

B1 (Official Form 1)(4/10)

United States Bankruptcy Court
Western District of Pennsylvania
Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Lay, Mark D.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-2496	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 320 Ft. Duquesne Blvd. Unit 10-D Pittsburgh, PA <div style="text-align: right;">ZIP Code 15222</div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Allegheny	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>

 Location of Principal Assets of Business Debtor
 (if different from street address above):

Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <div style="margin-top: 10px;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div>
		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Lay, Mark D.**All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)**

Location Where Filed: Western District of Pennsylvania	Case Number: 10-20653-BM	Date Filed: 1/31/10
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Robert O Lampl

Signature of Attorney for Debtor(s)

Robert O Lampl 19809**April 2, 2010**

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Lay, Mark D.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Mark D. LaySignature of Debtor **Mark D. Lay****X** _____

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 2, 2010

Date

Signature of Attorney***X** /s/ Robert O Lampl

Signature of Attorney for Debtor(s)

Robert O Lampl 19809

Printed Name of Attorney for Debtor(s)

Robert O Lampl, Attorney at Law

Firm Name

960 Penn Avenue, Suite 1200
Pittsburgh, PA 15222

Address

412-392-0330 Fax: 412-392-0335

Telephone Number

April 2, 2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Western District of Pennsylvania

In re Mark D. Lay

Debtor(s)

Case No. _____

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Mark D. Lay

Mark D. Lay

Date: April 2, 2010

United States Bankruptcy Court
Western District of Pennsylvania

In re Mark D. Lay

Debtor(s)

Case No.

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Allegheny County Treasurer Courthouse, Room 108 436 Grant Street Pittsburgh, PA 15219	Allegheny County Treasurer Courthouse, Room 108 436 Grant Street Pittsburgh, PA 15219	Tax Debt	Unliquidated	Unknown
American Express Bank, FSB Beckett and Lee LLP Attorneys for Creditor POB 3001 Malvern, PA 19335-0701	American Express Bank, FSB Beckett and Lee LLP Attorneys for Creditor Malvern, PA 19335-0701	Consumer Debt	Unliquidated	83,133.85
American Infosource LP as Agent for T Mobile/T-Mobile USA Inc. P.O. Box 248848 Oklahoma City, OK 73124-8848	American Infosource LP as Agent for T Mobile/T-Mobile USA Inc. P.O. Box 248848 Oklahoma City, OK 73124-8848	Consumer Debt	Unliquidated	234.69
Beaver County Domestic Relations Beaver County Courthouse 810 Third Street Beaver, PA 15009	Beaver County Domestic Relations Beaver County Courthouse 810 Third Street Beaver, PA 15009	Domestic Support Obligation	Unliquidated	Unknown
Blank Rome LLP One Logan Square 130 North 18th Street Philadelphia, PA 19103-6998	Blank Rome LLP One Logan Square 130 North 18th Street Philadelphia, PA 19103-6998	Legal Fees	Unliquidated	200,000.00
Capital One Bank (USA) by American Infosource LP as Agent P.O. Box 71083 Charlotte, NC 28272-1083	Capital One Bank (USA) by American Infosource LP as Agent P.O. Box 71083 Charlotte, NC 28272-1083	Consumer Debt	Unliquidated	7,199.56
City of Pittsburgh Department of Finance 200 City-County Building 414 Grant Street Pittsburgh, PA 15219	City of Pittsburgh Department of Finance 200 City-County Building Pittsburgh, PA 15219	Tax Debt	Unliquidated	Unknown

B4 (Official Form 4) (12/07) - Cont.

In re **Mark D. Lay**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Commonwealth of Pennsylvania Dept. of Revenue Bankruptcy Division, PO Box 280946 Harrisburg, PA 17128	Commonwealth of Pennsylvania Dept. of Revenue Bankruptcy Division, Harrisburg, PA 17128	Tax Debt	Unliquidated	Unknown
Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222	Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222	3rd Mortgage on Gateway Center Condominium; 1st Mortgage on Chatham Center Condominiums	Unliquidated	1,200,000.00 (790,000.00 secured)
Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222	Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222	2nd Mortgage on Gateway Center Condominium	Unliquidated	500,000.00 (700,000.00 secured)
Domestic Relations of Allegheny County Fam. Div. Collection & Disbursement Off. 440 Ross Street Pittsburgh, PA 15219	Domestic Relations of Allegheny County Fam. Div. Collection & Disbursement Off. 440 Ross Street Pittsburgh, PA 15219	Domestic Support Obligation	Unliquidated	Unknown
Gateway Towers Condominium Assn., Inc. Gateway Towers 320 Fort Duquesne Boulevard Pittsburgh, PA 15222	Gateway Towers Condominium Assn., Inc. Gateway Towers 320 Fort Duquesne Boulevard Pittsburgh, PA 15222	Condominium Fees	Unliquidated	26,373.39
Internal Revenue Service Attn: Edward Laubach Federal Building, 8th Floor Pittsburgh, PA 15222	Internal Revenue Service Attn: Edward Laubach Federal Building, 8th Floor Pittsburgh, PA 15222	Tax Debt	Disputed	Unknown
Leech Tishman Fuscaldo & Lampl, LLC 525 William Penn Place 30th Floor Pittsburgh, PA 15219	Leech Tishman Fuscaldo & Lampl, LLC 525 William Penn Place 30th Floor Pittsburgh, PA 15219	Legal Fees	Unliquidated	21,376.04
PA Department of Public Welfare Bureau of Child Support Enforcement Health and Welfare Bldg., Rm. 432 P.O. Box 2675 Harrisburg, PA 17105-2675	PA Department of Public Welfare Bureau of Child Support Enforcement Health and Welfare Bldg., Rm. 432 Harrisburg, PA 17105-2675	Domestic Support Obligations	Unliquidated	Unknown
Patton Boggs LLP 2550 M. Street, NW Washington, DC 20037	Patton Boggs LLP 2550 M. Street, NW Washington, DC 20037	Legal Fees	Unliquidated	500,000.00

B4 (Official Form 4) (12/07) - Cont.

In re **Mark D. Lay**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Percy Squire Company, LLC Attn: Percy Squire, Esquire 514 S. High Street Columbus, OH 43215	Percy Squire Company, LLC Attn: Percy Squire, Esquire 514 S. High Street Columbus, OH 43215	Legal Fees	Unliquidated	150,000.00
Rivers Club Incorporated 1600 Law & Finance Building 429 Fourth Avenue Pittsburgh, PA 15219	Rivers Club Incorporated 1600 Law & Finance Building 429 Fourth Avenue Pittsburgh, PA 15219	Consumer Debt	Unliquidated	2,193.24
Tower at Chatham Ctr. Condominium Assn. 112 Washington Place Pittsburgh, PA 15219	Tower at Chatham Ctr. Condominium Assn. 112 Washington Place Pittsburgh, PA 15219	Condominium Fees	Unliquidated	12,254.84
Willard F. Rockwell, III 112 Washington Place, Apartment #16 Pittsburgh, PA 15219	Willard F. Rockwell, III 112 Washington Place, Apartment #16 Pittsburgh, PA 15219	Condominium Fees	Unliquidated	12,254.84

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **Mark D. Lay**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **April 2, 2010**Signature **/s/ Mark D. Lay****Mark D. Lay**

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Western District of Pennsylvania

In re **Mark D. Lay**

Debtor

Case No. _____

Chapter **11**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,340,000.00		
B - Personal Property	Yes	3	23,000.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		2,360,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	4		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		1,015,020.45	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			1,200.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,200.00
Total Number of Sheets of ALL Schedules		17			
Total Assets			1,363,000.00		
Total Liabilities				3,375,020.45	

United States Bankruptcy Court
Western District of Pennsylvania

In re **Mark D. Lay**

Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	1,200.00
Average Expenses (from Schedule J, Line 18)	1,200.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		1,190,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		1,015,020.45
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		2,205,020.45

In re Mark D. Lay

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Condominium in Gateway Center Unit 10-D Ft. Duquesne Blvd. Pittsburgh, PA 15222 (Debtor owns 1/2 interest in this property with his ex-spouse owning the other 1/2)	fee	-	700,000.00	700,000.00
Condominium 2917 S. Ocean Blvd. Highland Beach, FL 33487	fee	-	550,000.00	420,000.00
Condominium Unit 6-H in the Tower of A Condominium at Chatham Center 112 Washington Place, Pittsburgh, PA 15219	fee	-	45,000.00	45,000.00
Condominium Unit 15-C in the Tower of A Condominium at Chatham Center 112 Washington Place, Pittsburgh, PA 15219	fee	-	45,000.00	45,000.00

Sub-Total > **1,340,000.00** (Total of this page)Total > **1,340,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		TV, Stereo, LR Furniture, DR Furniture, BR Furniture	-	20,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Artwork Collection	-	2,000.00
6. Wearing apparel.		Clothing	-	0.00
7. Furs and jewelry.		Watches	-	1,000.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
Sub-Total >				23,000.00
(Total of this page)				

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		MDL Capital Management, Inc. - owns 35% common stock	-	0.00
		Doug Lynn, LLC (Marketing Firm) Partnership with Debtor being a partner along with his ex-spouse	-	0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re Mark D. Lay

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	0.00
(Total of this page)	
Total >	23,000.00

(Report also on Summary of Schedules)

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

In re Mark D. Lay

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Other Exemptions			
Condominium - Gateway Center (residence)	11 U.S.C. § 522(d)(1)	10,075.00	700,000.00
Condominium - Florida	11 U.S.C. § 522(d)(5)	9,196.00	550,000.00
Condominium - Chatham Center (6-H)	11 U.S.C. § 522(d)(5)	1.00	45,000.00
Condominium - Chatham Center (15-C)	11 U.S.C. § 522(d)(5)	1.00	45,000.00
Household Furnishings and Clothing	11 U.S.C. § 522(d)(3)	10,775.00	20,000.00
Artwork Collection	11 U.S.C. § 522(d)(5)	2,000.00	2,000.00
Watches	11 U.S.C. § 522(d)(4)	1,000.00	1,000.00
MDL Capital Stock	11 U.S.C. § 522(d)(5)	1.00	0.00
Doug Lynn, LLC Partnership Interest	11 U.S.C. § 522(d)(5)	1.00	0.00

Total:	33,050.00	1,363,000.00
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			1st Mortgage on Highland Beach, FL Condominium					
Ameritrust Bank c/o Law Offices of David J. Stern, P.A. 900 South Pine Island Road, Suite 400 Attn: Miguel A. Gonzalez, Esquire Plantation, FL 33324-3920		-			X			
			Value \$ 550,000.00				380,000.00	0.00
Account No.			1st Mortgage on Gateway Center Condominium					
Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Attn: John R. O'Keere, Jr., Esquire Pittsburgh, PA 15222-1199		X			X			
			Value \$ 700,000.00				280,000.00	0.00
Account No.			2nd Mortgage on Gateway Center Condominium					
Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222		-			X			
			Value \$ 700,000.00				500,000.00	80,000.00
Account No.			3rd Mortgage on Gateway Center Condominium; 1st Mortgage on Chatham Center Condominiums					
Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222		-			X			
			Value \$ 790,000.00				1,200,000.00	1,110,000.00
Subtotal (Total of this page)							2,360,000.00	1,190,000.00
Total (Report on Summary of Schedules)							2,360,000.00	1,190,000.00

0 continuation sheets attached

In re Mark D. Lay

Case No. _____

Debtor**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Mark D. Lay
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Domestic Support Obligations

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				Domestic Support Obligation					
Beaver County Domestic Relations Beaver County Courthouse 810 Third Street Beaver, PA 15009	-				X			Unknown	Unknown
Account No.				Domestic Support Obligation					
Domestic Relations of Allegheny County Fam. Div. Collection & Disbursement Off. 440 Ross Street Pittsburgh, PA 15219	-				X			Unknown	Unknown
Account No.				Domestic Support Obligations					
PA Department of Public Welfare Bureau of Child Support Enforcement Health and Welfare Bldg., Rm. 432 P.O. Box 2675 Harrisburg, PA 17105-2675	-				X			Unknown	Unknown
Account No.									
Account No.									
Subtotal (Total of this page)								0.00	0.00

Sheet 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Tax Debt					
Allegheny County Treasurer Courthouse, Room 108 436 Grant Street Pittsburgh, PA 15219		-			X		Unknown	Unknown
							Unknown	0.00
Account No.			Tax Debt					
City of Pittsburgh Department of Finance 200 City-County Building 414 Grant Street Pittsburgh, PA 15219		-			X		Unknown	Unknown
							Unknown	0.00
Account No.			Tax Debt					
Commonwealth of Pennsylvania Dept. of Revenue Bankruptcy Division, PO Box 280946 Harrisburg, PA 17128		-			X		Unknown	Unknown
							Unknown	0.00
Account No.			Tax Debt					
Internal Revenue Service Attn: Edward Laubach Federal Building, 8th Floor Pittsburgh, PA 15222		-				X	Unknown	Unknown
							Unknown	Unknown
Account No.			Tax Debt					
School District of Pittsburgh Department of Finance 200 City-County Building 414 Grant Street Pittsburgh, PA 15219-2476		-			X		Unknown	Unknown
							Unknown	0.00
Subtotal								0.00
(Total of this page)							0.00	0.00

Sheet **2** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				Municipal Services Debt					
The Pittsburgh Water and Sewer Authority Penn Liberty Plaza 1 1200 Penn Avenue Pittsburgh, PA 15222			-			X		Unknown	Unknown
								Unknown	0.00
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								0.00	0.00
Total									0.00
(Report on Summary of Schedules)								0.00	0.00

 Sheet **3** of **3** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Priority Claims

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No. xxxxxxx xxxxxx xx 3009							
American Express Bank, FSB Beckett and Lee LLP Attorneys for Creditor POB 3001 Malvern, PA 19335-0701	-				X		83,133.85
Account No.							
American Infosource LP as Agent for T Mobile/T-Mobile USA Inc. P.O. Box 248848 Oklahoma City, OK 73124-8848	-				X		234.69
Account No.							
Blank Rome LLP One Logan Square 130 North 18th Street Philadelphia, PA 19103-6998	-				X		200,000.00
Account No. xxxxxxx xxxxxx xx 6959							
Capital One Bank (USA) by American Infosource LP as Agent P.O. Box 71083 Charlotte, NC 28272-1083	-				X		7,199.56
Subtotal (Total of this page)							290,568.10

2 continuation sheets attached

Subtotal
(Total of this page)

290,568.10

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Condominium Fees				
Gateway Towers Condominium Assn., Inc. Gateway Towers 320 Fort Duquesne Boulevard Pittsburgh, PA 15222	-			X		26,373.39
Account No.		5/2007 - 1/2010 Legal Fees				
Leech Tishman Fuscaldo & Lampl, LLC 525 William Penn Place 30th Floor Pittsburgh, PA 15219	-			X		21,376.04
Account No.		Legal Fees				
Patton Boggs LLP 2550 M. Street, NW Washington, DC 20037	-			X		500,000.00
Account No.		Legal Fees				
Percy Squire Company, LLC Attn: Percy Squire, Esquire 514 S. High Street Columbus, OH 43215	-			X		150,000.00
Account No.		2007 Consumer Debt				
Rivers Club Incorporated 1600 Law & Finance Building 429 Fourth Avenue Pittsburgh, PA 15219	-			X		2,193.24
Sheet no. 1 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						699,942.67

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				Unknown				Unknown
Toni L. Lay 14th Street, Apartment B Monaca, PA 15061		-				X		
Account No.				Condominium Fees				12,254.84
Tower at Chatham Ctr. Condominium Assn. 112 Washington Place Pittsburgh, PA 15219		-				X		
Account No.				Condominium Fees				12,254.84
Willard F. Rockwell, III 112 Washington Place, Apartment #16 Pittsburgh, PA 15219		-				X		
Account No.								
Account No.								

Sheet no. **2** of **2** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)**24,509.68**Total
(Report on Summary of Schedules)**1,015,020.45**

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

BMW

**Pre-paid lease for daughter's BMW 325 expires in
June, 2010 - vehicle will be surrendered at that
time**

In re **Mark D. Lay**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
MDL Capital Management, Inc. 309 Smithfield Street Pittsburgh, PA 15219	Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Attn: John R. O'Keere, Jr., Esquire Pittsburgh, PA 15222-1199
Steven Sanders Philadelphia,, PA	Dollar Bank, Federal Savings Bank c/o Metz Lewis, LLC 11 Stanwix Street, 18th Floor Pittsburgh, PA 15222

In re Mark D. Lay

Case No. _____

Debtor(s) _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>0.00</u>
a. Are real estate taxes included?	Yes <u> </u> No <u>X</u>		
b. Is property insurance included?	Yes <u> </u> No <u>X</u>		
2. Utilities:		\$	<u>0.00</u>
a. Electricity and heating fuel		\$	<u>0.00</u>
b. Water and sewer		\$	<u>0.00</u>
c. Telephone		\$	<u>0.00</u>
d. Other _____		\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)		\$	<u>0.00</u>
4. Food		\$	<u>0.00</u>
5. Clothing		\$	<u>0.00</u>
6. Laundry and dry cleaning		\$	<u>0.00</u>
7. Medical and dental expenses		\$	<u>0.00</u>
8. Transportation (not including car payments)		\$	<u>0.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>0.00</u>
10. Charitable contributions		\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)			
a. Homeowner's or renter's		\$	<u>0.00</u>
b. Life		\$	<u>0.00</u>
c. Health		\$	<u>0.00</u>
d. Auto		\$	<u>0.00</u>
e. Other _____		\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) _____		\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	<u>0.00</u>
b. Other _____		\$	<u>0.00</u>
c. Other _____		\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
17. Other <u>Condominium fees/Maintenance</u>		\$	<u>1,200.00</u>
Other _____		\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<u>1,200.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>1,200.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>1,200.00</u>
c. Monthly net income (a. minus b.)	\$	<u>0.00</u>

United States Bankruptcy Court
Western District of Pennsylvania

In re Mark D. Lay

Debtor(s)

Case No.
Chapter11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date April 2, 2010Signature: /s/ Mark D. Lay

Debtor

Date _____

Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as a debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets *[total shown on summary page plus 1]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Western District of Pennsylvania

In re Mark D. Lay

Debtor(s)

Case No.

Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☒ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$14,400.00

2008 Rental Income

\$14,400.00

2009 Rental Income

\$1,200.00

2010 Rental Income

3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
The Tower at Chatham Center, a Condominium Assn., by Willard F. Rockwell, III, Trustee Ad Litem vs. Mark D. Lay, Toni Lay, No. GD 07-018265	Confession of Judgment	Court of Common Pleas of Allegheny County, Pennsylvania	Stayed
Dollar Bank, Federal Savings Bank vs. Mark D. Lay, Toni L. Lay and The United States of America, No. GD 09-008142	Mortgage Foreclosure	In the Court of Common Pleas of Allegheny County, Pennsylvania	Stayed
Dollar Bank, Federal Savings Bank vs. Mark D. Lay, Toni L. Lay and The United States of America, GD 09-008143	Mortgage Foreclosure	In the Court of Common Pleas of Allegheny County, Pennsylvania	Stayed
Dollar Bank, Federal Savings Bank vs. Mark D. Lay, Toni L. Lay and The United States of America, No. GD 09-008139	Mortgage Foreclosure	In the Court of Common Pleas of Allegheny County, Pennsylvania	Stayed

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Dollar Bank, Federal Savings Bank, vs. Mark D. Lay, No. GD 07-23353	Confession of Judgment	In the Court of Common Pleas of Allegheny County, Pennsylvania	Stayed
Dollar Bank, Federal Savings Bank vs. Mark D. Lay and Toni L. Lay, his wife, No. GD 07-23357	Confession of Judgment	In the Court of Common Pleas of Allegheny County, Pennsylvania	Stayed
Ameritrust Bank vs. Mark D. Lay, et al., No. CA 50-2008-038492	Summary Judgment/Foreclosure Action	In the Circuit Court of the 15th Judicial Circuit, in and for Palm Beach County, Florida, General Jurisdiction Division	Stayed

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Robert O Lampi 960 Penn Avenue, Suite 1200 Pittsburgh, PA 15222	4/20/2010	\$10,000.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
MDL Capital Management, Inc.		309 Smithfield Street Pittsburgh, PA 15219	Money Management	1992-2007
Doug Lynn, Inc.		309 Smithfield Street Pittsburgh, PA 15219	Marketing Firm	2005-2007

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☒ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME Steve Irwin	ADDRESS Leech, Tischman Lampl & Fuscaldo Pittsburgh, PA 15219
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- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	--

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS Doug Lynn, LLC 309 Smithfield Street Pittsburgh, PA 15219	NATURE OF INTEREST Partnership with ex-wife (Toni Lay) each holding 50%	PERCENTAGE OF INTEREST 50%
--	---	--------------------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
MDL Capital Management, Inc. 309 Smithfield Street Pittsburgh, PA 15219	Chairman/CEO (Debtor)	35% of Common Stock
Steve Sanders Philadelphia, PA		25% of Common Stock
Charles Zappala Pittsburgh, PA		13% of Common Stock
Various Employees		27% of stock (no individual holds more than 5%)

22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23. Withdrawals from a partnership or distributions by a corporation

- None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

24. Tax Consolidation Group.

- None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

- None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 2, 2010

Signature /s/ Mark D. Lay
Mark D. Lay
 Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Western District of Pennsylvania**

In re Mark D. Lay

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>10,000.00</u>
Prior to the filing of this statement I have received	\$	<u>10,000.00</u>
Balance Due	\$	<u>0.00</u>
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: April 2, 2010/s/ Robert O Lampl

**Robert O Lampl 19809
Robert O Lampl, Attorney at Law
960 Penn Avenue, Suite 1200
Pittsburgh, PA 15222
412-392-0330 Fax: 412-392-0335**

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Western District of Pennsylvania**

In re Mark D. Lay

Debtor(s)

Case No.

Chapter

11

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Mark D. Lay

Printed Name(s) of Debtor(s)

X /s/ Mark D. Lay

Signature of Debtor

April 2, 2010

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Western District of Pennsylvania**

In re Mark D. Lay

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: April 2, 2010

/s/ Mark D. Lay

Mark D. Lay

Signature of Debtor

Allegheny County Treasurer
Courthouse, Room 108
436 Grant Street
Pittsburgh, PA 15219

American Express Bank, FSB
Beckett and Lee LLP
Attorneys for Creditor
POB 3001
Malvern, PA 19335-0701

American Infosource LP as Agent for
T Mobile/T-Mobile USA Inc.
P.O. Box 248848
Oklahoma City, OK 73124-8848

Ameritrust Bank
c/o Law Offices of David J. Stern, P.A.
900 South Pine Island Road, Suite 400
Attn: Miguel A. Gonzalez, Esquire
Plantation, FL 33324-3920

Beaver County Domestic Relations
Beaver County Courthouse
810 Third Street
Beaver, PA 15009

Blank Rome LLP
One Logan Square
130 North 18th Street
Philadelphia, PA 19103-6998

BMW

Capital One Bank (USA)
by American Infosource LP as Agent
P.O. Box 71083
Charlotte, NC 28272-1083

City of Pittsburgh
Department of Finance
200 City-County Building
414 Grant Street
Pittsburgh, PA 15219

Commonwealth of Pennsylvania
Dept. of Revenue
Bankruptcy Division,
PO Box 280946
Harrisburg, PA 17128

Dollar Bank, Federal Savings Bank
c/o Metz Lewis, LLC
11 Stanwix Street, 18th Floor
Attn: John R. O'Keere, Jr., Esquire
Pittsburgh, PA 15222-1199

Dollar Bank, Federal Savings Bank
c/o Metz Lewis, LLC
11 Stanwix Street, 18th Floor
Pittsburgh, PA 15222

Dollar Bank, Federal Savings Bank
c/o Metz Lewis, LLC
11 Stanwix Street, 18th Floor
Pittsburgh, PA 15222

Domestic Relations of Allegheny County
Fam. Div. Collection & Disbursement Off.
440 Ross Street
Pittsburgh, PA 15219

Gateway Towers Condominium Assn., Inc.
Gateway Towers
320 Fort Duquesne Boulevard
Pittsburgh, PA 15222

Internal Revenue Service
Attn: Edward Laubach
Federal Building, 8th Floor
Pittsburgh, PA 15222

Leech Tishman Fuscaldo & Lampl, LLC
525 William Penn Place
30th Floor
Pittsburgh, PA 15219

MDL Capital Management, Inc.
309 Smithfield Street
Pittsburgh, PA 15219

PA Department of Public Welfare
Bureau of Child Support Enforcement
Health and Welfare Bldg., Rm. 432
P.O. Box 2675
Harrisburg, PA 17105-2675

Patton Boggs LLP
2550 M. Street, NW
Washington, DC 20037

Percy Squire Company, LLC
Attn: Percy Squire, Esquire
514 S. High Street
Columbus, OH 43215

Rivers Club Incorporated
1600 Law & Finance Building
429 Fourth Avenue
Pittsburgh, PA 15219

School District of Pittsburgh
Department of Finance
200 City-County Building
414 Grant Street
Pittsburgh, PA 15219-2476

Steven Sanders
Philadelphia,, PA

The Pittsburgh Water and Sewer Authority
Penn Liberty Plaza 1
1200 Penn Avenue
Pittsburgh, PA 15222

Toni L. Lay
14th Street, Apartment B
Monaca, PA 15061

Tower at Chatham Ctr. Condominium Assn.
112 Washington Place
Pittsburgh, PA 15219

Willard F. Rockwell, III
112 Washington Place, Apartment #16
Pittsburgh, PA 15219

B22B (Official Form 22B) (Chapter 11) (01/08)In re **Mark D. Lay**

Debtor(s)

Case Number:

(If known)

CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. CALCULATION OF CURRENT MONTHLY INCOME

1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married, not filing jointly. Complete only column A ("Debtor's Income") for Lines 2-10. c. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$ 0.00	\$
3	Net income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If more than one business profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.					
4			Debtor	Spouse	\$ 0.00	\$
	a.	Gross receipts	\$ 1,200.00	\$		
	b.	Ordinary and necessary operating expenses	\$ 1,200.00	\$		
	c.	Rent and other real property income	Subtract Line b from Line a			
5	Interest, dividends, and royalties.				\$ 0.00	\$
6	Pension and retirement income.				\$ 0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse if Column B is completed.				\$ 0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				\$ 0.00	\$
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$	\$ 0.00	\$	
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				\$ 0.00	\$
			Debtor	Spouse		
	a.		\$	\$		
	b.		\$	\$		
10	Subtotal of current monthly income. Add lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 thru 9 in Column B. Enter the total(s).				\$ 0.00	\$

11	Total current monthly income. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 0.00
Part II. VERIFICATION		
12	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> Date: <u>April 2, 2010</u> Signature: <u>/s/ Mark D. Lay</u> Mark D. Lay (Debtor)	

**DECLARATION REGARDING BALANCE SHEET, CASH FLOW STATEMENT,
EMPLOYEE INCOME RECORD, STATEMENT OF OPERATIONS AND TAX
INFORMATION**

I, Mark D. Lay, the Debtor in this Chapter 11 Case hereby declares as follows:

1. I have not prepared a balance sheet.
2. I have not prepared a cash flow statement.
3. I have had no income for in excess of two (2) years. Therefore, there is no employee income record to provide.
4. I have not prepared a statement of operations.

Date: April 2, 2010

/s/ Mark D. Lay
Mark D. Lay

TAX INFORMATION

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	For the year Jan. 1-Dec. 31, 2005, or other tax year beginning	2005, ending	20	OMB No. 1545-0074
	Your first name and initial	Last name		Your social security number
	MARK D	LAY		[REDACTED]
	If a joint return, spouse's first name and initial	Last name		Spouse's social security number
	TONI L	LAY		[REDACTED]
Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.		You must enter your SSN(s) above.	
710 LAUGHLIN AVENUE				
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	ALIQUIPPA, PA 15001			

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☐ **You** ☐ **Spouse**

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **▶**

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **▶**

5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)
MARK D	LAY II	[REDACTED]	SON	
MARISSA L	LAY	[REDACTED]	DAUGHTER	

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you **2**
 • did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above: **4**

d **Total number of exemptions claimed** **4**

Income

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	266,667.
8a	Taxable interest. Attach Schedule B if required	5,516.
b	Tax-exempt interest. Do not include on line 8a	
9a	Ordinary dividends. Attach Schedule B if required	575.
b	Qualified dividends (see page 23)	392.
10	Taxable refunds, credits, or offsets of state and local income taxes	980.
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	-3,000.
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	
b	Taxable amount (see page 25)	
16a	Pensions and annuities	80,000.
b	Taxable amount (see page 25)	36,000.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	44,121.
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	
20a	Social security benefits	
b	Taxable amount (see page 27)	
21	Other income. List type and amount (see page 29)	0.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	350,859.

Adjusted Gross Income

Line	Description	Amount
23	Educator expenses (see page 29)	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	
25	Health savings account deduction. Attach Form 8889	
26	Moving expenses. Attach Form 3903	
27	One-half of self-employment tax. Attach Schedule SE	592.
28	Self-employed SEP, SIMPLE, and qualified plans	
29	Self-employed health insurance deduction (see page 30)	
30	Penalty on early withdrawal of savings	
31a	Alimony paid b Recipient's SSN ▶	
32	IRA deduction (see page 31)	
33	Student loan interest deduction (see page 33)	
34	Tuition and fees deduction (see page 34)	
35	Domestic production activities deduction. Attach Form 8903	
36	Add lines 23 through 31a and 32 through 35	592.
37	Subtract line 36 from line 22. This is your adjusted gross income	350,267.

Tax and Credits

Standard Deduction for -

• People who checked any box on line 39a or 39b or who can be claimed as a dependent.

• All others:
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	350,267.
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked ... 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ... 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	75,285.
41	Subtract line 40 from line 38	41	274,982.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	0.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	274,982.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	71,265.
45	Alternative minimum tax. Attach Form 6251	45	512.
46	Add lines 44 and 45	46	71,777.
47	Foreign tax credit. Attach Form 1116 if required	47	29.
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input checked="" type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	29.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	71,748.
58	Self-employment tax. Attach Schedule SE	58	1,183.
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO	60	3,600.
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	76,531.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	61,413.
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	15,000.
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	76,413.

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you	73a	
b	Routing number <input type="text"/> C Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

Amount**You Owe**

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	438.
76	Estimated tax penalty (see page 60)	76	320.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

Sign Here

Joint return? See page 17. Keep a copy for your records.

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	Daytime phone number
	PREPARER			MONEY MANAGER	412-281-1995
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	
				HOMEMAKER	

Paid**Preparer's****Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	10/14/06	<input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
DELOITTE TAX LLP 2500 ONE PPG PLACE PITTSBURGH, PA 15222-5401		(412) 338-7200	

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

2005Attachment
Sequence No. **06**

Name(s) shown on tax return

MARK D & TONI L LAY

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000? **Yes** → **Do not file Form 2210. You do not owe a penalty.**

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → **You do not owe a penalty. Do not file Form 2210 (but if box E below applies, you must file page 1 of Form 2210 below).**

No → You may owe a penalty. Does any box in Part II below apply? **Yes** → **You must file Form 2210. Does box B, C, or D apply?**

No → **Do not file Form 2210.** You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **do not file Form 2210.**

No → **You must figure your penalty.** You are **not** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Part I Required Annual Payment (see page 2 of the instructions)

1	Enter your 2005 tax after credits from Form 1040, line 57 (or comparable line of your return)	1	71,748.
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2	4,783.
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on fuels, and health coverage tax credit for eligible individuals	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, see page 3 of the instructions	4	76,531.
5	Multiply line 4 by 90% (.90)	5	68,878.
6	Withholding taxes. Do not include estimated tax payments. See page 3 of the instructions	6	61,413.
7	Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; do not file Form 2210	7	15,118.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	292,493.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	68,878.

Next: Is line 9 more than line 6?

- ☐ **No.** You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- ☒ **Yes.** You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or Part IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A** ☐ You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B** ☐ You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2004 or 2005, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

LHA For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Form **2210** (2005)

Part IV Regular Method (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)**Section A - Figure Your Underpayment**

		Payment Due Dates					
		(a) 4/15/05	(b) 6/15/05	(c) 9/15/05	(d) 1/15/06		
18	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column	18	17,220.	17,220.	17,220.	17,218.	
19	Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II	19	15,353.	15,353.	15,353.	15,354.	
20	Complete lines 20 through 26 of one column before going to the next column.	20					
21	Enter the amount, if any, from line 26 in previous column	21		15,353.	15,353.	15,354.	
22	Add lines 19 and 20	22		1,867.	3,734.	5,601.	
23	Add the amounts on lines 24 and 25 in previous column	23		15,353.	13,486.	11,619.	9,753.
24	Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	24		0.	0.		
25	If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	25		1,867.	3,734.	5,601.	7,465.
26	Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26	26					
26	Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26					

Section B - Figure the Penalty (Complete lines 27 through 30 of one column before going to the next column.)

		4/15/05	6/15/05	9/15/05		
Rate Period 1	April 16, 2005 - September 30, 2005					
	27 Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 9/30/05, whichever is earlier	27	Days:	Days:	Days:	
	28 Underpayment on line 25 $\times \frac{\text{Number of days on line 27}}{365} \times .06$	28	\$	\$	\$	
Rate Period 2	October 1, 2005 - April 15, 2006					
	29 Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 4/15/06, whichever is earlier	29	Days:	Days:	Days:	Days:
	30 Underpayment on line 25 $\times \frac{\text{Number of days on line 29}}{365} \times .07$	30	\$	\$	\$	\$
31	Penalty. Add all amounts on lines 28 and 30 in all columns. Enter the total here and on Form 1040, line 76; Form 1040A, line 48; Form 1040NR, line 74; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked a box in Part II	31	\$			320.

Form 2210 (2005)

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) MARK D & TONI L LAY					Identifying Number [REDACTED]
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/05	17,220.	17,220.			
04/15/05	-15,353.	1,867.	61	.000164384	19.
06/15/05	17,220.	19,087.			
06/15/05	-15,353.	3,734.	92	.000164384	56.
09/15/05	17,220.	20,954.			
09/15/05	-15,353.	5,601.	15	.000164384	14.
09/30/05	0.	5,601.	92	.000191781	99.
12/31/05	0.	5,601.	15	.000191781	16.
01/15/06	17,218.	22,819.			
01/15/06	-15,354.	7,465.	81	.000191781	116.
04/06/06	-15,000.	-7,535.			
Penalty Due (Sum of Column F).					320.

* Date of estimated tax payment, withholding
credit date or installment due date.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Schedule A - Itemized Deductions

(Schedule B is on page 2)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

OMB No. 1545-0074

2005

Attachment
Sequence No. **07**

Your social security number

MARK D & TONI L LAY

**Medical
and
Dental
Expenses**

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

1 Medical and dental expenses (see page A-2)

2 Enter amount from Form 1040, line 38

3 Multiply line 2 by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You
Paid**

(See
page A-2.)

5 State and local (check only one box):

a ☒ Income taxes, or

b ☐ General sales taxes (see page A-3)

SEE STATEMENT 5

6 Real estate taxes (see page A-5)

7 Personal property taxes

8 Other taxes. List type and amount

9 Add lines 5 through 8

**Interest
You Paid**

(See
page A-5.)

10 Home mortgage interest and points reported to you on Form 1098

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address

Note.

Personal interest is not deductible.

12 Points not reported to you on Form 1098.

13 Investment interest. Attach Form 4952 if required. (See page A-6.) STMT 7

14 Add lines 10 through 13

**Gifts to
Charity**

15a Total gifts by cash or check.

SEE STATEMENT 6

b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions

16 Other than by cash or check. If any gift of \$250 or more, see page A-7.

You must attach Form 8283 if over \$500

17 Carryover from prior year

18 Add lines 15a, 16, and 17

**Casualty and
Theft Losses**

19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)

**Job Expenses
and Certain
Miscellaneous
Deductions**

20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.)

21 Tax preparation fees

22 Other expenses - investment, safe deposit box, etc. List type and amount

(See
page A-8.)

23 Add lines 20 through 22

24 Enter amount from Form 1040, line 38

25 Multiply line 24 by 2% (.02)

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

**Other
Miscellaneous
Deductions**

27 Other - from list on page A-9. List type and amount

**Total
Itemized
Deductions**

28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?

☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.

☒ Yes. Your deduction may be limited. See page A-9 for the amount to enter.

29 If you elect to itemize deductions even though they are less than your standard deduction, check here

519501
11-21-05

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2005

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

MARK D & TONI L LAY

Schedule B - Interest and Ordinary Dividends

Attachment
Sequence No. 08**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 page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

DOLLAR BANK

PNC BANK

WACHOVIA SECURITIES (OPG-630082-51)

COMMONWEALTH PA

FROM K-1 - MDL/309 ASSOCIATES, INC.

FROM K-1 - MDL/309 ASSOCIATES, LLP

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

12.

12.

54.

54.

5,384.

- 2 Add the amounts on line 1

5,516.

- 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, line 8a ▶

5,516.

Note. If line 4 is over \$1,500, you must complete Part III.**Part II**
Ordinary Dividends

- 5 List name of payer ▶

BEAR, STEARNS SECURITIES CORP (570-00304)

BEAR, STEARNS SECURITIES CORP (570-00305)

MDL CORE BOND FUND

MDL CORE BOND FUND

Amount

31.

465.

38.

41.

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, line 9a ▶

575.

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; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes No

X

- b If "Yes," enter the name of the foreign country ▶

- 8 During 2005, 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 page B-2

X

527501
11-21-05

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2005

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Capital Gains and Losses

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

2005

Attachment
Sequence No. **12**

Your social security number

MARK D & TONI L LAY

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1 7.151 SHS MDL CORE BOND FUND	VARIOUS	07/05/05	72.	73.	-1.
1.695 SHS MDL CORE BOND FUND	VARIOUS	03/11/05	17.	18.	-1.
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3	89.	
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 1 through 6 in column (f)				7	-2.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 186.984 SHS MDL CCORE BOND FUND	VARIOUS	07/29/05	1,871.	1,913.	-42.
497.090 SHS MDL CORE BOND FUND	VARIOUS	03/11/05	4,961.	5,151.	-190.
5000 SHS MDL CBF	VARIOUS	01/21/05	5,000.	5,090.	-90.
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	11,832.	
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				12	
13 Capital gain distributions				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	(17,388.)
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	-17,710.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2005

Part III Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	-17,712.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the Instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none">The loss on line 16 or(\$3,000), or if married filing separately, (\$1,500) <div style="text-align: right;">} SEE STATEMENT 9</div>	21	(3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2005

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return MARK D & TONI L LAY	Your SSN [REDACTED]
---	------------------------

Before you begin: ✓ See the instructions for line 44 on page 37 to see if you can use this worksheet to figure your tax.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43	1.	274,982.
2. Enter the amount from Form 1040, line 9b	2.	392.
3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13	3.	
4. Add lines 2 and 3	4.	392.
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter -0-	5.	0.
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	392.
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	274,590.
8. Enter the smaller of: • The amount on line 1, or • \$29,700 if single or married filing separately, \$59,400 if married filing jointly or qualifying widow(er), \$39,800 if head of household.	8.	59,400.
9. Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 7	9.	
10. Subtract line 9 from line 8	10.	
11. Multiply line 10 by 5% (.05)	11.	
12. Are the amounts on lines 6 and 10 the same? <input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16. <input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6	12.	392.
13. Enter the amount from line 10 (if line 10 is blank, enter -0-)	13.	0.
14. Subtract line 13 from line 12	14.	392.
15. Multiply line 14 by 15% (.15)	15.	59.
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	16.	71,206.
17. Add lines 11, 15, and 16	17.	71,265.
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	18.	71,336.
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44	19.	71,265.

SCHEDULE E
(Form 1040)

 Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

 (From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2005

 Attachment
Sequence No. **13**

Attach to Form 1040 or Form 1041.

See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

MARK D & TONI L LAY

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	RENTAL REAL ESTATE CHATHAM CONDO		<ul style="list-style-type: none"> 14 days or 10% of the total days rented at fair rental value? (See page E-3.)		X
B	RENTAL REAL ESTATE CHATHAM CONDO				X
C					

Income:		Properties			Totals (Add columns A, B, and C.)
		A	B	C	
3	Rents received	3			3
4	Royalties received	4			4
Expenses:					
5	Advertising	5			
6	Auto and travel (see page E-4)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see page E-4)	12	17,057.	15,730.	12
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Other (list) ▶	18			
19	Add lines 5 through 18	19	17,057.	15,730.	19
20	Depreciation expense or depletion (see page E-4)	20	4,368.	4,477.	20
21	Total expenses. Add lines 19 and 20	21	21,425.	20,207.	
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	-21,425.	-20,207.	
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23	21,425.	20,207.	
24	Income. Add positive amounts shown on line 22. Do not include any losses	24			
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			(41,632.)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26			-41,632.

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

Your social security number

MARK D & TONI L LAY

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 from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

- 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? ☐ Yes ☒ No
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	MDL/309 ASSOCIATES, LLP	P		32-0000000000	
B	MDL/309 ASSOCIATES, INC.	S		32-0000000000	
C	DOUG LYNN, LLC	P		32-0000000000	
D	DOUG LYNN, LLC	P		32-0000000000	

Passive Income and Loss			Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1	
A 2,559.					
B 26.					
C	44,169.				
D	44,169.				
29a Totals	88,338.				
b Totals 2,585.					
30 Add columns (g) and (j) of line 29a				30 88,338.	
31 Add columns (f), (h), and (i) of line 29b				31 (2,585.)	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 85,753.	

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. Enter the result here and include in the total on line 41 below				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	(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 Form 1040, line 17	41	44,121.
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 1120S), box 17, code N; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

2005 Income from Passthroughs

MDL/309 ASSOCIATES, LLP
I.D. NUMBER: ~~92-0868925~~
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

MDL/309 ASSOCIATES, LLP

OTHER PASSIVE ACTIVITY

RENTAL REAL ESTATE INCOME (LOSS)

-2,559

SCHEDULE E ACTIVITY INCOME (LOSS)

-2,559

ALLOWABLE PASSIVE LOSS FROM FORM 8582

-2,559

OTHER K-1 INFORMATION:

INTEREST - TOTAL
INVESTMENT INCOME

5,384
5,384

2005 Income from Passthroughs

MDL/309 ASSOCIATES, INC.

I.D. NUMBER: [REDACTED]

TYPE: S CORPORATION

ACTIVITY INFORMATION:

MDL/309 ASSOCIATES, INC.

OTHER PASSIVE ACTIVITY

RENTAL REAL ESTATE INCOME (LOSS)	-26	
	<hr/>	

SCHEDULE E ACTIVITY INCOME (LOSS)		-26
		<hr/> <hr/>

ALLOWABLE PASSIVE LOSS FROM FORM 8582		-26
		<hr/> <hr/>

OTHER K-1 INFORMATION:

INTEREST - TOTAL	54
INVESTMENT INCOME	54

2005 Income from Passthroughs

DOUG LYNN, LLC
I.D. NUMBER: [REDACTED]
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

DOUG LYNN, LLC

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	44,169
------------------------	--------

SCHEDULE E ACTIVITY INCOME (LOSS)	44,169
-----------------------------------	--------

OTHER K-1 INFORMATION:

SELF-EMPLOYMENT EARNINGS (LOSS)	44,169
NONDEDUCTIBLE EXPENSES	844

2005 Income from Passthroughs

DOUG LYNN, LLC

I.D. NUMBER: ~~20-5921137~~

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

DOUG LYNN, LLC

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	44,169
------------------------	--------

SCHEDULE E ACTIVITY INCOME (LOSS)	44,169
-----------------------------------	--------

OTHER K-1 INFORMATION:

NONDEDUCTIBLE EXPENSES

844

2005 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST - TOTAL	5,438
SELF-EMPLOYMENT EARNINGS (LOSS) (CALCULATED)	44,169
NONDEDUCTIBLE EXPENSES	1,688

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME	5,438
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2005 DEPRECIATION AND AMORTIZATION REPORT
RENTAL REAL ESTATE - CHATHAM CONDO

SCHEDULE E- 1

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	Amount Of Depreciation
1	APPLIANCES USED IN RENTAL REAL ESTATE	1001022000	DB	7.00	17	563.			563.	286.		79.
2	FURNITURE USED IN RENTAL REAL ESTATE	1001022000	DB	5.00	17	3,391.			3,391.	2,231.		464.
3	FIXTURES USED IN RENTAL REAL ESTATE	1001022000	DB	7.00	17	9,404.			9,404.	4,778.		1,322.
7	RENTAL PROPERTY - CHATHAM CONDO	100102SL		27.50	17	52,000.			52,000.	4,176.		1,891.
9	MOTORIZED SHADES	0601042000	DB	5.00	17	3,825.		1,913.	1,912.	382.		612.
	* GRAND TOTAL SCH E DEPRECIATION					69,183.		1,913.	67,270.	11,853.		4,368.

2005 DEPRECIATION AND AMORTIZATION REPORT
RENTAL REAL ESTATE - CHATHAM CONDO

SCHEDULE E- 2

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	Amount Of Depreciation
4	APPLIANCES USED IN RENTAL REAL ESTATE	1001022000	DB	7.00	17	563.			563.	286.		79.
10	MOTORIZED SHADES	0601042000	DB	5.00	17	3,825.		1,913.	1,912.	382.		612.
	BUILDINGS											
8	RENTAL PROPERTY - CHATHAM CONDO	100102SL		27.50	17	55,000.			55,000.	4,417.		2,000.
	* SCH E TOTAL BUILDINGS					55,000.			55,000.	4,417.		2,000.
	FURNITURE & FIXTURES											
5	FURNITURE USED IN RENTAL REAL ESTATE	1001022000	DB	5.00	17	3,391.			3,391.	2,231.		464.
6	FIXTURES USED IN RENTAL REAL ESTATE	1001022000	DB	7.00	17	9,404.			9,404.	4,778.		1,322.
	* SCH E TOTAL FURNITURE & FIXTURES					12,795.			12,795.	7,009.		1,786.
	* GRAND TOTAL SCH E DEPRECIATION					72,183.			70,270.	12,094.		4,477.

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

MARK D LAY

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

- 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 ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	44,169.
3	Combine lines 1 and 2	3	44,169.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	40,790.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	40,790.
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	40,790.
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 2005	7	90,000.00
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 \$90,000 or more, skip lines 8b through 10, and go to line 11	8a	90,000.
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	
9	Subtract line 8c 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% (.124)	10	
11	Multiply line 6 by 2.9% (.029)	11	1,183.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	1,183.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	592.

Part II Optional Methods To Figure Net Earnings (see page SE-3)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$2,400 or (b) your net farm profits² were less than \$1,733.

14	Maximum income for optional methods	14	1,600.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income⁴ 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 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.

Foreign Tax Credit
(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2005

Attachment
Sequence No. **19**

Name

MARK D & TONI L LAY

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- | | | |
|--|---|--|
| a <input checked="" type="checkbox"/> Passive income | d <input type="checkbox"/> Shipping income | g <input type="checkbox"/> Lump-sum distributions |
| b <input type="checkbox"/> High withholding tax interest | e <input type="checkbox"/> Dividends from a DISC or former DISC | h <input type="checkbox"/> Section 901(j) income |
| c <input type="checkbox"/> Financial services income | f <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC | i <input type="checkbox"/> Certain income re-sourced by treaty |
| | | j <input type="checkbox"/> General limitation income |

k Resident of (name of country) ▶ **UNITED STATES OF AMERICA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES		VARIOUS		
1 Gross income from sources within country shown above and of the type checked above:				
	190.	272.		462.
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	28,168.	28,168.		
b Other deductions (attach statement)	28,168.	28,168.		
c Add lines 3a and 3b	190.	496.		
d Gross foreign source income	398,076.	398,076.		
e Gross income from all sources	.000477	.001246		
f Divide line 3d by line 3e	13.	35.		
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 13 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	13.	35.		48.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2				414.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 11

Country	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
		(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties		
A									
B						29.			29.
C									
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2									29.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	29.
10 Carryback or carryover (attach detailed computation)	10	
11 Add lines 9 and 10	11	29.
12 Reduction in foreign taxes	12	
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13	29.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	414.
15 Adjustments to line 14	15	
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	414.
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable income without the deduction for your exemption	17	SEE STATEMENT 12 274,758.
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	.001507
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	19	71,265.
Caution: If you are completing line 19 for separate category g (lump-sum distributions), see pg. 18 of the instructions.		
20 Multiply line 19 by line 18 (maximum amount of credit)	20	107.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	21	29.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive income	22	
23 Credit for taxes on high withholding tax interest	23	
24 Credit for taxes on financial services income	24	
25 Credit for taxes on shipping income	25	
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26	
27 Credit for taxes on lump-sum distributions	27	
28 Credit for taxes on certain income re-sourced by treaty	28	
29 Credit for taxes on general limitation income	29	
30 Add lines 22 through 29	30	
31 Enter the smaller of line 19 or line 30	31	29.
32 Reduction of credit for international boycott operations	32	
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33	29.

Form **3800**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

General Business Credit

- ▶ See instructions.
▶ Attach to your tax return.

OMB No. 1545-0895

2005Attachment
Sequence No. **22**

Identifying number

MARK D & TONI L LAY**Part I Current Year Credit**

1a Investment credit (Form 3468)	1a	
b Work opportunity credit (Form 5884)	1b	
c Welfare-to-work credit (Form 8861)	1c	
d Credit for increasing research activities (Form 6765)	1d	
e Low-income housing credit (Form 8586)	1e	
f Enhanced oil recovery credit (Form 8830)	1f	
g Disabled access credit (Form 8826)	1g	
h Renewable electricity production credit (Form 8835, Section A only)	1h	
i Indian employment credit (Form 8845)	1i	
j Credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846)	1j	
k Orphan drug credit (Form 8820)	1k	
l New markets credit (Form 8874)	1l	
m Credit for small employer pension plan startup costs (Form 8881)	1m	
n Credit for employer-provided child care facilities and services (Form 8882)	1n	
o Qualified railroad track maintenance credit (Form 8900)	1o	
p Biodiesel and renewable diesel fuels credit (Form 8864)	1p	
q Low sulfur diesel fuel production credit (Form 8896)	1q	
r Distilled spirits credit (Form 8906)	1r	
s Nonconventional source fuel credit (Form 8907)	1s	
t Energy efficient home credit (Form 8908)	1t	
u Alternative motor vehicle credit (Form 8910)	1u	
v Alternative fuel vehicle refueling property credit (Form 8911)	1v	
w Credit for contributions to selected community development corporations (Form 8847)	1w	
x Trans-Alaska pipeline liability fund credit (see instructions)	1x	
y General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1y	
z Credits for employers affected by Hurricane Katrina, Rita, or Wilma (Form 5884-A)	1z	
2 Current year credit. Add lines 1a through 1z	2	
3 Passive activity credits included on line 2 (see instructions)	3	
4 Subtract line 3 from line 2	4	
5 Passive activity credits allowed for 2005 (see instructions)	5	
6 Carryforward of general business credit to 2005. See instructions for the schedule to attach STMT 13	6	37,637.
7 Carryback of general business credit from 2006 (see instructions)	7	
8 Current year credit. Add lines 4 through 7	8	37,637.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 3800 (2005)

Part II Allowable Credit

9	Regular tax before credits (see instructions)	9	71,265.
10	Alternative minimum tax (see instructions)	10	512.
11	Add lines 9 and 10	11	71,777.
12a	Foreign tax credit	12a	29.
b	Credits from Form 1040, lines 48 through 54	12b	
c	Possessions tax credit (Form 5735, line 17 or 27)	12c	
d	Nonconventional source fuel credit (Form 8907, line 23)	12d	
e	Other specified credits (see instructions)	12e	
f	Add lines 12a through 12e	12f	29.
13	Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18	13	71,748.
14	Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0-	14	71,236.
15	Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see instructions)	15	11,559.
16	Tentative minimum tax (see instructions)	16	71,748.
17	Enter the greater of line 15 or line 16	17	71,748.
18	Subtract line 17 from line 13. If zero or less, enter -0-	18	0.
19	Credit allowed for the current year. Enter the smaller of line 8 or line 18 here and on Form 1040, line 55; Form 1120, Schedule J, line 6d; Form 1120-A, Part I, line 2; Form 1041, Schedule G, line 2c; or the applicable line of your return. If line 19 is smaller than line 8, see instructions. Individuals, estates, and trusts: See instructions if claiming the research credit. C corporations: See Schedule A if claiming any regular investment credit carryforward and the line 19 instructions if there has been an ownership change, acquisition, or reorganization	19	0.

Schedule A - Additional General Business Credit Allowed by Code Section 38(c)(2) (Before Repeal by the Revenue Reconciliation Act of 1990) - Only Applicable to C Corporations

20	Enter the portion of the credit shown on line 6 that is attributable to the regular investment credit under section 46 (before amendment by the Revenue Reconciliation Act of 1990)	20	
21	Tentative minimum tax (from line 16)	21	
22	Multiply line 21 by 25% (.25)	22	
23	Enter the amount from line 18	23	
24	Enter the portion of the credit shown on line 8 that is not attributable to the regular investment credit under section 46 (before amendment by the Revenue Reconciliation Act of 1990)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Subtract line 25 from line 20. If zero or less, enter -0-	26	
27	For purposes of this line only, refigure the amount on Form 4626, line 10, by using zero on Form 4626, line 6, and enter the result here	27	
28	Multiply line 27 by 10% (.10)	28	
29	Net income tax (from line 13)	29	
30	Enter the amount from line 19	30	
31	Subtract line 30 from line 29	31	
32	Subtract line 28 from line 31	32	
33	Enter the smallest of line 22, line 26, or line 32	33	
34	Subtract line 33 from line 21	34	
35	Enter the greater of line 15 or line 34	35	
36	Subtract line 35 from line 29. Also enter this amount on line 19 instead of the amount previously figured on that line. Write "Sec. 38(c)(2)" next to your entry on line 19	36	

Form 3800 (2005)

Alternative Minimum Tax - Individuals

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2005
Attachment
Sequence No. **32**

Name(s) shown on Form 1040

Your social security number

MARK D & TONI L LAY

Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	274,982.
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38.	2	
3 Taxes from Schedule A (Form 1040), line 9.	3	23,699.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions.	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 26.	5	
6 If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet on page A-9 of the instructions for Schedules A & B (Form 1040).	6	-6,130.
7 Tax refund from Form 1040, line 10 or line 21.	7	-980.
8 Investment interest expense (difference between regular tax and AMT).	8	
9 Depletion (difference between regular tax and AMT).	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	10	
11 Interest from specified private activity bonds exempt from the regular tax.	11	
12 Qualified small business stock (7% of gain excluded under section 1202).	12	
13 Exercise of incentive stock options (excess of AMT income over regular tax income).	13	
14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	14	
15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	15	
16 Disposition of property (difference between AMT and regular tax gain or loss).	16	
17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	17	
18 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 14	18	50.
19 Loss limitations (difference between AMT and regular tax income or loss).	19	
20 Circulation costs (difference between regular tax and AMT).	20	
21 Long-term contracts (difference between AMT and regular tax income).	21	
22 Mining costs (difference between regular tax and AMT).	22	
23 Research and experimental costs (difference between regular tax and AMT).	23	
24 Income from certain installment sales before January 1, 1987.	24	
25 Intangible drilling costs preference.	25	
26 Other adjustments, including income-based related adjustments.	26	
27 Alternative tax net operating loss deduction.	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions).	28	291,621.

Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 14, see instructions.)		
IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ...		
Single or head of household ... \$112,500 ... \$40,250	} STMT 15	29
Married filing jointly or qualifying widow(er) ... 150,000 ... 58,000		
Married filing separately ... 75,000 ... 29,000		
If line 28 is over the amount shown above for your filing status, see instructions.		
30 Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here.	30	269,026.
31 • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	71,777.
32 Alternative minimum tax foreign tax credit (see instructions).	32	29.
33 Tentative minimum tax. Subtract line 32 from line 31.	33	71,748.
34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see instructions).	34	71,236.
35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	512.

Part II Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36	269,026.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions)	37	392.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions)	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	39	392.
40	Enter the smaller of line 36 or line 39	40	392.
41	Subtract line 40 from line 36	41	268,634.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	71,718.
43	Enter: <ul style="list-style-type: none"> • \$59,400 if married filing jointly or qualifying widow(er), • \$29,700 if single or married filing separately, or • \$39,800 if head of household. 	43	59,400.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	274,590.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	392.
47	Enter the smaller of line 45 or line 46	47	
48	Multiply line 47 by 5% (.05)	48	
49	Subtract line 47 from line 46	49	392.
50	Multiply line 49 by 15% (.15)	50	59.
If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 46 from line 40	51	
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	71,777.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	71,827.
55	Enter the smaller of line 53 or line 54 here and on line 31	55	71,777.

Form 6251 (2005) (Rev. 1-2006)

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
MARK D & TONI L LAY						
Form Name	Description	Income	Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251 Other Adjustment
E-	RENTAL REAL ESTATE - C					
	HATHAM CONDO					
	* REGULAR INCOME	-21,425.				
	AMT DEPR ADJ	25.			25.	
	* AMT NET INCOME	-21,400.			25.	
E-	RENTAL REAL ESTATE - C					
	HATHAM CONDO					
	* REGULAR INCOME	-20,207.				
	AMT DEPR ADJ	25.			25.	
	* AMT NET INCOME	-20,182.			25.	
K1-	MDL/309 ASSOCIATES, IN					
	C.					
	* REGULAR INCOME	-26.				
	* AMT NET INCOME	-26.				
K1-	MDL/309 ASSOCIATES, LL					
	P					
	* REGULAR INCOME	-2,559.				
	* AMT NET INCOME	-2,559.				
K1-	DOUG LYNN, LLC					
	* REGULAR INCOME	44,169.				
	* AMT NET INCOME	44,169.				

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
1	RENTAL REAL ESTATE - CHATHAM CONDO								
2	APPLIANCES USED IN RENTAL REAL ESTATE	1001021	150DB7.00		563.	224.	79.	73.	6.
3	FURNITURE USED IN RENTAL REAL ESTATE	1001021	150DB5.00		3,391.	1,792.	464.	556.	-92.
4	FIXTURES USED IN RENTAL REAL ESTATE	1001021	150DB7.00		9,404.	3,754.	1,322.	1,211.	111.
5	RENTAL PROPERTY - CHATHAM CONDO	100102SL	27.50		52,000.	4,176.	1,891.	1,891.	0.
6	MOTORIZED SHADES	0601042	200DB5.00		3,825.	382.	612.	612.	0.
7	** SUBTOTAL **				69,183.	10,328.	4,368.	4,343.	25.
8	RENTAL REAL ESTATE - CHATHAM CONDO								
9	APPLIANCES USED IN RENTAL REAL ESTATE	1001021	150DB7.00		563.	224.	79.	73.	6.
10	FURNITURE USED IN RENTAL REAL ESTATE	1001021	150DB5.00		3,391.	1,792.	464.	556.	-92.
11	FIXTURES USED IN RENTAL REAL ESTATE	1001021	150DB7.00		9,404.	3,754.	1,322.	1,211.	111.
12	RENTAL PROPERTY - CHATHAM CONDO	100102SL	27.50		55,000.	4,417.	2,000.	2,000.	0.
13	MOTORIZED SHADES	0601042	200DB5.00		3,825.	382.	612.	612.	0.
14	** SUBTOTAL **				72,183.	10,569.	4,477.	4,452.	25.
15	*** GRAND TOTAL ***				141,366.	20,897.	8,845.	8,795.	50.

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

MARK D & TONI L LAY

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☒ Passive income d ☐ Shipping income g ☐ Lump-sum distributions
 b ☐ High withholding tax interest e ☐ Dividends from a DISC or former DISC h ☐ Section 901(j) income
 c ☐ Financial services income f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC i ☐ Certain income re-sourced by treaty
 j ☐ General limitation income

k Resident of (name of country) ▶ UNITED STATES OF AMERICA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	VARIOUS		
1 Gross income from sources within country shown above and of the type checked above:				
	190.	314.		504.
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,950.	6,950.		
b Other deductions (attach statement)	6,950.	6,950.		
c Add lines 3a and 3b	190.	496.		
d Gross foreign source income	397,096.	397,096.		
e Gross income from all sources	.000478	.001249		
f Divide line 3d by line 3e	3.	9.		
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 13 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3.	9.		12.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2				492.

Part II Foreign Taxes Paid or Accrued

Country	Cred it is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:				Taxes withheld at source on:					
		(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest	(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
A											
B		/ / 05					29.				29.
C											
8		Add lines A through C, column (x). Enter the total here and on line 9, page 2									29.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2005)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	29.
10 Carryback or carryover (attach detailed computation)	10	
11 Add lines 9 and 10	11	29.
12 Reduction in foreign taxes	12	
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13	29.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	492.
15 Adjustments to line 14	15	
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	492.
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 16	17	291,439.
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	.001688
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	19	71,777.
Caution: If you are completing line 19 for separate category g (lump-sum distributions), see pg. 18 of the instructions.		
20 Multiply line 19 by line 18 (maximum amount of credit)	20	121.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV	21	29.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive income	22	
23 Credit for taxes on high withholding tax interest	23	
24 Credit for taxes on financial services income	24	
25 Credit for taxes on shipping income	25	
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26	
27 Credit for taxes on lump-sum distributions	27	
28 Credit for taxes on certain income re-sourced by treaty	28	
29 Credit for taxes on general limitation income	29	
30 Add lines 22 through 29	30	
31 Enter the smaller of line 19 or line 30	31	29.
32 Reduction of credit for international boycott operations	32	
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33	29.

Education Credits (Hope and Lifetime Learning Credits)

OMB No. 1545-0074

2005

Attachment
Sequence No. **50**

▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return

MARK D & TONI L LAY

Your social security number

Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 34, or Form 1040A, line 19) for the same student in the same year.

Part I Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return) First, Last	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses. Do not enter more than \$2,000* for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000**	(e) Add column (c) and column (d)	(f) Enter one-half of the amount in column (e)	
	MARK D LAY	159-72-1068	2,000.	1,000.	3,000.	1,500.	
	MARISSA LAY	157-72-1093	90.	90.	180.	90.	
	TONI LAY	192-50-0744	2,000.	1,000.	3,000.	1,500.	
<p>* For each student who attended an eligible educational institution in the Gulf Opportunity Zone, do not enter more than \$4,000. ** For each student who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of the amount in column (c) or \$2,000.</p>							
2	Tentative Hope credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III					2	3,090.

Part II Lifetime Learning Credit

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses
4	Add the amounts on line 3, column (c), and enter the total		4
5a	Enter the smaller of line 4 or \$10,000		5a
b	For students who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of \$10,000 or their qualified expenses included on line 4 (see special rules on page 3)		5b
c	Subtract line 5b from line 5a		5c
6a	Multiply line 5b by 40% (.40)		6a
b	Multiply line 5c by 20% (.20)		6b
c	Tentative lifetime learning credit. Add lines 6a and 6b and go to Part III		6c

Part III Allowable Education Credits

7	Tentative education credits. Add lines 2 and 6c	7	3,090.
8	Enter: \$107,000 if married filing jointly; \$53,000 if single, head of household, or qualifying widow(er)	8	107,000.
9	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	9	350,267.
10	Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits	10	
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	
12	If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places)	12	X
13	Multiply line 7 by line 12	13	
14	Enter the amount from Form 1040, line 46, or Form 1040A, line 28	14	
15	Enter the total, if any, of your credits from Form 1040, lines 47 through 49, or Form 1040A, lines 29 and 30	15	
16	Subtract line 15 from line 14. If zero or less, stop; you cannot take any education credits	16	
17	Education credits. Enter the smaller of line 13 or line 16 here and on Form 1040, line 50, or Form 1040A, line 31	17	

* If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8863** (2005) (Rev. 1-2006)

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

2005

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

MARK D & TONI L LAY

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2005 (see instructions)	1	
2	Disallowed investment interest expense from 2004 Form 4952, line 7 SEE STATEMENT 17	2	11,266.
3	Total investment interest expense. Add lines 1 and 2	3	11,266.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 18	4a	6,091.	
4b	Qualified dividends included on line 4a	4b	392.	
4c	Subtract line 4b from line 4a	4c	5,699.	
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h	5,699.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	5,699.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2006. Subtract line 6 from line 3. If zero or less, enter -0- SEE STATEMENT 19	7	5,567.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.	8	5,699.

Form **4952**Department of the Treasury
Internal Revenue Service (99)**Investment Interest Expense Deduction**

▶ Attach to your tax return.

OMB No. 1545-0191

2005Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

MARK D & TONI L LAY

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2005 (see instructions)	1	
2	Disallowed investment interest expense from 2004 Form 4952, line 7	2	11,266.
3	Total investment interest expense. Add lines 1 and 2	3	11,266.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	6,091.	
4b	Qualified dividends included on line 4a	4b	392.	
4c	Subtract line 4b from line 4a	4c	5,699.	
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h	5,699.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	5,699.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2006. Subtract line 6 from line 3. If zero or less, enter -0-	7	5,567.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	5,699.

REGULAR FORM 4952, LINE 8	5,699.
LESS RECOMPUTED FORM 4952, LINE 8	5,699.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	

Form **8801**Department of the Treasury
Internal Revenue Service (99)**Credit for Prior Year Minimum Tax -
Individuals, Estates, and Trusts**

▶ See instructions.

▶ Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

2005Attachment
Sequence No. **74**

Name(s) shown on return

Identifying number

MARK D & TONI L LAY

Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, and 10 of your 2004 Form 6251. Estates and trusts, see instructions	1	897,400.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	65,146.
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$191,000 and you were married filing separately for 2004, see instructions	4	962,546.
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2004; \$40,250 if single or head of household for 2004; or \$29,000 if married filing separately for 2004. Estates and trusts, enter \$22,500	5	58,000.
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2004; \$112,500 if single or head of household for 2004; or \$75,000 if married filing separately for 2004. Estates and trusts, enter \$75,000	6	150,000.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	812,546.
8	Multiply line 7 by 25% (.25)	8	203,137.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see instructions	9	0.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	962,546.
11	<p>• If for 2004 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 46 here.</p> <p>• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2004), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2004) from the result.</p>	11	265,709.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	39.
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	265,670.
14	Enter the amount from your 2004 Form 6251, line 34, or 2004 Form 1041, Schedule I, line 55	14	297,348.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	0.

Part II Minimum Tax Credit and Carryforward to 2006

16	Enter the amount from your 2004 Form 6251, line 35, or 2004 Form 1041, Schedule I, line 56	16	
17	Enter the amount from line 15 above	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	
19	2004 minimum tax credit carryforward. Enter the amount from your 2004 Form 8801, line 26	19	398,780.
20	Enter the total of your 2004 unallowed nonconventional source fuel credit and 2004 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	21	398,780.
22	Enter your 2005 regular income tax liability minus allowable credits (see instructions)	22	71,236.
23	Enter the amount from your 2005 Form 6251, line 33, or 2005 Form 1041, Schedule I, line 54	23	71,748.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2005 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	
26	Minimum tax credit carryforward to 2006. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	398,780.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2005)

Part III Tax Computation Using Maximum Capital Gains Rates

Caution: If you did not complete the 2004 Qualified Dividends and Capital Gain Tax Worksheet, the 2004 Schedule D Tax Worksheet, or Part V of the 2004 Schedule D (Form 1041), see the instructions before completing this part.

27	Enter the amount from Form 8801, line 10	27	962,546.
28	Enter the amount from line 6 of your 2004 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2004 Schedule D Tax Worksheet, or the amount from line 22 of the 2004 Schedule D (Form 1041), whichever applies.*	28	2,338.
<p>If you figured your 2004 tax using the 2004 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.</p>			
29	Enter the amount from line 19 of your 2004 Schedule D (Form 1040), or line 14b, column (2), of the 2004 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2004 Schedule D Tax Worksheet	30	2,338.
31	Enter the smaller of line 27 or line 30	31	2,338.
32	Subtract line 31 from line 27	32	960,208.
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2004), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2004) from the result	33	265,358.
34	Enter: <ul style="list-style-type: none"> • \$58,100 if married filing jointly or qualifying widow(er) for 2004, • \$29,050 if single or married filing separately for 2004, • \$38,900 if head of household for 2004, or • \$1,950 for an estate or trust 	34	58,100.
35	Enter the amount from line 7 of your 2004 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2004 Schedule D Tax Worksheet, or the amount from line 23 of the 2004 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2004 Schedule D (Form 1041), enter -0-	35	921,124.
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	0.
37	Enter the smaller of line 27 or line 28	37	2,338.
38	Enter the smaller of line 36 or line 37	38	
39	Multiply line 38 by 5% (.05)	39	
40	Subtract line 38 from line 37	40	2,338.
41	Multiply line 40 by 15% (.15)	41	351.
<p>If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to line 42.</p>			
42	Subtract line 37 from line 31	42	
43	Multiply line 42 by 25% (.25)	43	
44	Add lines 33, 39, 41, and 43	44	265,709.
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2004), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2004) from the result	45	266,013.
46	Enter the smaller of line 44 or line 45 here and on line 11	46	265,709.

* The 2004 Qualified Dividends and Capital Gain Tax Worksheet is on page 34 of the 2004 Instructions for Form 1040. The 2004 Schedule D Tax Worksheet is on page D-9 of the 2004 Instructions for Schedule D (Form 1040) (page 37 of the 2004 Instructions for Form 1041).

Name _____

Identifying number as shown on page 1 of your tax return

MARK D & TONI L LAY

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- | | | | | | |
|---|--|---|---|---|--|
| a | <input checked="" type="checkbox"/> Passive income | d | <input type="checkbox"/> Shipping income | g | <input type="checkbox"/> Lump-sum distributions |
| b | <input type="checkbox"/> High withholding tax interest | e | <input type="checkbox"/> Dividends from a DISC or former DISC | h | <input type="checkbox"/> Section 901(j) income |
| c | <input type="checkbox"/> Financial services income | f | <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC | i | <input type="checkbox"/> Certain income re-sourced by treaty |
| | | | | j | <input type="checkbox"/> General limitation income |

k Resident of (name of country) ► UNITED STATES OF AMERICA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total
	A	B	C	(Add cols. A, B, and C.)
1 Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES			
1 Gross income from sources within country shown above and of the type checked above:				
	186.			186.
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	16,100.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	16,100.			
d Gross foreign source income	186.			
e Gross income from all sources	1,059,956.			
f Divide line 3d by line 3e	.000175			
g Multiply line 3c by line 3f	3.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 13 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3.			3.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				183.

Part II	Foreign Taxes Paid or Accrued
----------------	--------------------------------------

Country	Credit is claimed for taxes (you must check one) (m) <input type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:			(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
(d) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest			
A										
B										
C										

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ▶ 8

LHA For Paperwork Reduction Act Notice, see separate instructions.

511481
11-11-05

Form **1116** (2004)

33.1

18071013 099803 [REDACTED] 2005.06000 LAY, MARK D

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	39.
10 Carryback or carryover (attach detailed computation)	10	
11 Add lines 9 and 10	11	39.
12 Reduction in foreign taxes	12	
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13	39.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	183.
15 Adjustments to line 14	15	
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	183.
17 Individuals: Enter the amount from Form 1040, line 40. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	17	961,460.
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	.000190
19 Individuals: Enter the amount from Form 1040, line 43. If you are a nonresident alien, enter the amount from Form 1040NR, line 40. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 18 of the instructions</i>	19	265,709.
20 Multiply line 19 by line 18 (maximum amount of credit)	20	50.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV.	21	39.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive income	22	
23 Credit for taxes on high withholding tax interest	23	
24 Credit for taxes on financial services income	24	
25 Credit for taxes on shipping income	25	
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26	
27 Credit for taxes on lump-sum distributions	27	
28 Credit for taxes on certain income re-sourced by treaty	28	
29 Credit for taxes on general limitation income	29	
30 Add lines 22 through 29	30	
31 Enter the smaller of line 19 or line 30	31	39.
32 Reduction of credit for international boycott operations	32	
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 46; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33	39.

Form 1116 (2004)

Minimum Tax Foreign Tax Credit
on Exclusion Items
2004 Schedule D Tax Worksheet Recalculated

Name
MARK D & TONI L LAY

1. Enter your taxable income from Form 8801, line 10	1. 962,546.
2. Enter your qualified dividends from Form 1040, line 9b	2. N/A
3. Enter the amount from Form 4952, line 4g	3. N/A
4. Enter the amount from Form 4952, line 4e*	4. N/A
5. Subtract line 4 from line 3. If zero or less, enter -0-	5. N/A
6. Subtract line 5 from line 2. If zero or less, enter -0-	6. N/A
7. Enter the smaller of line 15 or line 16 of Sch. D	7. N/A
8. Enter the smaller of line 3 or line 4	8. N/A
9. Subtract line 8 from line 7. If zero or less, enter -0-	9. N/A
10. Add lines 6 and 9	10. 2,338.
11. Add lines 18 and 19 of Schedule D	11.
12. Enter the smaller of line 9 or line 11	12.
13. Subtract line 12 from line 10	13. 2,338.
14. Subtract line 13 from line 1. If zero or less, enter -0-	14. 960,208.
15. Enter the smaller of:	
• The amount on line 1 or	
• \$29,050 if single or married filing separately;	
\$58,100 if married filing jointly or qualifying widow(er); or	15. 58,100.
\$38,900 if head of household	
16. Enter the smaller of line 14 or line 15	16. 58,100.
17. Subtract line 10 from line 1. If zero or less, enter -0-	17. 960,208.
18. Enter the larger of line 16 or line 17	18. 960,208.
If lines 15 and 16 are the same, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.	
19. Subtract line 16 from line 15	19.
20. Multiply line 19 by 5% (.05)	20. N/A
If lines 1 and 15 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21.	
21. Enter the smaller of line 1 or line 13	21. 2,338.
22. Enter the amount from line 19 (if line 19 is blank, enter -0-)	22. 0.
23. Subtract line 22 from line 21. If zero or less, enter -0-	23. 2,338.
24. Multiply line 23 by 15% (.15)	24. N/A
If Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25.	
25. Enter the smaller of line 9 above or Schedule D, line 19	25.
26. Add lines 10 and 18	26.
27. Enter the amount from line 1 above	27.
28. Subtract line 27 from line 26. If zero or less, enter -0-	28.
29. Subtract line 28 from line 25. If zero or less, enter -0-	29.
30. Multiply line 29 by 25% (.25)	30. N/A
If Schedule D, line 18, is zero or blank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31.	
31. Add lines 18, 19, 23, and 29	31.
32. Subtract line 31 from line 1	32.
33. Multiply line 32 by 28% (.28)	33. N/A
34. Figure the tax on the amount on line 18. Use the Tax Table or Tax Computation Worksheet, whichever applies	34. N/A
35. Add lines 20, 24, 30, 33, and 34	35. N/A
36. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	36. N/A
37. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 35 or line 36. Also include this amount on Form 1040, line 43	37. N/A

Minimum Tax Foreign Tax Credit
on Exclusion Items
Worksheet for Line 17

Name
MARK D & TONI L LAY

1 Enter the amount from Form 8801, line 4		962,546.
2 Enter 2004 worldwide 28% gains	N/A	
3 Multiply line 2 by 0.2000	N/A	
4 Enter 2004 worldwide 25% gains		
5 Multiply line 4 by 0.1071		
6 Enter 2004 worldwide 15% gains and qualified dividends	2,338.	
7 Multiply line 6 by 0.4643	1,086.	
8 Add lines 3, 5, and 7		1,086.
9 Subtract line 8 from line 1. Enter the result here and on MTFTCE Form 1116, line 17		961,460.

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.

2005Attachment
Sequence No. 88

Name(s) shown on return

Identifying number

MARK D & TONI L LAY

Part I 2005 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 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 on page 3 of the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))

1a

b Activities with net loss (enter the amount from Worksheet 1, column (b))

1b

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))

1c

d Combine lines 1a, 1b, and 1c

1d

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)

2a

b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)

2b

c Add lines 2a and 2b

2c

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))

3a

88,338.

b Activities with net loss (enter the amount from Worksheet 3, column (b))

3b

-44,217.

c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))

3c

d Combine lines 3a, 3b, and 3c

3d

44,121.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used

4

44,121.

If line 4 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.

• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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 or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4

5

6 Enter \$150,000. If married filing separately, see the instructions

6

7 Enter modified adjusted gross income, but not less than zero (see the instr.)

7

Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.

8 Subtract line 7 from line 6

8

9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions

9

10 Enter the smaller of line 5 or line 9

10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions

11

12 Enter the loss from line 4

12

13 Reduce line 12 by the amount on line 10

13

14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

14

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total

15

16 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return

SEE STATEMENT 2.1

16

44,217.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, 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 Form 8582, lines 1a, 1b, and 1c					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	88,338.	-44,217.			

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (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					

Worksheet 5 - 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				

Form **8582**Department of the Treasury
Internal Revenue Service (99)**Passive Activity Loss Limitations**▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2005Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

MARK D & TONI L LAY

Part I 2005 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 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 on page 3 of the instructions.)

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

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	
c Add lines 2a and 2b	2c	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	88,338.
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-44,167.
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	
d Combine lines 3a, 3b, and 3c	3d	44,171.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used	4	44,171.
--	----------	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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 or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	
6 Enter \$150,000. If married filing separately, see the instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see the instr.)	7	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9	
10 Enter the smaller of line 5 or line 9	10	
If line 2c is a loss, go to Part III. Otherwise, go to line 15.		

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	44,167.

ALTERNATIVE MINIMUM TAX

Form 8582 (2005) **MARK D & TONI L LAY**

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, 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 Form 8582, lines 1a, 1b, and 1c					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	88,338.	-44,167.			

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (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					

Worksheet 5 - 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				

NAME

MARK D & TONI L LAY

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	266,667.	266,667.	
Dividends/Distributions	575.	79.	496.
Interest	5,516.	5,516.	
Capital Gains			
Business/Profession			
Rent/Royalty			
State/Local Refunds	980.	980.	
Partnership/S Corporation	88,338.	88,338.	
Trust/Estate			
Other Income	36,000.	35,810.	190.
Gross Income	398,076.	397,390.	686.
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			224.
Total Income - Form 1116	398,076.	397,390.	462.
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses	41,632.	41,632.	
Partnership/S Corporation Losses	2,585.	2,585.	
Trust/Estate Losses			
Capital Losses	3,000.	3,000.	
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	592.	592.	
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	47,809.	47,809.	
Adjusted Gross Income	350,267.	349,581.	462.
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest	41,418.	41,418.	
Other Interest	5,699.	5,699.	
Ratably Allocated	28,168.	28,120.	48.
Total Adjustments to Adjusted Gross Income	75,285.	75,237.	48.
Taxable Income Before Exemptions	274,982.	274,344.	414.

Form 1116

Allocation of Itemized Deductions

NAME

MARK D & TONI L LAY

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	23,699.	21,781.			21,781.
Interest - Not Including Investment Interest	45,067.	41,418.	41,418.		
Contributions	6,950.	6,387.			6,387.
Miscellaneous Deductions Subject to 2%					
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	75,716.	69,586.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	5,699.	5,699.	5,699.		
Post Aug. 27 Contributions					
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	81,415.				
Total Allowed on Schedule A		75,285.	47,117.		28,168.

NAME

MARK D & TONI L LAY

Foreign Income Category

PASSIVE INCOME

Regular

1. Foreign tax paid/accrued
 2. FTC carryback to 2005
 - for amended returns
 3. Reduction allocated to excluded income
 4. Foreign tax available
 5. Maximum credit allowable
 6. Unused foreign tax (+)
 - or excess of limit (-)
 7. Foreign tax carryback
 8. Foreign tax carryforward
 9. Less treaty adjustment
 10. Foreign tax or excess limit remaining
- Total foreign taxes from all available years to be carried to next year

2002	2003	2004	2005
			29.
			29.
			107.
	-3.	-18.	-78.
	-3.	-18.	-78.

1. Foreign tax paid/accrued
2. FTC carryback to 2005
- for amended returns
3. Reduction allocated to excluded income
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+)
- or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Less treaty adjustment
10. Foreign tax or excess limit remaining

1999	2000	2001

NAME

MARK D & TONI L LAY

Foreign Income Category

PASSIVE INCOME

Alternative Minimum Tax

	2002	2003	2004	2005
1. Foreign tax paid/accrued				29.
2. FTC carryback to 2005				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				29.
5. Maximum credit allowable				121.
6. Unused foreign tax (+)				
or excess of limit (-)		-3.	-12.	-92.
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining		-3.	-12.	-92.
Total foreign taxes from all available years to be carried to next year				

1. Foreign tax paid/accrued
2. FTC carryback to 2005
- for amended returns
3. Reduction allocated to excluded income
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+)
- or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Less treaty adjustment
10. Foreign tax or excess limit remaining

	1999	2000	2001
1. Foreign tax paid/accrued			
2. FTC carryback to 2005			
for amended returns			
3. Reduction allocated to excluded income			
4. Foreign tax available			
5. Maximum credit allowable			
6. Unused foreign tax (+)			
or excess of limit (-)			
7. Foreign tax carryback			
8. Foreign tax carryforward			
9. Less treaty adjustment			
10. Foreign tax or excess limit remaining			

NAME

MARK D & TONI L LAY

Alternative minimum tax deductions allocation:

Itemized deductions	6,950.
Other deductions not directly allocated	0.

Total alternative minimum tax adjustments	6,950.
Total foreign source income	686.
Total gross income	397,096.

Ratio of foreign source income to gross income001728
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Total foreign source deductions	12.
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Total deductions allocated to foreign income class:

General limitation income	12.
Passive income	
Dividends from a DISC or former DISC	
Distributions of a FSC	
High withholding tax interest	
Financial services income	
Shipping income	
Section 901(j) income	
Income re-sourced by treaty	

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

MDL CAPITAL MANAGEMENT, INC.401(K)

AMOUNT RECEIVED THIS YEAR

80,000.

NONTAXABLE AMOUNT

44,000.

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

36,000.

NONTAXABLE AMOUNT FROM FORM 8915, PART II

TOTAL INCLUDED IN FORM 1040, LINE 16B

36,000.

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT

2

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. GO TO LINE 2.
2. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 12,800.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 350,267.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 218,950.
 MARRIED FILING SEPARATE \$109,475
 SINGLE \$145,950
 HEAD OF HOUSEHOLD \$182,450
 MARRIED FILING JOINT OR WIDOW(ER) \$218,950
5. SUBTRACT LINE 4 FROM LINE 3 131,317.
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 42.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 0.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT

3

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA * TAX	MEDICARE TAX
MDL CAPITAL MANAGEMENT, INC.	266,667.	61,413.	8,187.	4,267.	5,580.	3,867.
TOTALS	266,667.	61,413.	8,187.	4,267.	5,580.	3,867.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	4
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
BEAR, STEARNS SECURITIES CORP (570-00304)	31.	5.
BEAR, STEARNS SECURITIES CORP (570-00305)	465.	387.
TOTAL INCLUDED IN FORM 1040, LINE 9B		392.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	5
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DESCRIPTION	AMOUNT
MDL CAPITAL MANAGEMENT, INC.	12,454.
PENNSYLVANIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - TAXPAYER	107.
PENNSYLVANIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE	107.
PENN. CITIES PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	112.
PENN. CITIES PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	111.
TOTAL TO SCHEDULE A, LINE 5	12,891.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	6
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DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
UNIVERSITY OF PITTSBURGH	1,600.	
TRIEDSTONE BAPTIST CHURCH	5,350.	
SUBTOTALS	6,950.	
TOTAL TO SCHEDULE A, LINE 15A		6,950.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT	7
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DESCRIPTIONAMOUNT

DISALLOWED INVESTMENT INTEREST PRIOR YEARS	11,266.
DISALLOWED INVESTMENT INTEREST C/O	-5,567.

TOTAL TO SCHEDULE A, LINE 13	5,699.
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SCHEDULE A

ITEMIZED DEDUCTIONS WORKSHEET

STATEMENT 8

1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27 81,415.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, 15B, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27. 5,699.
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1?
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28.
IF YES, SUBTRACT LINE 2 FROM LINE 1 75,716.
4. MULTIPLY LINE 3 BY 80% (.80). 60,573.
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 350,267.
6. ENTER: \$145,950 (\$72,975 IF MARRIED FILING SEPARATELY) 145,950.
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5?
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28.
IF YES, SUBTRACT LINE 6 FROM LINE 5 204,317.
8. MULTIPLY LINE 7 BY 3% (.03) 6,130.
9. ENTER THE SMALLER OF LINE 4 OR LINE 8 6,130.
-
10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1.
ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28 75,285.
-



SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT	9
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		274,982.	
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.		3,000.	
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		277,982.	
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.	
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .		2.	
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15			
7. ADD LINES 4 AND 6		3,000.	
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2006. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . .		0.	
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.		17,710.	
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7			
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	2,998.		
12. ADD LINES 10 AND 11		2,998.	
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2006. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- . .		14,712.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT	10
DESCRIPTION		AMOUNT	
DOUG LYNN, LLC		44,169.	
TOTAL TO SCHEDULE SE, LINE 2		44,169.	



FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 11

PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
VARIOUS						
/ /05		0.	1.			
VARIOUS						
/ /05		0.	28.			
			29.			

TOTAL TO FORM 1116, PART II, LINE 8 29.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2004			
2003			
2002			
2001			
2000			

TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 17

STATEMENT 12

1	ENTER THE AMOUNT FROM FORM 1040, LINE 41 (MINUS ANY AMOUNT ON FORM 8914, LINE 2). IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 38 (MINUS ANY AMOUNT ON FORM 8914, LINE 2).	274,982.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2000	
4	ENTER WORLDWIDE 25% GAINS	
5	MULTIPLY LINE 4 BY 0.2857	
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	392.
7	MULTIPLY LINE 6 BY 0.5714	224.
8	ADD LINES 3, 5, AND 7	224.
9	SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17	274,758.

FORM 3800 GENERAL BUSINESS CREDIT CARRYFORWARD RECONCILIATION STATEMENT 13

1.	TOTAL GENERAL BUSINESS CREDIT CARRYFORWARD	69,082.
2.	LESS AMOUNT OF CREDIT USED IN PRIOR YEARS.	31,445.
3.	CREDIT CARRYFORWARD AVAILABLE IN THE CURRENT YEAR (LINE 1 - LINE 2)	37,637.
4.	LESS ITC RECAPTURE OFFSET (FORM 4255, LINE 12)	
5.	CARRYFORWARD AFTER ITC RECAPTURE (LINE 3 - LINE 4)	37,637.
6.	LESS AMOUNT ATTRIBUTABLE TO PASSIVE ACTIVITIES	
7.	TOTAL TO FORM 3800, LINE 6 (LINE 5 - LINE 6)	37,637.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 14

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
MDL/309 ASSOCIATES, LLP	SCH E	-2,559.	-2,559.	
MDL/309 ASSOCIATES, INC.	SCH E	-26.	-26.	
DOUG LYNN, LLC	SCH E	44,169.	44,169.	
DOUG LYNN, LLC	SCH E	44,169.	44,169.	
RENTAL REAL ESTATE - CHATHAM CONDO	SCH E	-21,400.	-21,425.	25.
RENTAL REAL ESTATE - CHATHAM CONDO	SCH E	-20,182.	-20,207.	25.
TOTAL TO FORM 6251, LINE 18				50.

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 15

1 ENTER: \$40,250 IF SINGLE OR HEAD OF HOUSEHOLD; \$58,000 IF
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$29,000
IF MARRIED FILING SEPARATELY. 58,000.

2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME
(AMTI) FORM 6251, LINE 28 291,621.

3 ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD;
\$150,000 IF MARRIED FILING JOINTLY OR
QUALIFYING WIDOW(ER); \$75,000 IF MARRIED
FILING SEPARATELY 150,000.

4 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS
ENTER -0- 141,621.

5 MULTIPLY LINE 4 BY 25% (.25). 35,405.

6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF
THIS FORM IS FOR A CHILD UNDER AGE 14, GO TO LINE 7 BELOW.
OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251,
LINE 29, AND GO TO FORM 6251, LINE 30 22,595.

7 CHILD'S MINIMUM EXEMPTION AMOUNT.

8 ENTER THE CHILD'S EARNED INCOME, IF ANY

9 ADD LINES 7 AND 8

10 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251,
LINE 29, AND GO TO FORM 6251, LINE 30

FORM 1116	ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 17	STATEMENT 16
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1	ENTER THE AMOUNT FROM FORM 6251, LINE 28	291,621.
2	ENTER WORLDWIDE 25% GAINS	
3	MULTIPLY LINE 2 BY 0.1071	
4	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	392.
5	MULTIPLY LINE 4 BY 0.4643	182.
6	ADD LINES 3, AND 5	182.
7	SUBTRACT LINE 6 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 17	291,439.

FORM 4952	INVESTMENT INTEREST EXPENSE	STATEMENT 17
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DESCRIPTION	CURRENT	CARRYOVER
DISALLOWED INVESTMENT INTEREST PRIOR YEARS		11,266.
TOTALS TO FORM 4952, LINES 1 AND 2		11,266.

FORM 4952	INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT 18
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DESCRIPTION	AMOUNT
INTEREST INCOME	5,516.
DIVIDEND INCOME	575.
TOTAL TO FORM 4952, LINE 4A	6,091.

[REDACTED]

FORM 4952 DISALLOWED INVESTMENT INTEREST EXPENSE STATEMENT 19

DESCRIPTION	AMOUNT
SCHEDULE A - C/O	5,567.
TOTAL TO FORM 4952, LINE 7	5,567.

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 20

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MDL/309 ASSOCIATES, LLP	0.	-2,559.			-2,559.
MDL/309 ASSOCIATES, INC.	0.	-26.			-26.
DOUG LYNN, LLC	44,169.	0.		44,169.	
DOUG LYNN, LLC	44,169.	0.		44,169.	
RENTAL REAL ESTATE - CHATHAM CONDO	0.	-21,425.			-21,425.
RENTAL REAL ESTATE - CHATHAM CONDO	0.	-20,207.			-20,207.
TOTALS	88,338.	-44,217.		88,338.	-44,217.

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 21

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
MDL/309 ASSOCIATES, LLP	SCH E	-2,559.		-2,559.		2,559.
MDL/309 ASSOCIATES, INC.	SCH E	-26.		-26.		26.
DOUG LYNN, LLC	SCH E	44,169.		44,169.		
DOUG LYNN, LLC	SCH E	44,169.		44,169.		
RENTAL REAL ESTATE - CHATHAM CONDO	SCH E	-21,425.		-21,425.		21,425.
RENTAL REAL ESTATE - CHATHAM CONDO	SCH E	-20,207.		-20,207.		20,207.
TOTALS		44,121.		44,121.		44,217.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

44,217.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 22

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MDL/309 ASSOCIATES, LLP	0.	-2,559.			-2,559.
MDL/309 ASSOCIATES, INC.	0.	-26.			-26.
DOUG LYNN, LLC	44,169.	0.		44,169.	
DOUG LYNN, LLC	44,169.	0.		44,169.	
RENTAL REAL ESTATE - CHATHAM CONDO	0.	-21,400.			-21,400.
RENTAL REAL ESTATE - CHATHAM CONDO	0.	-20,182.			-20,182.
TOTALS	88,338.	-44,167.		88,338.	-44,167.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 23

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
MDL/309 ASSOCIATES, LLP	SCH E	-2,559.		-2,559.		2,559.
MDL/309 ASSOCIATES, INC.	SCH E	-26.		-26.		26.
DOUG LYNN, LLC	SCH E	44,169.		44,169.		
DOUG LYNN, LLC	SCH E	44,169.		44,169.		
RENTAL REAL ESTATE - CHATHAM CONDO	SCH E	-21,400.		-21,400.		21,400.
RENTAL REAL ESTATE - CHATHAM CONDO	SCH E	-20,182.		-20,182.		20,182.
TOTALS		44,171.		44,171.		44,167.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

44,167.