

HAND DELIVERED

LOUISIANA BOARD OF ETHICS

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.

ORIGINAL REPORT

THIS REPORT COVERS CALENDAR YEAR 2013

AMENDED REPORT

FINAL REPORT (WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY \_\_\_\_))

A final report must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: MAYOR-PRESIDENT, City of BATON ROUGE - PARISH OF EAST BATON ROUGE

NAME OF FILER (print full name): MELVIN LEE "KIP" HOLDEN

Mailing Address: 222 ST. LOUIS STREET

City, State, Zip: BATON ROUGE, LA 70802

NAME OF SPOUSE (print full name): HEIS STEVENSON HOLDEN

Spouse's Occupation: BUDGET OFFICER

Spouse's Principal Business Address: SOUTHERN UNIVERSITY

City, State, Zip: BATON ROUGE, LA 70813

CHECK ALL THAT APPLY

- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

CERTIFICATE OF ACCURACY

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Melvin Lee 'Kip' Holden  
Signature of Filer

Sworn to and subscribed before me this 14<sup>th</sup> day of May, 2013

Suzan F. Boardman  
Notary Public (print name)  
Suzan F. Boardman  
Notary Public (signature)

ID# 9243

Date Commission Expires at death

Received  
MAY 15, 2013

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**Schedule A: Employment Information**

Filer    Spouse                       Full-Time    Part-Time  
Job Title: MAYOR - PRESIDENT  
Name of Employer: CITY OF BATON ROUGE - PARISH OF EAST BATON ROUGE  
Address: 222 ST. LOUIS STREET  
City, State, Zip: BATON ROUGE, LA 70802  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

Filer    Spouse                       Full-Time    Part-Time  
Job Title: BUDGET OFFICER  
Name of Employer: SOUTHERN UNIVERSITY  
Address: 801 HARDING BLVD  
City, State, Zip: BATON ROUGE, LA 70813  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

Filer    Spouse                       Full-Time    Part-Time  
Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

Filer    Spouse                       Full-Time    Part-Time  
Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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**SCHEDULE B: POSITIONS - BUSINESS**

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: MELVIN L. "Kip" HOLDEN & ASSOCIATES

Address: 838 N. BLVD

City, State, Zip: BATON ROUGE, LA - 70802

Business Description: ATTORNEY

Nature of Association: OWNER

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: HOLDEN'S CAFE

Address: 514 BLOUNT ROAD

City, State, Zip: BATON ROUGE, LA 70807

Business Description: BAR-CAFE

Nature of Association: OWNER

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions – Nonprofit

Filer    Spouse

Name of Organization: BATON ROUGE AREA METROPOLITAN PLANNING ORG.  
Address: 333 N. 19th STREET (MPO)  
City, State, Zip: BATON ROUGE, LA 70806

Nature of Association: MEMBER - CHAIR

Description of Organization: TRANSPORTATION PLANNING FOR BATON ROUGE URBANIZED AREA

Filer    Spouse

Name of Organization: CAPITAL AREA EXPRESSWAY AUTHORITY (CAEA)  
Address: P.O. BOX 3355  
City, State, Zip: BATON ROUGE, LA 70821

Nature of Association: CHAIR

Description of Organization: TOLL AUTHORITY

Filer    Spouse

Name of Organization: WEST BATON ROUGE EXPRESSWAY AUTHORITY  
Address: 980 N. ALEXANDER  
City, State, Zip: PORT ALLEN, LA 70767

Nature of Association: MEMBER

Description of Organization: TRANSPORTATION - TOLL AUTHORITY

Filer    Spouse

Name of Organization: PENNINGTON BIOMEDICAL RESEARCH CENTER  
Address: 6400 PERKINS ROAD FOUNDATION  
City, State, Zip: BATON ROUGE, LA 70808

Nature of Association: BOARD MEMBER

Description of Organization: SUPPORT FOR RESEARCH CENTER

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

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**Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests**

Filer    Spouse    Business (where amount of interest exceeds 10%)  
Type of Income:    State    Political Subdivision    Gaming Interest  
Name of Business (if applicable): MAYOR'S OFFICE  
Name of Income Source: CITY OF BATON ROUGE - PARISH OF EAST BATON ROUGE  
Address: 222 ST. LOUIS STREET  
City, State, Zip: BATON ROUGE, LA 70802  
Amount of Income (exact dollar amount): \$ 135,447.00 (2013)

Filer    Spouse    Business (where amount of interest exceeds 10%)  
Type of Income:    State    Political Subdivision    Gaming Interest  
Name of Business (if applicable): SOUTHERN UNIVERSITY  
Name of Income Source: SOUTHERN UNIVERSITY  
Address: ADMINISTRATION BLDG 801 HARDING BLVD  
City, State, Zip: BATON ROUGE, LA 70813  
Amount of Income (exact dollar amount): \$ 59,500.00

Filer    Spouse    Business (where amount of interest exceeds 10%)  
Type of Income:    State    Political Subdivision    Gaming Interest  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount of Income (exact dollar amount): \$ \_\_\_\_\_

Filer    Spouse    Business (where amount of interest exceeds 10%)  
Type of Income:    State    Political Subdivision    Gaming Interest  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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**Schedule E: Income Received from Employment**

Filer    Spouse    Full-time    Part-time

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Full-time    Part-time

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Full-time    Part-time

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Full-time    Part-time

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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**Schedule F: Income Received From Business Interests**

**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- Category I (less than \$5,000)       Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)       Category IV (more than \$100,000)

Filer     Spouse  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filer     Spouse  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filer     Spouse  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filer     Spouse  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.  
\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.  
\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.  
\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.





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**Schedule H: Immovable Property** (a property that exceeds \$2,000 in value)

Filer    Spouse    Both

Location of Property  
Country: USA   State: LA   Parish/County: EBR

Description of Property: HOUSE/LOT

Fair Market or Use Value:    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Both

Location of Property  
Country: USA   State: LA   Parish/County: EBR

Description of Property: LOT/BAR

Fair Market or Use Value:    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Both

Location of Property  
Country: \_\_\_\_\_   State: \_\_\_\_\_   Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Fair Market or Use Value:    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Both

Location of Property  
Country: \_\_\_\_\_   State: \_\_\_\_\_   Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Fair Market or Use Value:    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

\*You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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**Schedule I: Investment Holdings** (an investment holding that exceeds \$5,000)

Filer  Spouse  Both

Name of Security: \_\_\_\_\_

Description of Security: Insurance - state + City Retirement

Filer  Spouse  Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

Filer  Spouse  Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

Filer  Spouse  Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\*You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\*You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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**Schedule J: Transactions** (a transaction that exceeds \$5,000)

Filer    Spouse    Both  
Transaction Date: \_\_\_\_\_  
Description of Transaction: \_\_\_\_\_  
Amount of Transaction:    Category I (less than \$5,000)       Category II (\$5,000-\$24,999)  
    Category III (\$25,000-\$100,000)       Category IV (more than \$100,000)

Filer    Spouse    Both  
Transaction Date: \_\_\_\_\_  
Description of Transaction: Insurance - State + City Retirements  
Amount of Transaction:    Category I (less than \$5,000)       Category II (\$5,000-\$24,999)  
    Category III (\$25,000-\$100,000)       Category IV (more than \$100,000)

Filer    Spouse    Both  
Transaction Date: \_\_\_\_\_  
Description of Transaction: \_\_\_\_\_  
Amount of Transaction:    Category I (less than \$5,000)       Category II (\$5,000-\$24,999)  
    Category III (\$25,000-\$100,000)       Category IV (more than \$100,000)

Filer    Spouse    Both  
Transaction Date: \_\_\_\_\_  
Description of Transaction: \_\_\_\_\_  
Amount of Transaction:    Category I (less than \$5,000)       Category II (\$5,000-\$24,999)  
    Category III (\$25,000-\$100,000)       Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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**Schedule K: Liabilities** (a liability that exceeds \$10,000)

Filer    Spouse

Name of Creditor: GMAC Mortgage

Address: \_\_\_\_\_

City, State, Zip Waterloo Iowa

Name of Guarantor (If applicable): \_\_\_\_\_

Filer    Spouse

Name of Creditor: Crescent Bank

Address: \_\_\_\_\_

City, State, Zip New Orleans

Name of Guarantor (If applicable): Myself

Filer    Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

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**Schedule L: Other Offices/Positions Held**

Name of Office/Position: Capital Expressway Authority

Name of Office/Position: WBR Expressway Authority Vice Chair

Name of Office/Position: Capital Region Planning Comm (Chair)

Name of Office/Position: BR Metropolitan Planning Commission (Chair)

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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**Schedule M: Positions – Business**

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Filer    Spouse    Both  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Nature of Association: \_\_\_\_\_  
Amount of Interest: \_\_\_\_\_ %

Filer    Spouse    Both  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Nature of Association: \_\_\_\_\_  
Amount of Interest: \_\_\_\_\_ %

N/A

Filer    Spouse    Both  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Nature of Association: \_\_\_\_\_  
Amount of Interest: \_\_\_\_\_ %

Filer    Spouse    Both  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Nature of Association: \_\_\_\_\_  
Amount of Interest: \_\_\_\_\_ %

- \* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- \* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.
- \* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- \* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

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**Schedule N: Income from the State and/or Political Subdivisions**

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Filer    Spouse    Business  
Type of Income:    State    Political Subdivision  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount of Income (exact dollar amount): \_\_\_\_\_

Filer    Spouse    Business  
Type of Income:    State    Political Subdivision  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ **N/A**  
Amount of Income (exact dollar amount): \_\_\_\_\_

Filer    Spouse    Business  
Type of Income:    State    Political Subdivision  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount of Income (exact dollar amount): \_\_\_\_\_

Filer    Spouse    Business  
Type of Income:    State    Political Subdivision  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount of Income (exact dollar amount): \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.