL SECURITY BENEFITS	37,901.	43,499.	5,598.
SCHEDULE D (CAPITAL GAIN/LOSS)	2,473.	3,369.	896.
SCH. C (BUSINESS INCOME/LOSS)	23,529.	0.	-23,529.
SCHEDULE E (RENTAL AND PASSTHROUGH)	1,015,233.	966,250.	-48,983.
TOTAL INCOME	1,780,343.	1,420,318.	-360,025.
DEDUCTIBLE PART OF SE TAX	12,009.	11,820.	-189.
SELF-EMPLOYED SEP AND SIMPLE PLANS	66,000.	69,000.	3,000.
SELF-EMPLOYED HEALTH INS. DEDUCTION	20,974.	19,151.	-1,823.
ALIMONY PAID	33,150.	33,150.	0.
TOTAL ADJUSTMENTS	132,133.	133,121.	988.
ADJUSTED GROSS INCOME	1,648,210.	1,287,197.	-361,013.
TAXES	10,000.	5,000.	-5,000.
INTEREST (DEDUCTIBLE)	17,712.	17,737.	25.
CONTRIBUTIONS	8,504.	4,056.	-4,448.
TOTAL ITEMIZED DEDUCTIONS	36,216.	26,793.	-9,423.
QUALIFIED BUSINESS INCOME DEDUCTION	1.	2.	1.
TOTAL DEDUCTIONS	36,217.	26,795.	-9,422.
TAXABLE INCOME	1,611,993.	1,260,402.	-351,591.
TAX	525,828.	428,733.	-97,095.
TAX BEFORE CREDITS	525,828.	428,733.	-97,095.
FORM 1116 (FOREIGN TAX CREDIT)	5.	7.	2.
TAX AFTER NON-REFUNDABLE CREDITS	525,823.	428,726.	-97,097.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	24,017.	23,640.	-377.
FORM 8959 (ADDITIONAL MEDICARE TAX)	8,868.	8,837.	-31.
FORM 8960 (NET INVEST. INCOME TAX)	4,387.	989.	-3,398.
TOTAL TAX	563,095.	462,192.	-100,903.
FED. INCOME TAX WITHHELD, FORM W-2	99,309.	52,395.	-46,914.
FED. INCOME TAX WITHHELD, FORM 1099	19,832.	20,168.	336.
FED. INCOME TAX WITHHELD, OTHER FORM	2,700.	825.	-1,875.
ESTIMATED TAX PAYMENTS	429,678.	358,424.	-71,254.
FORM 4868 (EXTENSION REQUEST)	170,000.	0.	-170,000.
TOTAL PAYMENTS	721,519.	431,812.	-289,707.
TAX OVERPAID	158,424.	0.	-158,424.
OVERPAYMENT APPLIED TO ESTIMATE	158,424.	0.	-158,424.
BALANCE DUE	0.	30,380.	30,380.

Two-Year Comparison Worksheet

2024

Name(s) as shown on return
ANTONIO VILLARAIGOSA

Social security number
[redacted]

2023 Filing Status MARRIED FILING JOINT
2024 Filing Status MARRIED FILING SEPARATE
2023 Tax Bracket 37.0%
2024 Tax Bracket 37.0%

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
CALIFORNIA STATE RETURN			
TAXABLE INCOME	1,729,045.	1,300,461.	-428,584.
TAX	176,651.	141,351.	-35,300.
NON-REFUNDABLE CREDITS	117,980.	115,226.	-2,754.
OTHER TAXES	7,447.	3,005.	-4,442.
PAYMENTS	72,391.	36,601.	-35,790.
OVERPAYMENT APPLIED TO ESTIMATED TAX	6,273.	0.	-6,273.
AMOUNT REFUNDED	0.	7,471.	7,471.
CONNECTICUT STATE RETURN			
TAXABLE INCOME	7,217.	2,646.	-4,571.
TAX	510.	183.	-327.
REFUNDABLE CREDITS	117.	216.	99.
BALANCE DUE	456.	0.	-456.
AMOUNT REFUNDED	0.	33.	33.
GEORGIA STATE RETURN			
TAXABLE INCOME	-919.	0.	919.
MARYLAND STATE RETURN			
TAXABLE INCOME	19,543.	11,093.	-8,450.
TAX	1,539.	875.	-664.
PAYMENTS	1,294.	705.	-589.
BALANCE DUE INCLUDING PEN. & INT.	282.	197.	-85.
NEW YORK STATE RETURN			
TAXABLE INCOME	112,389.	151,093.	38,704.
TAX	7,699.	14,581.	6,882.
REFUNDABLE CREDITS	0.	15,519.	15,519.
BALANCE DUE	8,377.	0.	-8,377.
AMOUNT REFUNDED	0.	938.	938.
VIRGINIA STATE RETURN			
TAXABLE INCOME	14,239.	15,449.	1,210.
TAX	582.	642.	60.
NON-REFUNDABLE CREDITS	504.	379.	-125.
PAYMENTS	994.	963.	-31.
AMOUNT REFUNDED	916.	700.	-216.

THE BRAE

October 10, 2025

Antonio Villaraigosa
[redacted]

Dear Antonio:

Enclosed are your 2024 income tax returns and 2025 estimated tax vouchers.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS. Do not mail the paper copy of the return to the IRS.

You must pay your balance due via electronic funds transfer. Visit the website below and follow the on-screen instructions to schedule your payment.

irs.gov/payments

Payment of $30,380 must be made by October 15, 2025.

FEDERAL ESTIMATED TAX VOUCHERS:

You must pay your estimated tax via electronic funds transfer. Visit the website below and follow the on-screen instructions to schedule your payment.

irs.gov/payments

For your reference we have listed all estimated tax payments and their original due dates below. Vouchers requiring no payment should not be filed.

Voucher no. 3 by 10/15/25 ..... $328,000

Voucher no. 4 by 01/15/26 ..... $110,000

CALIFORNIA INCOME TAX RETURN:

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

No payment is required as you are to receive a refund in the amount of $7,471.

Your refund will be deposited directly into your account ending [redacted] Refer to Form 540 on the Direct Deposit/Debit Report for complete account information.

CONNECTICUT INCOME TAX RETURN:

THE BRAE

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.

No payment is required as you are to receive a refund in the amount of $33.

Your refund will be deposited directly into your account ending [redacted]. Refer to Form CT-1040NR/PY on the Direct Deposit/Debit Report for complete account information.

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 $197 will be automatically withdrawn from your account ending [redacted] on or after October 10, 2025. Refer to Form 505 on the Direct Deposit/Debit Report for complete account information.

Your Maryland return includes a late payment penalty of $17 and late payment interest of $10.

NEW JERSEY 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 NJDOR. Do not mail the paper copy of the return to the NJDOR.

Your balance due of $108 will be automatically withdrawn from your account ending [redacted] on or after October 10, 2025. Refer to Form NJ-1040-NR on the Direct Deposit/Debit Report for complete account information.

Your New Jersey return includes a late payment penalty of $5 and late payment interest of $5.

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.

No payment is required as you are to receive a refund in the amount of $938.

Your refund will be deposited directly into your account ending [redacted]. Refer to Form IT-203 on the Direct Deposit/Debit Report for complete account information.

UTAH INCOME TAX RETURN:

THE BRAE

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 USTC. Do not mail the paper copy of the return to the USTC.

Your balance due of $55 will be automatically withdrawn from your account ending [redacted] on or after October 10, 2025. Refer to Form TC-40 on the Direct Deposit/Debit Report for complete account information.

Your Utah return includes a late payment penalty of $20 and late payment interest of $1.

VIRGINIA INCOME TAX RETURN:

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 $700.

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.

A contribution to the taxpayer's self-employed retirement plan of $69,000 has been deducted in arriving at taxable income. The balance of the contribution to the taxpayer's self-employed retirement plan of $69,000 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

Form **8879** (Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name
ANTONIO VILLARAIGOSA

Social security number [redacted]

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2024 (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	1,287,197.
2	Total tax	2	462,192.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	73,388.
4	Amount you want refunded to you	4	
5	Amount you owe	5	30,380.

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

[X] I authorize THE BRAE LLP (ERO firm name) 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 ▶ 10/10/2025

Spouse's PIN: check one box only

[ ] I authorize _____ (ERO firm name) to enter or generate my PIN [ ][ ][ ][ ][ ] 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 ▶ _____

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 ▶ 10/10/2025

419995 04-01-24

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

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

Form **8879** (Rev. 01-2021)

Tax Year 2024 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 [redacted]

(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 (1040X)

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: [redacted] Date 10102025

Spouse's PIN: _____

2024 Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

410681 05-01-24

LHA

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ DETACH HERE ▼ Form **1040-V** (2024)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2024

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	30,380	

1019

ANTONIO VILLARAIGOSA

[redacted]

P.O. BOX 931000
LOUISVILLE, KY 40293-1000

573740879 SO VILL 30 0 202412 610

FORM 4868 HAS BEEN FILED ELECTRONICALLY. THIS EXTENDS THE FILING DATE OF THE RETURN UNTIL OCTOBER 15, 2025.

NO PAYMENT IS REQUIRED.

418711 08-01-24 ▼ DETACH HERE ▼

Form **4868** (99)
Department of the Treasury
Internal Revenue Service

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

For calendar year 2024, or other tax year beginning , 2024, ending

1019

2024

Part I Identification

1 Your name(s)

ANTONIO VILLARAIGOSA

[redacted]

2 Your social security number [redacted]

3 Spouse's social security number

Part II Individual Income Tax

4	Estimate of total tax liability for 2024	$ 0.
5	Total 2024 payments	478,424.
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 ▶ ☐

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 ▶ ☐

5737408079 SO VILL 30 0 202412 670

2025 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2025 (see instructions)	1	
2a	Deductions • 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.	2a	
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 **2025 Tax Rate Schedules.** **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*	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 2025 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 farming and fishing) — 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 **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.*	12c	
13	Income tax withheld and estimated to be withheld during 2025 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)	13	
14a	Subtract line 13 from line 12c ADJUSTED TO: — 14a 438,000. Is the result zero or less? ☐ **Yes.** Stop here. You are not required to make estimated tax payments. ☐ **No.** Go to line 14b.		
b	Subtract line 13 from line 11c — 14b Is the result less than $1,000? ☐ **Yes.** Stop here. You are not required to make estimated tax payments. ☐ **No.** Go to line 15 to figure your required payment.		
15	If the first payment you are required to make is due April 15, 2025, enter 1/4 of line 14a (minus any 2024 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	

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher 1

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 "2025 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, 2025

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

Pay online at www.irs.gov/etpay

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 (2025)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

410411 02-10-25

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher 2

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 "2025 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 16, 2025

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

Pay online at www.irs.gov/etpay

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 (2025)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

410412 02-10-25

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher 3

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 "2025 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. 15, 2026

Amount of estimated tax you are paying by check or money order. $ 328,000.

Pay online at www.irs.gov/etpay

Simple. Fast. Secure.

Print or type

Your first name and middle initial	Your last name	Your social security number
ANTONIO	VILLARAIGOSA	[redacted]

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.) [redacted]

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
[redacted]	[redacted]	[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 (2025)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

410421 02-10-26

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 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 "2025 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, 2026

Amount of estimated tax you are paying by check or money order. $ 110,000.

Pay online at www.irs.gov/etpay

Simple. Fast. Secure.

Print or type

Your first name and middle initial	Your last name	Your social security number
ANTONIO	VILLARAIGOSA	[redacted]

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.) [redacted]

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
[redacted]	[redacted]	[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 (2025)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

410422 02-10-25

Form **2848** (Rev. January 2021)

Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

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

OMB No. 1545-0150

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]
Check if to be sent copies of notices and communications ☒
[redacted]
Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address
ROBIN BROCK, CPA
[redacted]
Check if to be sent copies of notices and communications ☐
[redacted]
Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address
SHIN JUNG LEE, CPA
[redacted]
(Note: IRS sends notices and communications to only two representatives.)
[redacted]
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	2022-2025

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		10/10/2025
B	CA	92494		10/10/2025
B	CA	96305		10/10/2025

TR-2025-10/DR-4856-CA

Form **1040** Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return **2024** EXTENSION GRANTED TO 10/15/25 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending See separate instructions.

Your first name and middle initial	Last name	Your social security number
ANTONIO	VILLARAIGOSA	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

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

Foreign country name | Foreign province/state/county | Foreign postal code

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. [X] You [ ] Spouse

Filing Status Check only one box.
- [ ] Single
- [ ] Married filing jointly (even if only one had income)
- [X] Married filing separately (MFS)
- [ ] Head of household (HOH)
- [ ] 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: PATRICIA VILLARAIGOSA

[ ] If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, 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
[X] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1960 [ ] Are blind Spouse: [ ] Was born before January 2, 1960 [ ] Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here [ ]	(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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions) STMT 2	1a	261,162.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	261,162.

Attach Sch. B if required.

2a	Tax-exempt interest 2a 1,587.		b Taxable interest	2b	20,799.
3a	Qualified dividends 3a 689.		b Ordinary dividends	3b	1,917.
4a	IRA distributions 4a		b Taxable amount	4b	
5a	Pensions and annuities 5a 124,873.		b Taxable amount	5b	123,322.
6a	Social security benefits 6a 51,175.		b Taxable amount	6b	43,499.
c	If you elect to use the lump-sum election method, check here (see instructions)				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	3,369.
8	Additional income from Schedule 1, line 10			8	966,250.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	1,420,318.
10	Adjustments to income from Schedule 1, line 26			10	133,121.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	1,287,197.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	26,793.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	2.
14	Add lines 12 and 13			14	26,795.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	1,260,402.

Standard Deduction for -
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2024)

LHA 413921 12-30-24

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	428,733.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	428,733.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	7.
	21	Add lines 19 and 20		21	7.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	428,726.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	33,466.
	24	Add lines 22 and 23. This is your **total tax**		24	462,192.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2 SEE STATEMENT 8	25a 52,395.		
	b	Form(s) 1099 SEE STATEMENT 10	25b 20,168.		
	c	Other forms (see instructions) SEE STATEMENT 11	25c 825.		
	d	Add lines 25a through 25c		25d	73,388.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return STATEMENT 9		26	358,424.
	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		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	431,812.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
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	30,380.
	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		CONSULTANT	
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.)

Joint return? See instructions. Keep a copy for your records.

Phone no. [redacted] | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ERIC ADLER, CPA	ERIC ADLER, CPA	10/10/25	[redacted]	☐ Self-employed

Firm's name THE BRAE LLP | Phone no. [redacted]

Firm's address [redacted] | Firm's EIN [redacted]

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

2024

Attachment Sequence No. **01**

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

ANTONIO VILLARAIGOSA

Your social security number [redacted]

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss .....

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k.*

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes STMT 12 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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	966,250.
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 8853	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 ABLE 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			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
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	966,250.

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	11,820.
16	Self-employed SEP, SIMPLE, and qualified plans		16	69,000.
17	Self-employed health insurance deduction		17	19,151.
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	33,150.
b	Recipient's SSN	[redacted]		
c	Date of original divorce or separation agreement (see instructions):	10/2010		
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	133,121.

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

2024

Attachment Sequence No. 02

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

Your social security number [redacted]

Part I Tax

1	Additions to tax:			
a	Excess advance premium tax credit repayment. Attach Form 8962	1a		
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y	Other additions to tax (see instructions):	1y		
z	Add lines 1a through 1y		1z	
2	Alternative minimum tax. Attach Form 6251		2	
3	Add lines 1z 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	23,640.
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 ☐		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	8,837.
12	Net investment income tax. Attach Form 8960		12	989.
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	

(continued on page 2)

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	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	33,466.

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

2024

Attachment Sequence No. **03**

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

ANTONIO VILLARAIGOSA

Your social security number [redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	7.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
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	7.

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	
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	Section 1341 credit for repayment of amounts included in income from earlier years	13b		
c	Net 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 refundable credits (see instructions): _____	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	

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment Sequence No. 07

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

Your social security number

[redacted]

ANTONIO 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	1	6,039.	
	2	Enter amount from Form 1040 or 1040-SR, line 11 2 1,287,197.			
	3	Multiply line 2 by 7.5% (0.075)	3	96,540.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			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 ☐	5a	56,225.	
	b	State and local real estate taxes (see instructions)	5b	37,542.	
	c	State and local personal property taxes	5c	332.	
	d	Add lines 5a through 5c	5d	94,099.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	5,000.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6			7 5,000.
Interest You Paid	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 ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 17	8a	17,737.	
	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	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	17,737.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 17,737.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	4,056.	STMT 16
Caution: If you made a gift and got a benefit for it, 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	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 4,056.
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			17 26,793.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

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

2024

Attachment Sequence No. 08

ANTONIO VILLARAIGOSA

Your social security number [redacted]

Part I 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:

	Amount
BANK OF AMERICA [redacted]	
MERRILL LYNCH	9.
MERRILL LYNCH	12,106.
BANK OF AMERICA [redacted]	78.
LESS: REPORTED BY ANTONIO VILLARAIGOSA LLC [redacted]	30.
FROM K-1 - ANTONIO R. VILLARAIGOSA LLC	-12,106.
FROM K-1 - ANTONIO R. VILLARAIGOSA LLC	11,031.
	9,651.

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.

2	Add the amounts on line 1	2	20,799.
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	20,799.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer:

	Amount
MERRILL LYNCH	3,504.
SUBTOTAL FOR LINE 5	3,504.
TAX-EXEMPT DIVIDENDS SEE STATEMENT 19	-1,587.

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.

6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	1,917.

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

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.

		Yes	No
7a	At any time during 2024, 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		X
	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		
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 2024, 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.

Interest and Dividend Summary

Name: ANTONIO 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 [redacted]	9.							
B	MERRILL LYNCH	2,358.	9,748.						
C	MERRILL LYNCH	78.							
D	MERRILL LYNCH			1,587.	256.			1,917.	689.
E	BANK OF AMERICA [redacted]	30.							
F	LESS: REPORTED BY ANTONIO VILLARAIGOSA LLC								
G	[redacted]	-2,358.	-9,748.						
H	FROM K-1 - ANTONIO R. VILLARAIGOSA LLC	11,031.							
I	FROM K-1 - ANTONIO R. VILLARAIGOSA LLC		9,651.						
J									
K									
Totals		11,148.	9,651.	1,587.	256.			1,917.	689.

	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					10.				7.
E									
F									
G									
H									
I									
J									
K									
Totals					10.				7.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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.

OMB No. 1545-0074

2024

Attachment Sequence No. 12

Name(s) shown on return

Your social security number

ANTONIO VILLARAIGOSA

[redacted]

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	721.	654.		67.
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	67.

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	13,043.	9,740.		3,303.
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	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 20	12	<1.>
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	3,302.

Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 3,369.

- 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.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

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 18

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 19

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

[X] **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.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

..... 21 ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

[ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return: ANTONIO VILLARAIGOSA

Social security number or taxpayer identification no. [redacted]

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

[X] (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[ ] (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

[ ] (C) Short-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 *Column (e)* 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. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
MERRIL LYNCH [redacted]	VARIOUS	12/31/24	721.	654.	M	0.	67.
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 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			721.	654.			67.

Note: If you checked Box A 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.

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.** [redacted]

ANTONIO 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.

[X] (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 *Column (e)* 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. (f) Code(s)	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
MERRIL LYNCH [redacted]	VARIOUS	12/31/24	13,043.	9,740.	M	0.	3,303.
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)			13,043.	9,740.			3,303.

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	Your SSN
ANTONIO VILLARAIGOSA	[redacted]

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. 1,260,402.	
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2. 689.	
3.	Are you filing Schedule D?* [X] **Yes.** Enter the **smaller** of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-. [ ] **No.** Enter the amount from Form 1040 or 1040-SR, line 7.	3. 3,302.	
4.	Add lines 2 and 3	4. 3,991.	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5. 1,256,411.	
6.	Enter: $47,025 if single or married filing separately, $94,050 if married filing jointly or qualifying surviving spouse, $63,000 if head of household.	6. 47,025.	
7.	Enter the smaller of line 1 or line 6	7. 47,025.	
8.	Enter the smaller of line 5 or line 7	8. 47,025.	
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. 3,991.	
11.	Enter the amount from line 9	11. 0.	
12.	Subtract line 11 from line 10	12. 3,991.	
13.	Enter: $518,900 if single, $291,850 if married filing separately, $583,750 if married filing jointly or qualifying surviving spouse, $551,350 if head of household.	13. 291,850.	
14.	Enter the smaller of line 1 or line 13	14. 291,850.	
15.	Add lines 5 and 9	15. 1,256,411.	
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. 3,991.	
21.	Multiply line 20 by 20% (0.20)		21. 798.
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. 427,935.
23.	Add lines 18, 21, and 22		23. 428,733.
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. 429,411.
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. 428,733.

** 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.

ANTONIO VILLARAIGOSA

Your social security number [redacted]

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 ..... [X] 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 21					
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		732.			986,396.
b Totals	727.		20,151.		

30	Add columns (h) and (k) of line 29a	30	987,128.
31	Add columns (g), (i), and (j) of line 29b	31	(20,878.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	966,250.

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	966,250.
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	

2024 Income from Passthroughs

ANTONIO R. VILLARAIGOSA LLC
[redacted]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ANTONIO R. VILLARAIGOSA LLC

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	313,519.
BUSINESS USE OF HOME	-20,151.
TOTAL NONPASSIVE INCOME (LOSS)	293,368.

OTHER K-1 INFORMATION:

INTEREST INCOME	11,031.
INTEREST FROM U.S. BONDS	9,651.
MEDICAL INSURANCE	11,051.
INVESTMENT INCOME	20,682.
NONDEDUCTIBLE EXPENSES	11,570.
SE EARNINGS	313,519.

2024 Income from Passthroughs

THE CHANGE COMPANY CDFI LLC
[redacted]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

THE CHANGE COMPANY CDFI LLC

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	-83,527.	
RENTAL REAL ESTATE INCOME (LOSS)	839.	
INTEREST ON DEBT FINANCE DISTRIBUTION	-300.	
IRC. 754 ADJUSTMENT	-2,498.	
AT-RISK CARRYOVER	-587,479.	
PASSIVE LOSS		-672,965.
DISALLOWED LOSS DUE TO AT-RISK		672,970.
TOTAL PASSIVE INCOME (LOSS)		5.

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT	-36.

OTHER K-1 INFORMATION:

NET LONG-TERM CAPITAL GAIN (LOSS)	-1.
CHARITABLE CONTRIBUTIONS	1.
NONDEDUCTIBLE EXPENSES	1,246.
SE EARNINGS	-83,528.
SECTION 199A W-2 WAGES	190,624.
SECTION 199A UNADJUSTED BASIS	48,860.

2024 Income from Passthroughs

ACTUM, LLC [redacted]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ACTUM, LLC

100% DISPOSITION

2024 Income from Passthroughs

ACTUM PARTNERS LLC
[redacted]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ACTUM PARTNERS LLC

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	375,000.
GUARANTEED PAYMENTS	297,877.
TOTAL NONPASSIVE INCOME (LOSS)	672,877.

OTHER K-1 INFORMATION:

CHARITABLE CONTRIBUTIONS	55.
OTHER ITEMIZED DEDUCTIONS	2,215.
NONDEDUCTIBLE EXPENSES	8,992.
SE EARNINGS	672,877.
SECTION 199A W-2 WAGES	393,162.
SECTION 199A UNADJUSTED BASIS	14,669.

2024 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	11,031.
INTEREST FROM U.S. BONDS	9,651.
NET LONG-TERM CAPITAL GAIN (LOSS)	-1.
CHARITABLE CONTRIBUTIONS	56.
OTHER ITEMIZED DEDUCTIONS	2,215.
MEDICAL INSURANCE	11,051.
NONDEDUCTIBLE EXPENSES	21,808.
SE EARNINGS	902,868.
SECTION 199A W-2 WAGES	583,786.
SECTION 199A UNADJUSTED BASIS	63,529.

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME	20,682.

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT	-36.

Schedule E — **PASSTHROUGH RECAP - BASIC INFORMATION** — 2024

ANTONIO VILLARAIGOSA

[redacted]

TSJ	TYPE	Schedule K-1 Line Reference: (1065/1120S/1041) Entity No.	Act. No.	Name	1/1/6 Ordinary Income (Loss)	2/2/7 Rental Real Estate Inc. (Loss)	3/3/8 Other Rental Income (Loss)	* Passive Activity Loss C/O	* AMT Passive Activity Loss C/O	5/4/1 Interest	* US Treasury Bond Interest	6a/5a/2a Dividends	6b/5b/2b Qualified Dividends	7/6/* Royalties	8/7/3 Short-Term Capital Gain (Loss)	9a/8a/4a Net Long-Term Capital Gain (Loss)
T	P	8	8	ACTUM PARTNERS LLC	375,000.											
T	P	6	6	ACTUM, LLC												
T	P	1	1	ANTONIO R. VILLARAIGOSA LLC	313,519.											
T	P	5	5	THE CHANGE COMPANY CDFI LLC	-83,527.	839.				11,031.	9,651.					
Totals					604,992.	839.				11,031.	9,651.					
Component of:					Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 2c	Form 8582 AMT, 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

Schedule K-1 Line Reference: (1065/1120S/1041) Entity No.	Act. No.	4/*/* Guaranteed Payments to Partner	10/9/* Section 1231 Gain (Loss)	* Ordinary Gain (Loss) Form 4797	11/10/* Other Income	13/12/* Charitable Contributions 60%	12/11/* Section 179 Expense	13/12/* Other Deductions	13/12/* Investment Int. Expense (Schedule A)	*/* Investment Int. Expense (Schedule E)	20/17/14 Investment Income	13/*/* SE Health Insurance Premium	* Wages for More Than 2% Shareholders	14/*/* Net SE Earnings	17/15/12 AMT Depr Adj on Post '86 Property	*/*/12 Minimum Tax Adjustment	*/*/12 Exclusion Items
8	8	297,877.				55.								672877			
1	1							20,151.			20,682.	11,051.		313519			
5	5					17.		2,798.						-83528	-36.		
Totals		297,877.				72.		22,949.			20,682.	11,051.		902868	-36.		
Component of:		Schedule E, Page 2, Various	Form 4797, Line 2	Form 4797, Line 10	Schedule E, Page 2, Various	Schedule A, Lines 11 & 12	Form 4562, Line 6	Schedule E, Page 2, Various	Schedule A, Line 9	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Schedule 1, Line 17	Form 1040, Line 1	Schedule SE, Line 2	Form 6251, Line 2m	Form 6251, Line 2j	2024 Form 8801

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

Schedule E — **PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS** — 2024

ANTONIO VILLARAIGOSA [redacted]

Schedule K-1 Line Reference: (1065/1120S/1041)		17/15/*		15/13/13	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	*
Entity No.	Act. No.	AMT Adj. Gain or Loss	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	AMT 4797 Ordinary PAL C/O
8	8								8,992.								
1	1								11,570.								
5	5								1,246.								
Totals									21,808.								
Component of:		Form 6251, Line 2m		Form 8586 Line 4	Schedule A, Line 16	Schedule A, Line 16	Schedule B, Line 1	Schedule B, Line 1	Form 6198, 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 AMT, Line 2c	Form 8582, Line 2c	Form 8582 AMT, Line 2c

Schedule K-1 Line Reference: (1065/1120S/1041)		*/*	13/12/*	13/12/*	13/12/*	13/*/*	13/*/*	13/*/*	11/10/5	*	9c/8c/4c	20/17/*	*	*/*/9	13/12/*	*	13/12/*
Entity No.	Act. No.	Section 179 Carryover	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

428072 04-01-24 * - No specific Schedule K-1 line reference for these amounts.

Schedule E — **PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR AT-RISK CARRYOVERS** — 2024

ANTONIO VILLARAIGOSA [redacted]

Schedule K-1 Line Reference: (1065/1120S/1041)		9b/8b/4b	*	15/13/13	*	*/*/13	15/13/13	15/13/13	15/13/*	15/13/13	17/15/12	17/15/*	17/15/*	17/15/*	17/15/*		
Entity No.	Act. No.	Net LT Capital Gain (Loss) 28%	Form 4684 Casualty or Theft Gain (Loss)	Federal Income Tax Withheld	State Income Tax Withheld	Estimated Tax Paid by a Trust	Qualified Rehabilitation Expenditures Credit	Biofuel Producer Credit	Patrons Credit	Work Opportunity Credit	Form 6251 Depletion (Not Oil and Gas)	Form 6251 Interest Deduction Adjustments	Form 6251 Incentive Stock Options	Form 6251 Passive Activities	Form 6251 Tax-exempt Interest P.A. Bonds		
8	8				2,215.												
Totals					2,215.												
Component of:		Schedule D, Line 18	Form 4684, Section B	Form 1040, Line 25c	Schedule A, Line 5	Form 1040, Line 26	Form 3468, Part VII, Line 1g	Form 6478, Line 3	Form 5884, Line 3	Form 5884, Line 3	Form 6251, Line 2d	Form 6251, Line 2c	Form 6251, Line 2i	Form 6251, Line 2m	Form 6251, Line 2g		

Schedule K-1 Line Reference: (1065/1120S/1041)		*	*	*	*	*	*	*	*	*	*	*	*	*			
Entity No.	Act. No.	Schedule E At-Risk Carryover	AMT Schedule E At-Risk Carryover	ST At-Risk Carryover	AMT ST At-Risk Carryover	LT At-Risk Carryover	AMT LT At-Risk Carryover	Sec. 1231 At-Risk Carryover	AMT Sec. 1231 At-Risk Carryover	4797-Ord. At-Risk Carryover	AMT 4797-Ord. At-Risk Carryover	Other At-Risk Carryovers	AMT Other At-Risk Carryovers				
5	5	587,479.	587,561.			1,027.	1,027.					2,218.	2,218.				
Totals		587,479.	587,561.			1,027.	1,027.					2,218.	2,218.				
Component of:		Form 6198, Line 1	Form 6198 AMT, Line 1	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2b	Form 6198 AMT, Line 2b	Form 6198, Various	Form 6198 AMT, Various				

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

Schedule E — PASSTHROUGH RECAP - CARRYOVERS TO NEXT YEAR — 2024

ANTONIO VILLARAIGOSA [redacted]

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											672,970.	673,088.			1,026.	1,026.
Totals												672,970.	673,088.			1,026.	1,026.

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 C/O	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					1,099.	1,099.						2,378.	2,378.			
Totals						1,099.	1,099.						2,378.	2,378.			

428074 04-01-24 * - No specific Schedule K-1 line reference for these amounts.

Schedule E — **PASSTHROUGH RECAP - QUALIFIED BUSINESS INCOME DEDUCTION** — **2024**

ANTONIO VILLARAIGOSA [redacted]

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	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 Unajusted Basis	20/17/14 REIT Dividends	20/17/14 PTP Income Override
8	8	375,000.											393,162.	14,669.		
1	1	313,519.														
5	5	-83,528.	839.				2,498.						190,624.	48,860.		
Totals		604,991.	839.				2,498.						583,786.	63,529.		
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 Service 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	
1	1													313,519.		
5	5													-83,528.		
Totals														229,991.		
Components of:		Form 8995/ 8995-A	Form 8995/ 8995-A	Form 8995-A	Form 8995/ 8995-A	Form 8995-A	Form 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

2024

Attachment Sequence No. 17

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

ANTONIO VILLARAIGOSA

Social security number of person with self-employment income [redacted]

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		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		1b	
2	Skip line 2 if you use the nonfarm optional method in Part II. See instructions. 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 22		2	882,717.
3	Combine lines 1a, 1b, and 2		3	882,717.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	815,189.
b	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. 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	815,189.
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	815,189.
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 2024		7	168,600
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 $168,600 or more, skip lines 8b through 10, and go to line 11	8a	168,600.	
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	23,640.
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	23,640.
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	11,820.	

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	14	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 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.

16	Subtract line 15 from line 14	16	
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	17	

[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.

Form **6198**
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

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**

Name(s) shown on return

Identifying number

ANTONIO VILLARAIGOSA

Description of activity (see instructions)

THE CHANGE COMPANY CDFI LLC [redacted]

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	-672,965.
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	-1,027.
b	Form 4797	2b	
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	(3,481.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	-677,473.

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	
8	Add lines 6 and 7		8	
9	Decreases for the tax year (see instructions)	SEE STATEMENT 25	9	51,568.
10a	Subtract line 9 from line 8	10a -51,568.		
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	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
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 24	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

Form 6198 (Rev. November 2024)

At-Risk Limitations

Attach to your tax return.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return

Identifying number

ANTONIO VILLARAIGOSA

Description of activity (see instructions)

THE CHANGE COMPANY CDFI LLC [redacted]

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	-673,083.
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	-1,027.
b	Form 4797	2b	
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	(3,481.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	-677,591.

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	
8	Add lines 6 and 7		8	
9	Decreases for the tax year (see instructions)		9	51,568.
10a	Subtract line 9 from line 8	10a -51,568.		
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 ☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero. b ☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies): a ☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies): a ☐ Effective date b ☐ The end of your prior year	18	
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 27	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 DEPRECIATION REPORT
ANTONIO VILLARAIGOSA

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	ANTONIO R. VILLARAIGOSA LLC								
	ACTIVITY #1								
5	FURNISHINGS	04 15 24	200DB	7.00	3,000.	0.	197.	197.	0.
6	FURNISHINGS	05 12 24	200DB	7.00	3,000.	0.	197.	197.	0.
8	FURNISHINGS	11 23 24	200DB	7.00	4,000.	0.	263.	263.	0.
	** SUBTOTAL **				10,000.	0.	657.	657.	0.
	*** GRAND TOTAL ***				10,000.	0.	657.	657.	0.

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.
Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55A**

Name(s) shown on return

ANTONIO VILLARAIGOSA

Your taxpayer identification number

[redacted]

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 $191,950 ($383,900 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		☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

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 $191,950 or less ($383,900 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			

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $191,950 but not $241,950 ($383,900 and $483,900 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 $191,950 ($383,900 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 SEE STATEMENT 28	28	10.		
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	10.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	2.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32	2.
33	Taxable income before qualified business income deduction	33	1,260,404.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	3,991.		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	1,256,413.
36	Income limitation. Multiply line 35 by 20% (0.20)			36	251,283.
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	2.
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	2.
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

ANTONIO VILLARAIGOSA

Your taxpayer identification number

[redacted]

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-.)
RIVERVIEW DRIVE	839.	(839)	0.
ACTUM PARTNERS LLC	366,769.	(366,769)	0.
		( )	

2	Qualified business net (loss) carryforward from prior years. See instructions SEE STATEMENT 29	2	(623,134.)
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	3	(623,134.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	367,608.
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).	5	(367,608.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(255,526.)

Qualified Business Income After Deductions

Activity: ACTUM PARTNERS LLC

1.	Qualified business income before deductions		375,000.
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity	672,877.	
	b. Total income subject to self-employment tax	966,245.	
	c. Line 2a divided by line 2b (not greater than 1.000)	.696383422	
	d. Amount from Schedule 1 (Form 1040), line 15	11,820.	
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		8,231.
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		366,769.

Activity: _____

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity		
	b. Total income subject to self-employment tax		
	c. Line 2a divided by line 2b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 15		
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

Detail Qualified Business Income Carryforward Worksheet

2024

Entity/ Activity Number	QBI Number	Entity/Activity Name	Type	Year Carried From	Amount Available for Carryover	Reserved
5	13	CHANGE LENDING, LLC	AR	2023	97,506.	
5	13	CHANGE LENDING, LLC	AR	2024	24,583.	
5	14	CDFI	AR	2023	148,039.	
5	14	CDFI	AR	2024	61,443.	

Name: CHANGE LENDING, LLC Ent/Act number: 5 QBI number: 13

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. 2024	-86,026.	.285762%	-839.	0.
9. Total	-332,410.		-839.	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	G(vii). Utilized 2024	H. Remaining suspended losses
1. Pre-2018	0.		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.
4. 2020	0.	0.				0.	0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.	0.
6. 2022	0.	0.						0.	0.	0.
7. 2023	-148,545.	0.							-506.	-148,039.
8. 2024	-61,443.	-506.								-61,443.
9. Total	-209,988.	-506.	0.	0.	0.	0.	0.	0.	-506.	-209,482.
10. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	0.	

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	K(vii). Utilized 2024	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.
4. 2020	0.	0.				0.	0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.	0.
6. 2022	0.	0.						0.	0.	0.
7. 2023	-97,839.	0.							-333.	-97,506.
8. 2024	-24,583.	-333.								-24,583.
9. Total	-122,422.	-333.	0.	0.	0.	0.	0.	0.	-333.	-122,089.
10. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	0.	
11. Total prior year suspended losses allowed that must be incl. in QBI			0.	0.	0.	0.	0.	0.	-333.	

Name: CDFI Ent/Act number: 5 QBI number: 14

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 [redacted] (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. 2024	-86,026.	.714238%	-839.	0.
9. Total	-332,410.		-839.	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	G(vii). Utilized 2024	H. Remaining suspended losses
1. Pre-2018	0.		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.
4. 2020	0.	0.				0.	0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.	0.
6. 2022	0.	0.						0.	0.	0.
7. 2023	-97,839.	0.							-333.	-97,506.
8. 2024	-24,583.	-333.								-24,583.
9. Total	-122,422.	-333.	0.	0.	0.	0.	0.	0.	-333.	-122,089.
10. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	0.	

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	K(vii). Utilized 2024	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.
4. 2020	0.	0.				0.	0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.	0.
6. 2022	0.	0.						0.	0.	0.
7. 2023	-148,545.	0.							-506.	-148,039.
8. 2024	-61,443.	-506.								-61,443.
9. Total	-209,988.	-506.	0.	0.	0.	0.	0.	0.	-506.	-209,482.
10. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	0.	
11. Total prior year suspended losses allowed that must be incl. in QBI			0.	0.	0.	0.	0.	0.	-506.	

Form **8958** (Rev. November 2023)
Department of the Treasury
Internal Revenue Service

Allocation of Tax Amounts Between Certain Individuals in Community Property States

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8958 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. 63

Your first name and initial	Your last name	Your social security number (SSN)
ANTONIO	VILLARAIGOSA	[redacted]
Spouse's or partner's first name and initial	**Spouse's or partner's last name**	**Spouse's or partner's SSN**
PATRICIA	VILLARAIGOSA	[redacted]

	A Total Amount	B Allocated to Spouse or RDP SSN [redacted]	C Allocated to Spouse or RDP SSN [redacted]
1 Wages (each employer)			
ACTUM I LLC	261,162.	261,162.	
2 Interest Income (each payer)			
SEE STATEMENT 30	20,799.	20,799.	
3 Dividends (each payer)			
MERRILL LYNCH	1,917.	1,917.	
4 State income tax refund			
5 Self-employment income (see instructions)			
ANTONIO R. VILLARAIGOSA LLC	293,368.	293,368.	
THE CHANGE COMPANY CDFI LLC	-83,528.	-83,528.	
ACTUM PARTNERS LLC	672,877.	672,877.	
6 Capital gains and losses			
SEE STATEMENT 31	3,369.	3,369.	
7 Pension income			
LOS ANGELES CITY EMPLOYEES			
RETIREMENT	123,322.	123,322.	
8 Rents, royalties, partnerships, estates, trusts			
THE CHANGE COMPANY CDFI LLC	83,533.	83,533.	

	A Total Amount	B Allocated to Spouse or RDP SSN [redacted]	C Allocated to Spouse or RDP SSN [redacted]
9 Deductible part of self-employment tax (see instructions)			
DEDUCTIBLE PART OF SE TAX	11,820.	11,820.	
10 Self-employment tax (see instructions)			
SELF-EMPLOYMENT TAX	23,640.	23,640.	
11 Taxes withheld			
ACTUM I LLC	52,395.	52,395.	
LOS ANGELES CITY EMPLOYEES			
RETIREMENT	20,168.	20,168.	
12 Other items such as: social security benefits, unemployment compensation, deductions, credits, etc.			
TAXABLE SOC SEC BENEFITS	43,499.	43,499.	
SEP, SIMPLE AND QUALIFIED			
PLANS	69,000.	69,000.	
SE HEALTH INS. DEDUCTION	19,151.	19,151.	
ALIMONY PAID	33,150.	33,150.	
ITEMIZED DEDUCTION	26,793.	26,793.	
QBI DEDUCTION	2.	2.	
FOREIGN TAX CREDIT	7.	7.	
OTHER TAXES	9,826.	9,826.	
ESTIMATED TAX PAYMENTS	358,424.	358,424.	

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

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.

OMB No. 1545-0074

2024

Attachment Sequence No. 71

Name(s) shown on return
ANTONIO 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	291,662.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	291,662.	
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	125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 166,662.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7 1,500.

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	815,189.	
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	125,000.	
10	Enter the amount from line 4	10	291,662.	
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-			12 815,189.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13 7,337.

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	8,837.

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	5,054.	
20	Enter the amount from line 1	20	291,662.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,229.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22 825.
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)			24 825.

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024

Attachment Sequence No. 72

Name(s) shown on your tax return

ANTONIO VILLARAIGOSA

Your social security number or EIN [redacted]

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)			1	20,799.
2	Ordinary dividends (see instructions)			2	1,917.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	966,250.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 32	4b	-966,245.		
c	Combine lines 4a and 4b			4c	5.
5a	Net gain or loss from disposition of property (see instructions)	5a	3,369.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	3,369.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions) SEE STATEMENT 33			7	417.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	26,507.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b	472.		
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	472.
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	472.

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-			12	26,035.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	1,287,197.		
14	Threshold based on filing status (see instructions)	14	125,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,162,197.		
16	Enter the smaller of line 12 or line 15			16	26,035.
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)			17	989.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
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)			21	

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

Form **8960** (2024)

LHA 423121 11-15-24

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. 6,430.	
3.	Total amount of recovery (add lines 1 and 2)		3. 6,430.
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. .064886926	
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. 417.

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. 16.
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. 115,447.	
8.	Add the amount on line 5 to line 7	8. 115,864.	
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. 4,403.	
10.	Enter the NIIT reported for the year of the deduction	10. 4,387.	
11.	Subtract line 10 from line 9		11. 16.
12.	Enter the smaller of line 6 or line 11	12. 16.	
13.	Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7		13. 417.

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.

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) ..... 2. 472.

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. 472.

5. Enter the amount of total itemized deductions reported on Form 1040 ..... 5. 26,793.

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. N/A

7. Subtract line 6e from line 5 ..... 7. 26,793.

8. Enter the lesser of line 7 or line 4 ..... 8. 472.

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) Reenter the amounts and descriptions from Part III, lines 1 - 3.				(B) 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).		(C) 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:	Description	Line	Amount				
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**			472.	X	1.0000	=	472.
Itemized Deductions Included on Line 3 of Part III:							
3. (a)				X		=	
(b)				X		=	

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2024

CALIFORNIA

Name(s)
ANTONIO VILLARAIGOSA

Your social security number or EIN [redacted]

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

1	Taxable interest			1	11,594.
2	Ordinary dividends			2	1,917.
3	Annuities from nonqualified plans			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a	1,045,803.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-1,045,748.		
c	Combine lines 4a and 4b			4c	55.
5a	Net gain or loss from disposition of property	5a	3,369.		
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	6c			
d	Combine lines 5a through 5c			5d	3,369.
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	16,935.

Part II State Income Tax Pro-ration for 2024 Income Tax Payments

9	State total income	9	1,314,046.
10	State income tax payments for 2024 SEE STATEMENT 34	10	36,601.
11	2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	472.

Part III State Income Tax Pro-ration for 2023 Estimate Payments Made in 2024

12	State estimate payments for 2023	12	
13	Percent of state income taxes attributable to investment income for 2023	13	.064887
14	2023 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 2024

15	Balance of prior years tax plus extension payments paid in 2024	15	
16	Percent of state income taxes attributable to investment income for 2023	16	.064887
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 2023	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	472.

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

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

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return

ANTONIO VILLARAIGOSA

Identifying number [redacted]

Part I 2024 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		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( )	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )	
d	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	5.	
b	Activities with net loss (enter the amount from Part V, column (b))	2b	( )	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	( )	
d	Combine lines 2a, 2b, and 2c			2d 5.
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 5.

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	6		
	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.			
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 2024.** 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.

Form **8582** (2024)

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	5.				

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: [redacted]

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	313,519.
9	Casualty losses	9				
10	Deductible mortgage interest	10		19,708.		
11	Real estate taxes STMT 38	11		0.		
12	Add lines 9, 10 and 11	12		19,708.		
13	Multiply line 12, column (b) by line 7			13 1,971.		
14	Add line 12, column (a) and line 13				14	1,971.
15	Subtract line 14 from line 8				15	311,548.
16	Excess mortgage interest	16		36,924.		
17	Excess real estate taxes	17	4,171.			
18	Insurance	18		14,442.		
19	Rent	19				
20	Repairs and maintenance	20		33,245.		
21	Utilities	21		9,865.		
22	Other expenses SEE STATEMENT 37	22		13,260.		
23	Add lines 16 through 22	23	4,171.	107,736.		
24	Multiply line 23, column (b) by line 7			24 10,774.		
25	Carryover of 2023 operating expenses			25		
26	Add line 23, column (a), line 24, and line 25				26	14,945.
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26				27	14,945.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15.				28	296,603.
29	Excess casualty losses			29		
30	Depreciation from Part III, line 42			30 3,235.		
31	Carryover of 2023 excess casualty losses and depreciation			31		
32	Add lines 29 through 31				32	3,235.
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32				33	3,235.
34	Add lines 14, 27 and 33				34	20,151.
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	20,151.

Part III Depreciation

37	Enter the **smaller** of home's adjusted basis or its fair market value	37	3,365,989.
38	Value of land included on line 37	38	2,325,000.
39	Basis of building. Subtract line 38 from line 37	39	1,040,989.
40	Business basis of building. Multiply line 39 by line 7	40	104,099.
41	Depreciation percentage	41	1.3889%
42	Depreciation allowable. Multiply line 40 by line 41	42	3,235.

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	

2024 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.	50,256.		25,128.	75,384.
	LESS EXCLUSION						-882,000.				-882,000.	-45,230.		-22,615.	-67,845.
4	LAND	01/01/22	L				2,325,000.	.9000			2,325,000.			0.	0.
	LESS EXCLUSION						-2092500.				-2092500.			0.	0.
5	FURNISHINGS	04/15/24	200DB	7.00	HY	19C	3,000.	.9000		1,800.	1,200.			1,971.	171.
	LESS EXCLUSION						-2,700.		0.	-1,620.	-1,080.			-1,774.	-154.
6	FURNISHINGS	05/12/24	200DB	7.00	HY	19C	3,000.	.9000		1,800.	1,200.			1,971.	171.
	LESS EXCLUSION						-2,700.		0.	-1,620.	-1,080.			-1,774.	-154.
7	IMPROVEMENTS	06/30/24	SL	39.00		16	50,989.	.9000			50,989.			654.	654.
	LESS EXCLUSION						-45,890.				-45,890.			-589.	-589.
8	FURNISHINGS	11/23/24	200DB	7.00	HY	19C	4,000.	.9000		2,400.	1,600.			2,629.	229.
	LESS EXCLUSION						-3,600.		0.	-2,160.	-1,440.			-2,366.	-206.
	TOTAL 8829 DEPRECIATION						336,599.			600.	335,999.	5,026.		3,235.	7,661.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,305,000.		0.	0.	3,305,000.	50,256.			75,384.
	ACQUISITIONS						60,989.		0.	6,000.	54,989.	0.			1,225.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 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
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						3,365,989.		0.	6,000.	3,359,989.	50,256.			76,609.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

2024

Attachment Sequence No. 179

Name(s) shown on return

ANTONIO VILLARAIGOSA

Business or activity to which this form relates

ANTONIO R. VILLARAIGOSA LLC ACTIVITY #1

Identifying number

[redacted]

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 2023 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 2025. 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	600.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,578.

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 2024	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 ☐		

Section B - Assets Placed in Service During 2024 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		400.	7 YRS.	HY	200DB	57.
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 2024 Tax Year Using the Alternative Depreciation System

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	3,235.
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? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
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.

	Yes	No
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**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **7206**

Department of the Treasury
Internal Revenue Service

Self-Employed Health Insurance Deduction

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form7206 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. 206

Name(s) shown on return

Your taxpayer identification number

[redacted]

ANTONIO VILLARAIGOSA

Note: Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1	Enter the total amount paid in 2024 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2024 for you, your spouse, and your dependents. But **don't** include the following. See instructions • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2024. • Any amounts paid, not to exceed $3,000, from retirement plan distributions that were **nontaxable** because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).	1	19,151.
2	For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of (a) or (b). **(a)** Total payments made for that person during the year. **(b)** The amount shown below. Use the person's age at the end of the tax year. $470 - if that person is age 40 or younger $880 - if age 41 to 50 $1,760 - if age 51 to 60 $4,710 - if age 61 to 70 $5,880 - if age 71 or older **Note:** The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. **Don't** include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2024. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts	2	
3	Add lines 1 and 2	3	19,151.
4	Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	293,368.
5	Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the instructions for Schedule SE (Form 1040). **Don't** include any net losses shown on these schedules	5	966,245.
6	Divide line 4 by line 5	6	.3036
7	Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	3,589.
8	Subtract line 7 from line 4	8	289,779.
9	Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	20,949.
10	Subtract line 9 from line 8	10	268,830.
11	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13	Subtract line 12 from line 10 or 11, whichever applies	13	268,830.
14	**Self-employed health insurance deduction.** Enter the **smaller** of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. **Don't** include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	19,151.

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Form **7217** (December 2024)
Department of the Treasury
Internal Revenue Service

Partner's Report of Property Distributed by a Partnership

Attach to your tax return.
Go to www.irs.gov/Form7217 for instructions and the latest information.

OMB No. 1545-0123
Attachment Sequence No. 217

Partner's name
ANTONIO VILLARAIGOSA

Partner's TIN
[redacted]

Distributing partnership's name
ACTUM, LLC

Distributing partnership's EIN
[redacted]

Date property was distributed to partner 12/31/24

Part I Aggregate Basis of Distributed Property on Distribution Date. File a separate form for each date a partner received distributed property.

1	Was this distribution in complete liquidation of the partner's interest in the partnership?		[X] Yes [ ] No
2	Was any part of the distribution treated as a sale or exchange under section 751(b)?		[X] Yes [ ] No
3	Partnership's aggregate basis in distributed property (taking into account any basis adjustments under section 732(d), 734(b), or 743(b)) immediately before the distribution. This line should equal the total of Part II, line B, column (b)		$ 859,826.
4	Adjusted basis of the partner's interest in the partnership immediately before the distribution		$ 859,826.
5a	Cash received in the distribution	$	
b	Fair market value of marketable securities (as defined in section 731(c)) received in the distribution	$	
c	Add lines 5a and 5b	$ 859,826.	
6	Enter the smaller of line 4 or line 5c		$ 859,826.
7	Gain recognized. Subtract line 6 from line 5c. If zero, enter -0- and go to line 9		$ 859,826.
8	Is U.S. tax required to be paid on the gain entered on line 7?		$ [ ] Yes [ ] No
9	Partner's basis in partnership interest reduced by cash received in the distribution. Subtract line 5a from line 4. If zero or less, enter -0-. See instructions if you recognized gain under section 737 as a result of the distribution		$ 859,826.
10	Aggregate basis to be allocated to the distributed property. For a non-liquidating distribution, enter the smaller of line 3 or line 9. For a liquidating distribution, enter the amount from line 9. Line 10 should equal the total of Part II, line B, column (e)		$ 859,826.

Form 7217 (12-2024)

Part II Allocation of Basis of Distributed Property

(a) Description of distributed property (If applicable, include property code. See Pub. 946, Appendix B.)	(b) Partnership's basis in distributed property immediately before the distribution	(c) Check applicable box(es) below. See instructions. (i) 732(d)	(ii) 732(f)	(iii) 734(b)	(iv) 743(b)	(v) Reserved for future use	(d) FMV of distributed property	(e) Partner's basis in distributed property after application of section 732
ACTUM, LLC, 12/31/24								
1 ACTUM PARTNERS LLC	$ 859,826.	☐	☐	☐	☐	☐	$ 859,826.	$ 859,826.
2	$	☐	☐	☐	☐	☐	$	$
3	$	☐	☐	☐	☐	☐	$	$
4	$	☐	☐	☐	☐	☐	$	$
5	$	☐	☐	☐	☐	☐	$	$
6	$	☐	☐	☐	☐	☐	$	$
7	$	☐	☐	☐	☐	☐	$	$
8	$	☐	☐	☐	☐	☐	$	$
9	$	☐	☐	☐	☐	☐	$	$
10	$	☐	☐	☐	☐	☐	$	$
11	$	☐	☐	☐	☐	☐	$	$
12	$	☐	☐	☐	☐	☐	$	$
13	$	☐	☐	☐	☐	☐	$	$
14	$	☐	☐	☐	☐	☐	$	$
15	$	☐	☐	☐	☐	☐	$	$
16	$	☐	☐	☐	☐	☐	$	$
17	$	☐	☐	☐	☐	☐	$	$
18	$	☐	☐	☐	☐	☐	$	$
19	$	☐	☐	☐	☐	☐	$	$
20	$	☐	☐	☐	☐	☐	$	$
21	$	☐	☐	☐	☐	☐	$	$
22	$	☐	☐	☐	☐	☐	$	$
23	$	☐	☐	☐	☐	☐	$	$
24	$	☐	☐	☐	☐	☐	$	$
25	$	☐	☐	☐	☐	☐	$	$
26	$	☐	☐	☐	☐	☐	$	$
27	$	☐	☐	☐	☐	☐	$	$
28	$	☐	☐	☐	☐	☐	$	$
29	$	☐	☐	☐	☐	☐	$	$
30	$	☐	☐	☐	☐	☐	$	$
A If applicable, enter any totals from any attached Parts II. See instructions	$						$	$
B Totals for all items	$ 859,826.						$ 859,826.	$ 859,826.

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.
Go to www.irs.gov/Form8990 for instructions and the latest information.

OMB No. 1545-0123

Taxpayer name(s) shown on tax return
ANTONIO 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	265,668.		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2	237,337.		
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	503,005.

Section II - Adjusted Taxable Income

Tentative Taxable Income

6	**Tentative taxable income.** See instructions			6	1,260,402.

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	2.		
11	Reserved for future use	11			
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12	20,878.		
13	Other additions. See instructions	13			
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14	171,772.		
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	192,652.

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	(987,128.)		
20	Other reductions. See instructions	20	( )		
21	**Total.** Combine lines 17 through 20			21	(987,128.)
22	**Adjusted taxable income.** Combine lines 6, 16, and 21. See instructions			22	465,926.

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	32,534.		
25	**Total.** Add lines 23 and 24			25	32,534.

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	139,778.		
27	Business interest income (line 25)	27	32,534.		
28	Floor plan financing interest expense (line 4)	28			
29	**Total.** Add lines 26, 27, and 28			29	172,312.

Allowable Business Interest Expense

30	**Total current year business interest expense deduction.** See instructions	30	172,312.

Carryforward

31	**Disallowed business interest expense.** Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	330,693.

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	

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	

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	

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

	(a) Name of partnership	(b) EIN	Excess Business Interest Expense (c) Current year (see instructions)	(d) Prior year carryforward (see instructions)	(e) Total ((c) plus (d))	(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward (see instructions)
43	THE CHANGE COMPANY CDFI LLC	20-1938893	0.	0.	0.	171,772.	32,534.	0.	0.
44	Total					171,772.	32,534.	0.	

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45				
46	Total		0.	0.

ANTONIO VILLARAIGOSA

Business Interest Expense

[redacted]

Description	Prior Disallowed Business Interest Expense	Business Interest Expense	Business Interest Expense Ratio	Limited Business Interest Expense	Disallowed Business Interest Expense
THE CHANGE COMPANY CDFI LLC	237,337.	257,037.	.982841	169,355.	325,019.
ACTUM PARTNERS LLC		8,631.	.017159	2,957.	5,674.
Total	237,337.	265,668.	1.0000	172,312.	330,693.

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: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	369,079.
	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.	293,368.		
4b.	Net rental real estate income	4b.			
4c.	Other net rental income	4c.			
4d.	Interest income	4d.	20,682.		
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 39	4m.	20,151.		
4n.	BIE (enter as a positive) (see instructions)	4n.			
4o.	Total increases (add lines 4a through 4n)			4o.	334,201.
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.	703,280.
	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.	-179,810.		
8d.	Total distributions (add lines 8a through 8c)			8d.	-179,810.
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.	-179,810.
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.	523,470.
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	-11,570.		-11,570.	-11,570.	
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) ..... 511,900.

	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 STMT 40	-71,013.		-71,013.	-71,013.	
15s. Subtotal (add lines 15a through 15r)	-71,013.		-71,013.	-71,013.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -71,013.

16. Allowable deductions and losses ..... -71,013.

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.) ..... 440,887.

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: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	50,872,894.
	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.	24,471,501.		
3b.	Partner's share of liabilities at the beginning of the year	3b.	52,225,532.		
3c.	Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	-27,754,031.		
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.	839.		
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 STMT 41	4m.	344,660.		
4n.	BIE (enter as a positive) (see instructions)	4n.			
4o.	Total increases (add lines 4a through 4n)			4o.	345,499.
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.	51,218,393.
	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.	-27,754,031.		
9b.	Partner's liabilities assumed by the partnership during the tax year	9b.			
9c.	Decrease in liabilities (sum of lines 9a and 9b)			9c.	-27,754,031.
10.	Total distributions and decrease in liabilities (add lines 8d and 9c)			10.	-27,754,031.
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.	23,464,362.
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	-1,246.		-1,246.	-1,246.	
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) ..... 23,463,116.

	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	-86,325.		-86,325.	-86,325.	
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	-17.		-17.	-17.	
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)	-86,342.		-86,342.	-86,342.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -86,342.

16. Allowable deductions and losses ..... -86,342.

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.) ..... 23,376,774.

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

(Keep for your records.)

Name of Entity: ACTUM, LLC EIN: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	859,826.
	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.	419,629.		
3b.	Partner's share of liabilities at the beginning of the year	3b.	419,269.		
3c.	Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	360.		
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.	360.
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.	860,186.
	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.	860,186.
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) ..... 860,186.

	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 STMT 43	-860,186.		-860,186.	-860,186.	
15s. Subtotal (add lines 15a through 15r)	-860,186.		-860,186.	-860,186.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -860,186.

16. Allowable deductions and losses ..... -860,186.

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.) .....

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

(Keep for your records.)

Name of Entity: ACTUM PARTNERS LLC EIN: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	859,826.
	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.	532,827.		
3b.	Partner's share of liabilities at the beginning of the year	3b.	419,269.		
3c.	Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	113,558.		
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.	113,558.
4a.	Ordinary business income	4a.	375,000.		
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.	375,000.
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.	1,348,384.
	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.	-480,983.		
8d.	Total distributions (add lines 8a through 8c)			8d.	-480,983.
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.	-480,983.
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.	867,401.
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	-8,992.		-8,992.	-8,992.	
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) ..... 858,409.

	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	-55.		-55.	-55.	
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)	-55.		-55.	-55.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -55.

16. Allowable deductions and losses ..... -55.

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.) ..... 858,354.

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: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	369,079.
	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.	293,368.		
4b.	Net rental real estate income	4b.			
4c.	Other net rental income	4c.			
4d.	Interest income	4d.	20,682.		
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 44	4m.	20,151.		
4n.	BIE (enter as a positive) (see instructions)	4n.			
4o.	Total increases (add lines 4a through 4n)			4o.	334,201.
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.	703,280.
	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.	-179,810.		
8d.	Total distributions (add lines 8a through 8c)			8d.	-179,810.
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.	-179,810.
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.	523,470.
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	-11,570.		-11,570.	-11,570.	
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) ..... 511,900.

	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 STMT 45	-71,013.		-71,013.	-71,013.	
15s. Subtotal (add lines 15a through 15r)	-71,013.		-71,013.	-71,013.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -71,013.

16. Allowable deductions and losses ..... -71,013.

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.) ..... 440,887.

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: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	50,872,812.
	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.	24,471,501.		
3b.	Partner's share of liabilities at the beginning of the year	3b.	52,225,532.		
3c.	Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	-27,754,031.		
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.	839.		
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 STMT 46	4m.	344,660.		
4n.	BIE (enter as a positive) (see instructions)	4n.			
4o.	Total increases (add lines 4a through 4n)			4o.	345,499.
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.	51,218,311.
	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.	-27,754,031.		
9b.	Partner's liabilities assumed by the partnership during the tax year	9b.			
9c.	Decrease in liabilities (sum of lines 9a and 9b)			9c.	-27,754,031.
10.	Total distributions and decrease in liabilities (add lines 8d and 9c)			10.	-27,754,031.
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.	23,464,280.
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	-1,246.		-1,246.	-1,246.	
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) ..... 23,463,034.

	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	-86,361.		-86,361.	-86,361.	
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	-17.		-17.	-17.	
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)	-86,378.		-86,378.	-86,378.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -86,378.

16. Allowable deductions and losses ..... -86,378.

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.) ..... 23,376,656.

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: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	859,826.
	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.	419,629.		
3b.	Partner's share of liabilities at the beginning of the year	3b.	419,269.		
3c.	Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	360.		
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.	360.
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.	860,186.
	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.	860,186.
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) ..... 860,186.

	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 STMT 48	-860,186.		-860,186.	-860,186.	
15s. Subtotal (add lines 15a through 15r)	-860,186.		-860,186.	-860,186.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -860,186.

16. Allowable deductions and losses ..... -860,186.

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: ACTUM PARTNERS LLC EIN: [redacted]

Part I - Partner Basis

1.	Adjusted basis at the beginning of the tax year. Don't enter less than zero			1.	859,826.
	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.	532,827.		
3b.	Partner's share of liabilities at the beginning of the year	3b.	419,269.		
3c.	Increase (decrease) in partnership liabilities (subtract line 3b from line 3a)	3c.	113,558.		
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.	113,558.
4a.	Ordinary business income	4a.	375,000.		
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.	375,000.
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.	1,348,384.
	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.	-480,983.		
8d.	Total distributions (add lines 8a through 8c)			8d.	-480,983.
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.	-480,983.
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.	867,401.
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	-8,992.		-8,992.	-8,992.	
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) ..... 858,409.

	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	-55.		-55.	-55.	
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)	-55.		-55.	-55.	

15t. Total deductions and losses (add lines 15a through 15r, column C) ..... -55.

16. Allowable deductions and losses ..... -55.

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.) ..... 858,354.

- CURRENT YEAR FEDERAL - ANTONIO 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	01 01 22	SL	39.00	16	980,000.	.9000		980,000.	50,256.		25,128.
	LESS EXCLUSION					-882,000.			-882,000.	-45,230.		-22,615.
4	LAND	01 01 22	L			2325000.	.9000		2325000.			0.
	LESS EXCLUSION					-2092500.			-2092500.			0.
5	FURNISHINGS	04 15 24	200DB	7.00	19C	3,000.	.9000	1,800.	1,200.			1,971.
	LESS EXCLUSION					-2,700.		-1,620.	-1,080.			-1,774.
6	FURNISHINGS	05 12 24	200DB	7.00	19C	3,000.	.9000	1,800.	1,200.			1,971.
	LESS EXCLUSION					-2,700.		-1,620.	-1,080.			-1,774.
7	IMPROVEMENTS	06 30 24	SL	39.00	16	50,989.	.9000		50,989.			654.
	LESS EXCLUSION					-45,890.			-45,890.			-589.
8	FURNISHINGS	11 23 24	200DB	7.00	19C	4,000.	.9000	2,400.	1,600.			2,629.
	LESS EXCLUSION					-3,600.		-2,160.	-1,440.			-2,366.
	TOTAL 8829 DEPRECIATION					336,599.		600.	335,999.	5,026.		3,235.
	CURRENT ACTIVITY											
	BEGINNING BALANCE					3305000.			3305000.	50,256.		
	ACQUISITIONS					60,989.		6,000.	54,989.	0.		

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ANTONIO 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
	DISPOSITIONS					0.			0.	0.		
	ENDING BALANCE					3365989.		6,000.	3359989.	50,256.		

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - ANTONIO 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	01 01 22	SL	39.00	980,000.		980,000.	75,384.	25,128.
	AMT DEPRECIATION		SL	39.00				9,550.	2,513.
4	LAND	01 01 22	L		2325000.		2325000.	0.	0.
5	FURNISHINGS	04 15 24	200DB	7.00	3,000.	1,800.	1,200.	171.	294.
	AMT DEPRECIATION		200DB	7.00				171.	294.
6	FURNISHINGS	05 12 24	200DB	7.00	3,000.	1,800.	1,200.	171.	294.
	AMT DEPRECIATION		200DB	7.00				171.	294.
7	IMPROVEMENTS	06 30 24	SL	39.00	50,989.		50,989.	654.	1,307.
8	FURNISHINGS	11 23 24	200DB	7.00	4,000.	2,400.	1,600.	229.	392.
	AMT DEPRECIATION		200DB	7.00				229.	392.
	TOTAL 8829 DEPRECIATION				3365989.	6,000.	3359989.	76,609.	27,415.
	TOTAL 8829 AMT DEPRECIATION							10,121.	3,493.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - ANTONIO VILLARAIGOSA CA

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	01 01 22	SL	39.00	16	980,000.	.9000		980,000.	50,256.		25,128.
	LESS EXCLUSION					-882,000.			-882,000.	-45,230.		-22,615.
4	LAND	01 01 22	L			2325000.	.9000		2325000.			0.
	LESS EXCLUSION					-2092500.			-2092500.			0.
5	FURNISHINGS	04 15 24	200DB	7.00	19C	3,000.	.9000		3,000.			429.
	LESS EXCLUSION					-2,700.			-2,700.			-386.
6	FURNISHINGS	05 12 24	200DB	7.00	19C	3,000.	.9000		3,000.			429.
	LESS EXCLUSION					-2,700.			-2,700.			-386.
7	IMPROVEMENTS	06 30 24	SL	39.00	16	50,989.	.9000		50,989.			654.
	LESS EXCLUSION					-45,890.			-45,890.			-589.
8	FURNISHINGS	11 23 24	200DB	7.00	19C	4,000.	.9000		4,000.			571.
	LESS EXCLUSION					-3,600.			-3,600.			-514.
	TOTAL 8829 DEPRECIATION					336,599.			336,599.	5,026.		2,721.

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FOOTNOTES STATEMENT 1

TAXPAYERS QUALIFY FOR THE CALIFORNIA 2025 WILDFIRE TAX RELIEF (IR- 2025-10) WHICH EXTENDED TIME TO FILE RETURNS AND MAKE PAYMENTS UNTIL OCTOBER 15, 2025, AS THE TAX PREPARER, BRAE LLP IS LOCATED IN THE COVERED DISASTER AREA WHO MAINTAIN THE NECESSARY RECORDS TO MEET A FILING OR PAYMENT DEADLINE FOR TAXPAYERS LOCATED OUTSIDE THE DISASTER AREA. THEREFORE, NO LATE FILING/LATE PAYMENT PENALTIES WERE INCLUDED WITH THE RETURN

ANTONIO VILLARAIGOSA [redacted]

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 2

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	261,162.	52,395.	22,101.	3,208.	10,453.	5,054.
TOTALS	261,162.	52,395.	22,101.	3,208.	10,453.	5,054.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 3

NAME OF PAYER	AMOUNT
MERRILL LYNCH	1,587.
TOTAL TO FORM 1040, LINE 2A	1,587.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 4

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH	1,917.	689.
TOTAL INCLUDED IN FORM 1040, LINE 3A		689.

FORM 1040 PENSIONS AND ANNUITIES STATEMENT 5

LOS ANGELES CITY EMPLOYEES RETIREMENT		
AMOUNT RECEIVED THIS YEAR	124,873.	
NONTAXABLE AMOUNT	1,551.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		123,322.
TOTAL INCLUDED IN FORM 1040, LINE 5B		123,322.

STATEMENT(S) 2, 3, 4, 5

FORM 1040 SOCIAL SECURITY BENEFITS WORKSHEET STATEMENT 6

CHECK ONLY ONE BOX:
A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE
B. MARRIED FILING JOINTLY
X C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2024
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2024

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 SPOUSE AMOUNT	51,175.
2.	MULTIPLY LINE 1 BY 50% (0.50)	25,588.
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	1,378,406.
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	
5.	ADD LINES 2, 3, AND 4	1,403,994.
6.	ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25	133,121.
7.	SUBTRACT LINE 6 FROM LINE 5	1,270,873.
8.	ENTER: $25000. IF YOU CHECKED BOX A OR D, OR $32000. IF YOU CHECKED BOX B, OR $-0- IF YOU CHECKED BOX C	0.
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 2024, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A. [X] YES. SUBTRACT LINE 8 FROM LINE 7	1,270,873.
10.	ENTER $9000. IF YOU CHECKED BOX A OR D, $12000. IF YOU CHECKED BOX B $-0- IF YOU CHECKED BOX C	0.
11.	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	1,270,873.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10	
13.	ENTER ONE HALF OF LINE 12	
14.	ENTER THE SMALLER OF LINE 2 OR LINE 13	
15.	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	1,080,242.
16.	ADD LINES 14 AND 15	1,080,242.
17.	MULTIPLY LINE 1 BY 85% (.85)	43,499.
18.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	43,499.

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

ANTONIO VILLARAIGOSA [redacted]

FORM 1040	TAX	STATEMENT 7
DESCRIPTION		AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		428,733.
TOTAL TO FORM 1040, LINE 16		428,733.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 8
T S - DESCRIPTION		AMOUNT
T ACTUM I LLC		52,395.
TOTAL TO FORM 1040, LINE 25A		52,395.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 9
DESCRIPTION		AMOUNT
2ND QTR ESTIMATE PAYMENT		100,000.
3RD QTR ESTIMATE PAYMENT		100,000.
PRIOR YEAR OVERPAYMENT APPLIED		158,424.
TOTAL TO FORM 1040, LINE 26		358,424.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 10
T S - DESCRIPTION		AMOUNT
T LOS ANGELES CITY EMPLOYEES RETIREMENT		20,168.
TOTAL TO FORM 1040, LINE 25B		20,168.

ANTONIO VILLARAIGOSA [redacted]

FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 11

T S -	DESCRIPTION	AMOUNT
	FORM 8959, LINE 24	825.
	TOTAL TO FORM 1040, LINE 25C	825.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 12

	2023	2022	2021
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	6,430.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	6,430.		
	VIRGINIA		
GROSS STATE/LOCAL INC TAX REFUNDS	916.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS VIRGINIA	916.		
TOTAL NET TAX REFUNDS	7,346.		

ANTONIO VILLARAIGOSA [redacted]

SCHEDULE 1 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 13

	2021	2022	2023
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			7,346.
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION		0.	7,346.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			35,566.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-25,566.
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 2021			
TOTAL TO SCHEDULE 1, LINE 1			

ANTONIO VILLARAIGOSA [redacted]

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	882,717.
3.	DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 15	11,820.
4.	SUBTRACT LINE 3 FROM LINE 2	870,897.
5.	MULTIPLY LINE 4 TIMES LINE 1	174,179.
6.	MULTIPLY $345,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN $69,000	69,000.
7.	ENTER THE SMALLER OF LINE 5 OR LINE 6	69,000.
8.	CONTRIBUTION DOLLAR LIMIT *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.	69,000.
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	69,000.

SCHEDULE A — STATE AND LOCAL INCOME TAXES — STATEMENT 15

DESCRIPTION	AMOUNT
LOS ANGELES CITY EMPLOYEES RETIREMENT	8,227.
FROM K-1 - ACTUM PARTNERS LLC	2,215.
ACTUM I LLC	22,101.
STATE DISABILITY INSURANCE - ACTUM I LLC	3,208.
CT STATE TAX PAYMENTS	393.
ACTUM PARTNERS LLC - NYC UBT	5,864.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED	6,273.
MARYLAND PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	245.
NEW YORK PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	7,699.
TOTAL TO SCHEDULE A, LINE 5A	56,225.

ANTONIO VILLARAIGOSA [redacted]

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 16

DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS	4,000.	
FROM K-1 - THE CHANGE COMPANY		
CDFI LLC	1.	
FROM K-1 - ACTUM PARTNERS LLC	55.	
SUBTOTALS	4,056.	
TOTAL TO SCHEDULE A, LINE 11		4,056.

SCHEDULE A — MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 — STATEMENT 17

DESCRIPTION	AMOUNT
FROM BUSINESS USE OF HOME - DED HOME MTG INTEREST	17,737.
TOTAL TO SCHEDULE A, LINE 8A	17,737.

SCHEDULE A — MEDICAL AND DENTAL EXPENSES — STATEMENT 18

DESCRIPTION	AMOUNT
DOCTORS, DENTISTS, ETC.	6,039.
TOTAL TO SCHEDULE A, LINE 1	6,039.

SCHEDULE B — TAX-EXEMPT INTEREST FROM 1099-DIV — STATEMENT 19

NAME OF PAYER	AMOUNT
MERRILL LYNCH	1,587.
TOTAL TAX-EXEMPT INTEREST FROM 1099-DIV TO SCHEDULE B, LINE 5	1,587.

ANTONIO VILLARAIGOSA [redacted]

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 20

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
THE CHANGE COMPANY CDFI LLC	-1.	
TOTAL TO SCHEDULE D, PART II, LINE 12	-1.	

SCHEDULE E — INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS — STATEMENT 21

NAME

EMP ID NO.

CODE	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 [redacted]								
P								313,519.
BUSINESS USE OF HOME [redacted]								
P						20,151.		
THE CHANGE COMPANY CDFI LLC [redacted]								
P			X		732.			
AT RISK CARRYOVER [redacted]								
P			X	727.				
ACTUM, LLC [redacted]								
P			*			0.		
ACTUM PARTNERS LLC [redacted]								
P								672,877.
TOTALS TO SCH. E, LN. 29				727.	732.	20,151.		986,396.

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

ANTONIO VILLARAIGOSA [redacted]

SCHEDULE SE — NON-FARM INCOME — STATEMENT 22

DESCRIPTION	AMOUNT
ANTONIO R. VILLARAIGOSA LLC	293,368.
THE CHANGE COMPANY CDFI LLC	-83,528.
ACTUM PARTNERS LLC	672,877.
TOTAL TO SCHEDULE SE, LINE 2	882,717.

FORM 6198 — ALLOCATION OF INCOME AND AMOUNT AT-RISK — STATEMENT 23

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY		86,325.	.127264445	107.	0.
RENTAL REAL ESTATE	839.				
SCHEDULE E C/O		587,479.	.866089646	727.	0.
LT CAPITAL C/O		1,027.	.001514053	1.	0.
CHAR CONTR- 60% LMT - CASH		17.	.000025062	0.	0.
60% CASH CHAR CONTR C/O		1,083.	.001596610	1.	0.
NONDEDUCTIBLE EXP		1,246.	.001836913	2.	0.
NONDEDUCTIBLE EXPENSE C/O		1,135.	.001673271	1.	0.
TOTALS	839.	678,312.	1.000000000	839.	0.

ANTONIO VILLARAIGOSA [redacted]

FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 24

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	86,325.	107.	0.	107.	86,218.
SCHEDULE E C/O	587,479.	727.	0.	727.	586,752.
LT CAPITAL C/O	1,027.	1.	0.	1.	1,026.
CHAR CONTR- 60% LMT - CASH	17.	0.	0.	0.	17.
60% CASH CHAR CONTR C/O	1,083.	1.	0.	1.	1,082.
NONDEDUCTIBLE EXP	1,246.	2.	0.	2.	1,244.
NONDEDUCTIBLE EXPENSE C/O	1,135.	1.	0.	1.	1,134.
TOTALS	678,312.	839.	0.	839.	677,473.

FORM 6198 DECREASES IN BASIS STATEMENT 25

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	AMOUNT
NONRECOURSE LOANS	51,568.
TOTAL TO FORM 6198, LINE 9 OR LINE 18	51,568.

ANTONIO VILLARAIGOSA [redacted]

FORM 6198AMT — ALTERNATIVE MINIMUM TAX — STATEMENT 26
ALLOCATION OF INCOME AND AMOUNT AT-RISK

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY		86,361.	.127295373	107.	0.
RENTAL REAL ESTATE	839.				
SCHEDULE E C/O		587,561.	.866059874	727.	0.
LT CAPITAL C/O		1,027.	.001513789	1.	0.
CHAR CONTR- 60% LMT - CASH		17.	.000025058	0.	0.
60% CHAR CONTR C/O		1,083.	.001596333	1.	0.
NONDEDUCTIBLE EXP		1,246.	.001836593	2.	0.
NONDEDUCTIBLE EXPENSE C/O		1,135.	.001672980	1.	0.
TOTALS	839.	678,430.	1.000000000	839.	0.

FORM 6198AMT — ALTERNATIVE MINIMUM TAX — STATEMENT 27
ALLOCATION OF ALLOWABLE LOSSES

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	86,361.	107.	0.	107.	86,254.
SCHEDULE E C/O	587,561.	727.	0.	727.	586,834.
LT CAPITAL C/O	1,027.	1.	0.	1.	1,026.
CHAR CONTR- 60% LMT - CASH	17.	0.	0.	0.	17.
60% CHAR CONTR C/O	1,083.	1.	0.	1.	1,082.
NONDEDUCTIBLE EXP	1,246.	2.	0.	2.	1,244.
NONDEDUCTIBLE EXPENSE C/O	1,135.	1.	0.	1.	1,134.
TOTALS	678,430.	839.	0.	839.	677,591.

FORM 8995-A — QUALIFIED REIT DIVIDENDS AND PTP INCOME — STATEMENT 28

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
MERRILL LYNCH	10.	
TOTAL TO FORM 8995-A, LINE 28	10.	

STATEMENT(S) 26, 27, 28

ANTONIO VILLARAIGOSA [redacted]

FORM 8995-A SCHEDULE C — QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS — STATEMENT 29

TRADE OR BUSINESS NAME	AMOUNT
CHANGE LENDING, LLC - 2023 C/O	333.
CDFI - 2023 C/O	506.
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	622,295.
TOTAL TO FORM 8995-A SCHEDULE C, LINE 2	623,134.

FORM 8958 — INTEREST INCOME — STATEMENT 30

DESCRIPTION	A TOTAL AMOUNT	B ALLOCATED TO SPOUSE OR RDP	C ALLOCATED TO SPOUSE OR RDP
BANK OF AMERICA [redacted]	9.	9.	
MERRILL LYNCH	12,106.	12,106.	
MERRILL LYNCH	78.	78.	
BANK OF AMERICA [redacted]	30.	30.	
LESS: REPORTED BY ANTONIO VILLARAIGOSA LLC [redacted] FROM K-1 - ANTONIO R.	-12,106.	-12,106.	
VILLARAIGOSA LLC FROM K-1 - ANTONIO R.	11,031.	11,031.	
VILLARAIGOSA LLC	9,651.	9,651.	
TOTAL TO FORM 8958, LINE 2	20,799.	20,799.	

FORM 8958 — CAPITAL GAINS AND LOSSES — STATEMENT 31

DESCRIPTION	A TOTAL AMOUNT	B ALLOCATED TO SPOUSE OR RDP	C ALLOCATED TO SPOUSE OR RDP
THE CHANGE COMPANY CDFI LLC	-1.	-1.	
MERRIL LYNCH [redacted]	67.	67.	
MERRIL LYNCH [redacted]	3,303.	3,303.	
TOTAL TO FORM 8958, LINE 6	3,369.	3,369.	

ANTONIO VILLARAIGOSA [redacted]

FORM 8960 — TRADE OR BUSINESS INCOME — STATEMENT 32

ANTONIO R. VILLARAIGOSA LLC	-293,368.
ACTUM PARTNERS LLC	-672,877.
AMOUNT TO FORM 8960, LINE 4B	-966,245.

FORM 8960 — OTHER MODIFICATIONS TO INVESTMENT INCOME — STATEMENT 33

AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	417.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	417.	417.
AMOUNT TO FORM 8960, LINE 7		417.

FORM 8960 — STATE INCOME TAX PAYMENTS — STATEMENT 34

CALIFORNIA

DESCRIPTION	AMOUNT
ACTUM I LLC	22,101.
LOS ANGELES CITY EMPLOYEES RETIREMENT	8,227.
ESTIMATE OR PRIOR YEAR OVERPAYMENT	6,273.
TOTAL TO STATE FORM 8960, LINE 10	36,601.

FORM 8582 — OTHER PASSIVE ACTIVITIES - PART V — STATEMENT 35

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
THE CHANGE COMPANY CDFI LLC	5.	0.		5.	
TOTALS	5.	0.		5.	

ANTONIO VILLARAIGOSA [redacted]

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 36

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	5.		5.		
TOTALS		5.		5.		
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						

BUSINESS USE OF HOME OTHER EXPENSES FOR BUSINESS USE OF HOME STATEMENT 37

DESCRIPTION	DIRECT EXPENSES	INDIRECT EXPENSES
SECURITY		3,405.
HOUSE CLEANING		6,855.
DESIGNER FEES		3,000.
TOTALS TO BUSINESS USE OF HOME, LINE 22		13,260.

ANTONIO VILLARAIGOSA [redacted]

BUSINESS USE OF HOME	LINE 11 WORKSHEET	STATEMENT 38
1. ENTER YOUR STATE AND LOCAL INCOME TAXES (OR, IF YOU ELECT ON SCHEDULE A, YOUR STATE AND LOCAL GENERAL SALES TAXES) THAT ARE PERSONAL EXPENSES		56,225.
2. ENTER ALL THE STATE AND LOCAL REAL ESTATE TAXES YOU PAID ON THE HOME IN WHICH YOU CONDUCTED BUSINESS		41,713.
3. ENTER ANY OTHER STATE AND LOCAL REAL ESTATE TAXES YOU PAID THAT ARE A PERSONAL EXPENSE AND NOT INCLUDED IN LINE 2		
4. ENTER YOUR STATE AND LOCAL PERSONAL PROPERTY TAXES THAT ARE A PERSONAL EXPENSE		332.
5. ADD LINES 1 THROUGH 4		98,270.
6. MULTIPLY LINE 2 BY THE PERCENTAGE ON FORM 8829, LINE 7		4,171.
7. SUBTRACT LINE 6 FROM LINE 5		94,099.
8. SUBTRACT LINE 7 FROM $10,000 ($5,000 IF MARRIED FILING SEPARATELY). IF ZERO OR LESS, ENTER -0-		0.
9. REAL ESTATE TAXES REPORTED ON LINE 11. ENTER THE SMALLER OF LINE 6 OR LINE 8 HERE AND IN COLUMN (A) OF FORM 8829, LINE 11		0.
10. EXCESS REAL ESTATE TAXES REPORTED ON LINE 17. SUBTRACT LINE 9 FROM LINE 6		4,171.

PARTNERSHIP BASIS WKSHT	INCREASES IN BASIS	STATEMENT 39

ANTONIO R. VILLARAIGOSA LLC

DESCRIPTION	AMOUNT
BUSINESS USE OF HOME	20,151.
INCLUDED IN BASIS WORKSHEET, LINE 4M	20,151.

ANTONIO VILLARAIGOSA [redacted]

PARTNERSHIP BASIS WKST — DECREASES IN BASIS — STATEMENT 40

ANTONIO R. VILLARAIGOSA LLC

DESCRIPTION	AMOUNT
PY ADJUSTMENT	71,013.
INCLUDED IN BASIS WORKSHEET, LINE 15R	71,013.

PARTNERSHIP BASIS WKSHT — INCREASES IN BASIS — STATEMENT 41

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	AMOUNT
BASIS ADJUSTMENT	344,660.
INCLUDED IN BASIS WORKSHEET, LINE 4M	344,660.

PARTNERSHIP BASIS WKST — ALLOCATION OF ALLOWABLE LOSSES — STATEMENT 42

ACTUM, LLC

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF BASIS	ALLOWABLE LOSS	DISALLOWED LOSS
TRANSFER TO ACTUM PARTNERS LLC	860,186.	1.000000000	860,186.	860,186.	0.
TOTALS	860,186.	1.000000000	860,186.	860,186.	0.

PARTNERSHIP BASIS WKST — DECREASES IN BASIS — STATEMENT 43

ACTUM, LLC

DESCRIPTION	AMOUNT
TRANSFER TO ACTUM PARTNERS LLC	860,186.
INCLUDED IN BASIS WORKSHEET, LINE 15R	860,186.

STATEMENT(S) 40, 41, 42, 43

ANTONIO VILLARAIGOSA [redacted]

AMT PARTNERSHIP BASIS WORKSHEET — INCREASES IN BASIS — STATEMENT 44

ANTONIO R. VILLARAIGOSA LLC

DESCRIPTION	AMOUNT
BUSINESS USE OF HOME	20,151.
INCLUDED IN BASIS WORKSHEET, LINE 4M	20,151.

AMT PARTNERSHIP BASIS WORKSHEET — DECREASES IN BASIS — STATEMENT 45

ANTONIO R. VILLARAIGOSA LLC

DESCRIPTION	AMOUNT
PY ADJUSTMENT	71,013.
INCLUDED IN BASIS WORKSHEET, LINE 15R	71,013.

AMT PARTNERSHIP BASIS WORKSHEET — INCREASES IN BASIS — STATEMENT 46

THE CHANGE COMPANY CDFI LLC

DESCRIPTION	AMOUNT
BASIS ADJUSTMENT	344,660.
INCLUDED IN BASIS WORKSHEET, LINE 4M	344,660.

AMT PARTNERSHIP BASIS WORKSHEET — ALTERNATIVE MINIMUM TAX ALLOCATION OF ALLOWABLE LOSSES — STATEMENT 47

ACTUM, LLC

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF BASIS	ALLOWABLE LOSS	DISALLOWED LOSS
TRANSFER TO ACTUM PARTNERS LLC	860,186.	1.000000000	860,186.	860,186.	0.
TOTALS	860,186.	1.000000000	860,186.	860,186.	0.

AMT PARTNERSHIP BASIS WORKSHEET — DECREASES IN BASIS — STATEMENT 48

ACTUM, LLC

DESCRIPTION	AMOUNT
TRANSFER TO ACTUM PARTNERS LLC	860,186.
INCLUDED IN BASIS WORKSHEET, LINE 15R	860,186.