

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2026

General Information

Name: Hon Marcus Richard Bach Armas

CONFIDENTIAL

PID 300339

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	County Court Judge

Net Worth

My Net Worth as of December 31, 2025 was \$ 3,768,177.92.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Vacant land (Colorado)	\$ 1,200,000.00
Condo (primary residence)	\$ 792,308.00
Bank of America Account	\$ 19,984.50
Stock (AMZN)	\$ 92,328.00
Stock (DXCM)	\$ 66,370.00

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2026

Description of Asset	Value of Asset
Stock (BXXM)	\$ 116,946.16
Stock (SBUX)	\$ 8,993.80
Stock (VTSAX)	\$ 270,744.23
Stock (VWALX)	\$ 87,637.99
Stock (VWFHX)	\$ 105,073.32
Stock (EPP)	\$ 17,273.91
Stock (DXY)	\$ 55,857.71
Stock (VIXY)	\$ 3,846.00
Stock (VWO)	\$ 20,947.48
Stock (BIV)	\$ 24,161.96
Stock (BLV)	\$ 16,301.47
Stock (VGLT)	\$ 36,731.19
Money Market (NOGXX)	\$ 5,831.68
Stock (DXCM - IRA portion)	\$ 24,888.75
Stock (BXXM - IRA portion)	\$ 12,303.90
Stock (SBUX - IRA portion)	\$ 25,263.00
Stock (EWZ - IRA portion)	\$ 2,223.90
Stock (SPY - IRA portion)	\$ 27,276.80
401k Inv. Product - Black Rock Life Path Index 2050 K)	\$ 424,058.10
Shear Riverfront Common LLC (5.2% partnership interest)	\$ 40,000.00
PMG 11th Street Common II LLC (1.22% partnership interest)	\$ 60,000.00
529 Inv. Product - Vanguard Total Stk Mkt Idx (child 1)	\$ 43,704.19
529 Inv. Product - Vanguard Total Int Stk Idx (child 1)	\$ 6,962.98
529 Inv. Product - Vanguard Total Bd Mkt Idx (child 1)	\$ 4,085.21
529 Inv. Product - Vanguard Core Bond Port (child 1)	\$ 5,305.89
529 Inv. Product - Vanguard Total Stk Mkt Idx (child 2)	\$ 21,402.77
529 Inv. Product - Vanguard Total Int Stk Idx (child 2)	\$ 3,877.66
529 Inv. Product - Vanguard Core Bd Port (child 2)	\$ 2,780.64

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2026

Description of Asset	Value of Asset
529 Inv. Product - Vanguard Total Bd Mkt Idx (child 2)	\$ 2,152.55
2150 Holdings LLC (50% Partnership Interest)	\$ 295,045.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Tesla Florida Inc.	20850 NW 2nd Ave. Miami Gardens, FL 33056	\$ 7,722.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Marcus Richard Bach Armas

Digitally signed: 06/05/2026

Filed with COE: 06/05/2026

Form	1040	Department of the Treasury—Internal Revenue Service	2025	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
		U.S. Individual Income Tax Return			
For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, 2025, ending _____, 20					
See separate instructions.					
☐ Filed pursuant to section 301.9100-2		☐ Combat zone		☐ Deceased ☐ Spouse	
☐ Other					

Your first name and middle initial Marcus R.	Last name Bach-Armas	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED]	Last name [REDACTED]	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]
Foreign country name [REDACTED]		Foreign province/state/country [REDACTED]
Foreign postal code [REDACTED]		Foreign postal code [REDACTED]

Filing Status	☐ Single	☐ Head of household (HOH)
Check only one box.	☒ Married filing jointly (even if only one had income)	☐ Qualifying surviving spouse (QSS)
	☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____	If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
	☐ 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 2025, 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 ☒ No
-----------------------	---	---

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	[REDACTED]	[REDACTED]		
(2) Last name	[REDACTED]	[REDACTED]		
(3) SSN	[REDACTED]	[REDACTED]		
(4) Relationship	Daughter	Daughter		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 692,718
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.	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 31	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions). Enter type and amount:	1h
	i Nontaxable combat pay election (see instructions)	1i
	z Add lines 1a through 1h	1z 692,718
	Attach Sch. B if required.	2a Tax-exempt interest
3a Qualified dividends		3a 6,477
c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a IRA distributions		4a
b Taxable interest		2b 2,508
c Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐		3b 16,887
4b Taxable amount		4b
5a Pensions and annuities		5a
b Taxable amount		5b
c Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐		6b
6a Soc. sec. ben.	6a	
b Taxable amount	6b	
c If you elect to use the lump-sum election method, check here (see instructions)		
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here		
7a Capital gain or (loss). Attach Schedule D if required	7a 12,928	
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8 Additional income from Schedule 1, line 10	8 0	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9 725,041	
10 Adjustments to income from Schedule 1, line 26	10 0	
11a Subtract line 10 from line 9. This is your adjusted gross income	11a 725,041	

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

Form 1040 (2025)

Form 1040 (2025) **Marcus R. Bach-Armas & [REDACTED] Bach**Page **2****Tax and Credits**

- 11b** Amount from line 11a (adjusted gross income) **11b** **725,041**
- 12a** Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent
- b** ☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien
- d** You: ☐ Were born before January 2, 1961 ☐ Are blind
- Spouse: ☐ Was born before January 2, 1961 ☐ Is blind
- e** **Standard deduction or itemized deductions** (from Schedule A) **12e** **31,500**
- 13a** Qualified business income deduction from Form 8995 or Form 8995-A **13a** **38**
- b** Additional deductions from Schedule 1-A, line 38 **13b**
- 14** Add lines 12e, 13a, and 13b **14** **31,538**
- 15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** **693,503**
- 16** Tax (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972
- 3** ☐ **16** **178,910**
- 17** Amount from Schedule 2, line 3 **17**
- 18** Add lines 16 and 17 **18** **178,910**
- 19** Child tax credit or credit for other dependents from Schedule 8812 **19**
- 20** Amount from Schedule 3, line 8 **20** **466**
- 21** Add lines 19 and 20 **21** **466**
- 22** Subtract line 21 from line 18. If zero or less, enter -0- **22** **178,444**
- 23** Other taxes, including self-employment tax, from Schedule 2, line 21 **23** **5,475**
- 24** Add lines 22 and 23. This is your **total tax** **24** **183,919**

Standard Deduction for -

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

Payments and Refundable Credits

- 25** Federal income tax withheld from:
- a** Form(s) W-2 **25a** **163,875**
- b** Form(s) 1099 **25b**
- c** Other forms (see instructions) **25c** **3,027**
- d** Add lines 25a through 25c **25d** **166,902**
- 26** 2025 estimated tax payments and amount applied from 2024 return
- If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):
- 27a** Earned income credit (EIC) **27a**
- b** Clergy filing Schedule SE (see instructions)
- c** If you do not want to claim the EIC, check here ☐
- 28** Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ **28**
- 29** American opportunity credit from Form 8863, line 8 **29**
- 30** Refundable adoption credit from Form 8839, line 13 **30**
- 31** Amount from Schedule 3, line 15 **31** **21,379**
- 32** Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32** **21,379**
- 33** Add lines 25d, 26, and 32. These are your **total payments** **33** **188,281**

Refund

- 34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** **4,362**
- 35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ **35a** **4,362**
- b** Routing number **c** Type: ☒ Checking ☐ Savings
- d** Account number
- 36** Amount of line 34 you want **applied to your 2026 estimated tax** **36**

Amount You Owe

- 37** Subtract line 33 from line 24. This is the amount you **owe**. **37**
- For details on how to pay, go to www.irs.gov/Payments or see instructions
- 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 **Richard Krissel** 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

Judge

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

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 instr.)

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

Phone no. [REDACTED]

Email address [REDACTED]

Paid

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Preparer**Richard Krissel****Richard Krissel****05/13/26****P00235339**☐ Self-employed**Use Only**Firm's name **Richard Krissel, CPA PA**Phone no. **305-670-1033**Firm's address **8950 SW 74th Court #1614****FL 33156-2811**Firm's EIN **84-1787304**Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2025)

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

2025Attachment
Sequence No. 01

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

Marcus R. Bach-Armas & [REDACTED] Bach

Your social security number

For 2025, 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	1	
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). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	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	0

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

Schedule 1 (Form 1040) 2025

Marcus R. Bach-Armas & [REDACTED] Bach

Schedule 2 (Form 1040) 2025

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 (I)**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****5,475**

Schedule 2 (Form 1040) 2025

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

2025Attachment
Sequence No. **03**

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

Your social security number

Marcus R. Bach-Armas & [REDACTED] Bach**[REDACTED]****Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	66
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	400
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	466

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	21,379
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	21,379

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

Schedule 3 (Form 1040) 2025

SCHEDULE B
(Form 1040)Department of the Treasury
Internal Revenue Service**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

2025Attachment
Sequence No.**08**

Name(s) shown on return

Marcus R. Bach-Armas & [REDACTED] Bach

Your social security number

Part I
Interest(See instructions
and the
Instructions for
Form 1040,
line 2b.)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.

	Amount
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: BOA Northern Tr [REDACTED] PMG 11th St Common II, LLC 88-0538563 ProShares VIX Short Term Futures ET 27-2759594	1,171 130 1,047 160
2 Add the amounts on line 1	2,508
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	2,508

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

Part II
Ordinary Dividends(See instructions
and the
Instructions for
Form 1040,
line 3b.)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.

	Amount
5 List name of payer: Northern Trust [REDACTED] Taxable Dividend Income Tax-Exempt Dividend ** Subtotal ** Tax-Exempt Dividend	 16,887 3,489 20,376 -3,489
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	16,887

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

Part III
Foreign Accounts and Trusts**7a**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 instructions.

At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

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 2025, 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

Yes	No
	X
	X

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2025Attachment
Sequence No. 12

Name(s) shown on return

Marcus R. Bach-Armas & [REDACTED] Bach

Your social security number

[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 or Form 1099-DA 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 or Box G checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	-3,119
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 the back			7	-3,119

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 or Form 1099-DA 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 or Box J checked	180,445	161,064	0	19,381
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L 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	-4,678
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	1,344
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 the back			15	16,047

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

Schedule D (Form 1040) 2025

Marcus R. Bach-Armas & [REDACTED] Bach

Schedule D (Form 1040) 2025

Page **2**
Part III Summary

16 Combine lines 7 and 15 and enter the result	16	12,928
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. 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 7a. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ 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? ☒ 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 7a, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21 (	)
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.		

Schedule D (Form 1040) 2025

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

Social security number or taxpayer identification number

Marcus R. Bach-Armas & [REDACTED] Bach

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They 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 and Form(s) 1099-DA 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, F, J, K, or L below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- ☐ (F) Long-term transactions, other than digital asset transactions, not reported to you on Form 1099-B or Form 1099-DA
- ☐ (J) Long-term transactions reported on Form(s) 1099-DA showing basis was reported to the IRS (see Note above)
- ☐ (K) Long-term transactions reported on Form(s) 1099-DA showing basis was not reported to the IRS
- ☐ (L) Long-term digital asset transactions not reported to you on Form 1099-DA or 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) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Disney	03/11/22	12/12/25	34,575	39,956			-5,381
	Amazon	03/11/22	10/01/25	44,155	29,504			14,651
	Nuveen S&P	11/14/19	04/12/25	12,387	11,377			1,010
	Tesla	03/11/22	06/20/25	89,328	80,227			9,101
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 or Box J above is checked), line 9 (if Box E or Box K (if Box E above is checked), or line 10 (if Box F or Box L above is checked)				180,445	161,064		0	19,381

Note: If you checked Box D or Box J 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. Do not enter name and social security number if shown on other side.

Your social security number

Marcus R. Bach-Armas & [REDACTED] Bach**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	See Statement 1					
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	31,870			
b Totals	31,870			
30 Add columns (h) and (k) of line 29a				31,870
31 Add columns (g), (i), and (j) of line 29b				31,870
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				

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			
36 Add columns (c) and (e) of line 34b			
37 Total estate and trust income or (loss). Combine lines 35 and 36			

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

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	
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	

Form **2441**

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form2441 for instructions and the latest information.

2025
Attachment
Sequence No. **21**

Name(s) shown on return
Marcus R. Bach-Armas & [REDACTED] Bach

Your social security number
[REDACTED]

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐

B If you or your spouse was a student or was disabled during 2025 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐

Part I **Persons or Organizations Who Provided the Care –You must complete this part.**
If you have more than three care providers, see the instructions and check this box ☐

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2025? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
	[REDACTED]	[REDACTED]	Tax-Exempt	☐ Yes ☒ No	4,704
	[REDACTED]	[REDACTED]	Tax-Exempt	☐ Yes ☒ No	4,320
				☐ Yes ☐ No	

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2025 but didn't pay them until 2026, or if you prepaid in 2025 for care to be provided in 2026, don't include these expenses in column (d) of line 2 for 2025. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2025 for the person listed in column (a)
First	Last			
[REDACTED]	Bach	[REDACTED]		4,958
[REDACTED]	Bach	[REDACTED]		4,066

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5. If zero or less, enter -0-

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11a

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

Over	But not over	Decimal amount is
\$0 – 15,000		.35
15,000 – 17,000		.34
17,000 – 19,000		.33
19,000 – 21,000		.32
21,000 – 23,000		.31
23,000 – 25,000		.30

If line 7 is:

Over	But not over	Decimal amount is
\$25,000 – 27,000		.29
27,000 – 29,000		.28
29,000 – 31,000		.27
31,000 – 33,000		.26
33,000 – 35,000		.25
35,000 – 37,000		.24

If line 7 is:

Over	But not over	Decimal amount is
\$37,000 – 39,000		.23
39,000 – 41,000		.22
41,000 – 43,000		.21
43,000 – No limit		.20

3

4

5

6

7

8

9a

9b

9c

10

11

2,000

179,879

512,839

2,000

725,041

x .20

400

400

178,844

400

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

Form **2441** (2025)

DAA

Marcus R. Bach-Armas & [REDACTED] Bach

Form 2441 (2025)

Page 2

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2025. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	4,000
13	Enter the amount, if any, you carried over from 2024 and used in 2025 during the grace period. See instructions.	13	
14	Enter the amount, if any, you forfeited or carried forward to 2026. See instructions.	14	
15	Combine lines 12 through 14. See instructions.	15	4,000
16	Enter the total amount of qualified expenses incurred in 2025 for the care of the qualifying person(s).	16	9,024
17	Enter the smaller of line 15 or 16.	17	4,000
18	Enter your earned income. See instructions.	18	179,879
19	Enter the amount shown below that applies to you. - If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). - If married filing separately, see instructions. - All others, enter the amount from line 18.	19	512,839
20	Enter the smallest of line 17, 18, or 19. If zero or less, enter -0-.	20	4,000
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions.	21	5,000
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? ☒ No. Enter -0-. ☐ Yes. Enter the amount here.	22	0
23	Subtract line 22 from line 15.	23	4,000
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions.	24	
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-.	25	4,000
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e.	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons).	27	6,000
28	Add lines 24 and 25.	28	4,000
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2024 expenses in 2025, see the instructions for line 9b.	29	2,000
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here.	30	5,024
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11.	31	2,000

Form 2441 (2025)

Form **6781**Department of the Treasury
Internal Revenue Service**Gains and Losses From Section 1256
Contracts and Straddles**

Attach to your tax return.

Go to www.irs.gov/Form6781 for the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No.**82**

Name(s) shown on tax return

Marcus R. Bach-Armas & [REDACTED] Bach

Identifying number

Check all applicable boxes.
See instructions.**A**
B

Mixed straddle election

Straddle-by-straddle identification election

C
D

Mixed straddle account election

Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

(a) Identification of account	(b) (Loss)	(c) Gain
1 ProShares VIX Short Term Futures ET 27-2759594	-7,797	
2 Add the amounts on line 1 in columns (b) and (c)	2 7,797	
3 Net gain or (loss). Combine line 2, columns (b) and (c)		3 -7,797
4 Form 1099-B adjustments. See instructions and attach statement		4
5 Combine lines 3 and 4		5 -7,797
Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-		6
7 Combine lines 5 and 6		7 -7,797
8 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions		8 -3,119
9 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions		9 -4,678

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.**Section A - Losses From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-.	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-.
10							
11a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions							11a ()
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions							11b ()

Section B - Gains From Straddles

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-.
12					
13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions					13a
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions					13b

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions)

(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (d) is more than (c), enter difference. Otherwise, enter -0-.
14				

Marcus R. Bach-Armas & [REDACTED] Bach [REDACTED]

Form 8582 (2025)

Page 2

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 Statement 2					
Total. Enter on Part I, lines 2a, 2b, and 2c	31,870	25,292	21,268		

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			1.00		

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
PMG 11th St Common II, LLC	Sch E2	46,560	1.0000	14,690
Total		46,560	1.00	14,690

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
PMG 11th St Common II, LLC	Sch E2	46,560	14,690	31,870
Total		46,560	14,690	31,870

Federal Statements

Statement 1 - Schedule E, Page 2, Line 28

Name	P S	For Ptr	EIN	Basis Required	Comp Not at Risk	Passive Loss	Passive Income	Nonpass Loss	Sec 179 Deduct	Nonpass Income
Shears Riverfront Common, LLC	P		81-4517912			\$	\$	\$	\$	\$
PMG 11th St Common II, LLC	P		88-0538563		31,870					
2150 Holdings, LLC	P		88-2190230				15,935			
2150 Holdings, LLC	P		88-2190230				15,935			
ProShares VIX Short Term Futures ET	P		27-2759594							
Total						\$ 31,870	\$ 31,870	\$ 0	\$ 0	\$ 0

Federal Statements**Statement 2 - Form 8582 Part V- For Form 8582 Lines 2a, 2b, and 2c**

Description	Current Year	Current Year	Prior Year	Overall	Overall
	Net Income	Net Loss	Unallowed Loss	Gain	Loss
PMG 11th St Common II, LLC	\$	\$ 25,292	\$ 21,268	\$	\$ 46,560
2150 Holdings, LLC	15,935			15,935	
2150 Holdings, LLC	15,935			15,935	
Total	<u>\$ 31,870</u>	<u>\$ 25,292</u>	<u>\$ 21,268</u>		

Federal Statements**Form 1040, Line 2a - Tax-exempt Interest**

Payer	Amount
Northern Trust [REDACTED]	\$ 3,489
Total	\$ 3,489

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends	Section 199A Dividends
Northern Trust [REDACTED]	\$ 16,887	\$ 6,477	\$ 192
Total	\$ 16,887	\$ 6,477	\$ 192

Form 1040, Line 7 - Capital Gain Distributions

Payer	Capital Gain Distribution
Northern Trust [REDACTED]	\$ 1,344
Total	\$ 1,344

Federal Statements**Form 2441. Line 4 - Taxpayer's Earned Income**

Description	Amount
Wages	\$ 179,879
Total	\$ 179,879

Form 2441. Line 5 - Spouse's Earned Income

Description	Amount
Wages	\$ 512,839
Total	\$ 512,839

Form 2441. Line 18 - Taxpayer's Earned Income

Description	Amount
Wages	\$ 179,879
Total	\$ 179,879

Form 2441. Line 19 - Spouse's Earned Income

Description	Amount
Wages	\$ 512,839
Total	\$ 512,839

Form 8582. Passive Activity Income and Allowed Losses

Activity Name	Screen	Unit #	Current Year		Prior Year	Unallowed Loss		Allowed Loss	Form Location
			Net Income	Net Loss		Unallowed Loss	Unallowed Loss		
PMG 11th St Common II, LLC	K-1	8	\$	\$ 25,292	\$	21,268	\$ 14,690	\$ 31,870	Sch E Part II
2150 Holdings, LLC	K-1	11	15,935						Sch E Part II
2150 Holdings, LLC	K-1	12	15,935						Sch E Part II
Total			\$ 31,870	\$ 25,292	\$	21,268	\$ 14,690	\$ 31,870	