

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
McCullers John Frank

MAILING ADDRESS:
9962 Country Oaks Drive

CITY: ZIP COUNTY:
Fort Myers 33967 Lee

NAME OF AGENCY:
School Board of Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board Member, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 19 was \$ 2,023,088.27.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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

The aggregate value of my household goods and personal effects (described above) is \$ 86,960.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
(See attached)	\$1,966,826.68

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credit Union, P.O. Box 11904, Tampa, Florida 33680	\$22,809.49

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

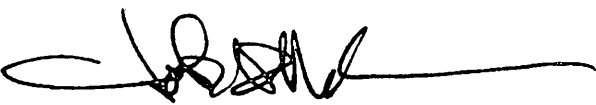
PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete



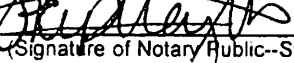
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Lee


Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 4th day of

June, 2022 by John F McCullers IV



STAPHANY BROWN
 (Print, Type, or Stamp Commissioned Name of Notary Public)

STAPHANY BROWN
 Notary Public, State of Florida
 Commission# GG 349134
 My comm. expires June 26, 2023



Personally Known _____ OR Produced Identification FL/DL ✓

Type of Identification Produced FL/DL

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

CANDIDATE OATH –
SCHOOL BOARD

*20JUN02PM0138 SOE Lee Co FL

NONPARTISAN OFFICE

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, John F. "Jeff" McCullers

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of School Board of Lee County, District 2,
(Office) (District #)

; I am a qualified elector of Lee County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 111486502

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]
john ef JEF muh KUL uhrz

X [Signature] (321)209-4042 jeffmccullers2020@gmail.com

Signature of Candidate Telephone Number Email Address
9962 Country Oaks Drive Fort Myers FL 33967
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Lee

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 13th day of May, 2020.
Personally Known: or Produced Identification:
Type of Identification Produced: FL DL



Sara Chandler
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG149686
Expires 10/16/2021

FORM 6 ATTACHMENT
Net Worth Calculation

Values as of December 31, 2019

Assets

Assets over \$1,000.....	\$1,966,826.68
Household effects in aggregate	\$86,960.00
Other assets not reported.....	<u>\$0.00</u>
<i>Subtotal assets</i>	<i>\$2,053,786.68</i>

Liabilities

Suncoast Credit Union vehicle loan	\$22,809.49
Other liabilities not reported	<u>\$7,888.92</u>
<i>Subtotal liabilities</i>	<i>\$30,698.41</i>

Net Worth

All assets	\$2,053,786.68
All liabilities.....	<u>\$30,698.41</u>
Net worth as of December 31, 2019	\$2,023,088.27

FORM 6 ATTACHMENT
Net Worth Calculation

Values as of December 31, 2019

Assets

Assets over \$1,000	\$1,966,826.68
Household effects in aggregate	\$86,960.00
Other assets not reported.....	<u>\$0.00</u>
<i>Subtotal assets</i>	<i>\$2,053,786.68</i>

Liabilities

Suncoast Credit Union vehicle loan	\$22,809.49
Other liabilities not reported	<u>\$7,888.92</u>
<i>Subtotal liabilities</i>	<i>\$30,698.41</i>

Net Worth

All assets	\$2,053,786.68
All liabilities.....	<u>\$30,698.41</u>
Net worth as of December 31, 2019	\$2,023,088.27

FORM 6 ATTACHMENT
PART B — ASSETS

Values as of December 31, 2019

Bank Accounts

Bank of America checking account	\$6,026.37
Bank of America money market account.....	\$4,144.69
BB&T checking account	\$25,348.45
Suncoast Credit Union checking account	\$1,040.42
Suncoast Credit Union savings account	15,578.75

Real Property

9962 Country Oaks Drive, Fort Myers, Florida 33967	\$307,019
14801 Cemetery Road, Fort Myers, Florida 33905	\$340,000

Tangible Property

2017 GMC Acadia Denali sport utility vehicle	\$26,250
2009 Nissan Frontier pickup truck.....	\$8,500

Investment and Retirement Accounts

BENCOR 401(a) Special Pay Plan Account:

- Lincoln Stable Value Bencor Post 8 2011
- | | |
|-------|-------------|
| | \$11,480.88 |
|-------|-------------|

Ameriprise Brokerage Account:

- Insurance and Investments
 - Lincoln National Life Insurance Choice Plus Assurance
- | | |
|-------|--------------|
| | \$318,039.79 |
|-------|--------------|

Ameriprise Brokerage Account:

- Cash and Equivalents.....
 - Mutual Funds
- | | |
|-------|-------------|
| | \$20,859.08 |
|-------|-------------|

○ Franklin Federal Tax Free Income.....	\$29,108.62
● Unit Investment Trusts	
○ Advisors Small Midcap Advantage.....	\$9,157.79
○ Advisors Balanced	\$9,037.83
○ Advisors C&S Dynamic Income	\$19,591.10
○ Advisors Utilities.....	\$14,247.41
○ First Trust Tax Exempt Municipal Income	\$23,912.91
○ Guggenheim SR Loan & Income.....	\$17,198.32
○ Investment Grade Income Unit 5	\$33,388.87
○ Investment Grade Corporate Trust.....	\$20,944.72
○ Investment Grade Municipal Trust.....	\$51,949.80
○ Investment Grade Municipal Trust.....	\$26,832.48
○ Investment Grade Corporate Trust.....	\$22,952.47
○ Invesco Dividend	\$18,454.38
○ Invesco PFD Opportunity	\$10,026.91
○ Invesco International Dividend	\$11,129.71
○ Invesco Balanced Dividend	\$22,049.60
○ Invesco Balanced Dividend.....	\$37,808.15
○ Invesco Utility Income	\$9,627.44
○ Invesco PFD Opportunity	\$26,138.94
○ Invesco Utility Income	\$24,203.00
● Alternative Investments	
○ Industrial Property Trust	\$59,047.76
○ FS KKR Capital Corp II.....	\$47,479.22

Ameriprise Active Portfolio:

● Cash and Equivalents.....	\$1,995.56
● Mutual Funds	
○ Eaton Vance Global Macro Absolute Return	\$9,757.03
○ Goldman Sachs Managed Futures.....	\$4,208.57
○ Goldman Sachs Absolute Return.....	\$7,693.55
○ JP Morgan Global Bond Opportunities	\$3,357.44
○ MFS Global Equity.....	\$7,009.39
○ Mainstay Epoch Global Equity.....	\$5,636.11
○ Neuberger Berman Long Short	\$6,075.48
○ Wells Fargo Core Bond	\$1,971.16
● ETFs and Closed-End Funds	
○ Ishares Core S&P 500	\$9,373.96
○ Ishares Iboxx Investment Grade Corporate Bond	\$895.72
○ Ishares JP Morgan Emerging Markets Bond	\$1,031.04
○ Ishares MSCI China.....	\$897.26
○ Ishares Edge Minimum Volatility	\$852.80
○ Ishares Core.....	\$6,654.48
○ Ishares Core Emerging Markets.....	\$3,440.64

- Bloomberg Barclays High Yield Bond \$1,533.56
- Vaneck Vectors JPM Emerging Markets \$1,190.35
- ETFs and closed-end funds
 - Vanguard Health Care \$1,533.92
 - Vanguard Information Technology \$2,203.65
 - Vanguard Short Term Corporate Bond \$1,458.54
 - Vanguard Mid Cap \$1,247.26
 - WisdomTree Japan Hedged Equity Fund \$1,344.50

John F McCullers IV IRA Ameriprise Vista Separate Account:

- Cash and Equivalents \$4,394.25
- Bonds, CDs, and Structured Products
 - Washington State CTF Partners \$10,192.80
 - Oregon State FACS Authority \$10,295.00
 - Georgia Municipality Association \$10,351.60
 - Illinois Municipal Electrical \$10,394.60
 - Indiana University CTF Partners \$10,935.00
 - Corpus Christi Texas Utility Systems \$10,934.40
 - Palm Beach County Florida School Board CTF Partners \$11,346.40
 - Spokane Washington Hotel Motel & Sales Use Tax \$11,208.00
 - New York New York Ser H \$11,502.70
 - Minnesota State Municipal Power Agency \$11,610.00
 - Connecticut State GAAP \$11,272.10
 - North Texas Tollway Authority \$11,678.00
 - Chicago O'Hare International Airport \$11,884.20
 - Austin Texas Airport \$12,146.40
 - Michigan State Building Authority \$11,835.00
 - Utah State Transportation Authority \$11,993.00
 - Orange County Florida School Board CTF Partners \$11,963.60
 - Tallahassee Florida Energy Systems \$11,790.20

John F McCullers IV Inherited IRA Ameriprise Active Portfolio:

- Cash and Equivalents \$1,647.71
- Mutual Funds
 - Blackrock Total Return Institutional \$1,932.34
 - Blackrock High Yield Bond Institutional \$4,792.91
 - Columbia Dividend Income Institutional \$2,064.09
 - Eaton Vance Emerging Markets Local Income \$2,349.98
 - Federated Strategic Value Dividend Institutional \$4,429.34
 - Federated Bond Institutional \$1,910.99
 - Fidelity Advisor Total Bond \$2,358.97
 - Lord Abbett High Yield \$2,451.91
 - MFS Blended Research Core Equity \$1,517.31
 - Mainstay Epoch Global Equity Yield \$1,496.34

○ Nuveen Symphony High Yield Income.....	\$2,363.11
○ Nuveen Preferred Securities & Income.....	\$3,885.44
○ PGIM Total Return Bond.....	\$3,853.92
○ PGIM High Yield.....	\$2,360.43
○ Western Asset Core Plus Bond.....	\$2,877.43
● ETFs and Closed-End Funds	
○ Ishares Institutional Select Dividend	\$1,023.88
○ Vanguard High Dividend Yield	\$1,452.50
○ Vanguard Real Estate Index.....	\$3,433.23
○ WisdomTree Emerging Markets High Dividend Fund.....	\$961.17
Total assets over \$1,000.....	\$1,966,826.68

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial JOHN F	Last name MCCOLLERS IV	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial DONA	Last name AINSLEY	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions 9962 COUNTRY OAKS DRIVE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions) FORT MYERS FL 33967		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code
		If more than four dependents, see instr. and ✓ here ▶ <input type="checkbox"/>

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

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	104,925
2a Tax-exempt interest	2a	927
3a Qualified dividends	3a	1,506
4a IRA distributions	4a	
c Pensions and annuities	4c	244,779
5a Soc. sec. ben.	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	2,960
7a Other income from Schedule 1, line 9	7a	0
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	142,643
8a Adjustments to income from Schedule 1, line 22	8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	142,643
9 Standard deduction or itemized deductions (from Schedule A)	9	24,400
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	11
11a Add lines 9 and 10	11a	24,411
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	118,232

Standard Deduction for
 • Single or married filing separately: \$12,200
 • Married filing jointly or Qualifying widow(er): \$24,400
 • Head of household: \$18,350
 • If you checked any box under Standard Deduction, see instructions

Form 1040 (2019) JOHN F MCCULLERS IV & DONA AINSLEY

12a	Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	17,417	12b	17,417
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a		13b	68
b	Add Schedule 3, line 7, and line 13a and enter the total				
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	17,349	15	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		16	17,349
16	Add lines 14 and 15. This is your total tax	16		17	16,365
17	Federal income tax withheld from Forms W-2 and 1099	17		18e	
18	Other payments and refundable credits:			19	16,365
a	Earned income credit (EIC)	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e			
19	Add lines 17 and 18e. These are your total payments	19			
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20			
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a			
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23			984
24	Estimated tax penalty (see instructions)	24			

• If you have a qualifying child, attach Sch. EIC.
• If you have nonrefundable combat pay, see instructions.

Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here

▶ b Routing number ▶ c Type: Checking Savings

▶ d Account number

22 Amount of line 20 you want applied to your 2020 estimated tax ▶ 22

Amount You Owe 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶ 23

24 Estimated tax penalty (see instructions) ▶ 24

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
	Spouse's signature If a joint return, both must sign.	Date	Spouse's occupation POSTAL EMPLOYEE	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no	Email address	Preparer's name	Preparer's signature	PTIN	Check if
		DYLAN B HISSAM		PO:655068	<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name ▶ HISSAM & ASSOCIATES ACCOUNTANTS, INC.			Date	05/01/20	<input type="checkbox"/> Self-employed
Firm's address ▶ FORT MYERS FL 33901			Phone no	239-939-0661	
			Firm's EIN ▶	59-1479137	

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

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

JOHN F MCCULLERS IV & DONA AINSLEY

Your social security number

[REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	68
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	68

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019

Attachment Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

JOHN F MCCULLERS IV & DONA AINSLEY

Your social security number

Part I

Interest

(See instructions and the instructions for Form 1040 and 1040-SR, line 2b.)

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

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		Amount
AMERICAN ENTERPRISE INVESTMENT SERVICES-7875		3
AMERICAN ENTERPRISE INVESTMENT SERVICES-8514		2
SUNCOAST CREDIT UNION		27
2 Add the amounts on line 1		32
3 Excludable interest on series EE and I.U.S. savings bonds issued after 1989. Attach Form 8815		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b		32

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

Part II

Ordinary Dividends

(See instructions and the instructions for Form 1040 and 1040-SR, line 3b.)

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

5 List name of payer ▶		Amount
AMERICAN ENTERPRISE INVESTMENT SERVICES-514		1,341
AMERICAN ENTERPRISE INVESTMENT SERVICES-875		3,938
METLIFE INC		3
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b		5,282

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

Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

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

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019
Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

JOHN F MCCULLERS IV & DONA AINSLEY

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	7,045	7,007	0	38
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	684	700	0	-16
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 22

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

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	116,199	114,106	0	2,093
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	15,391	15,504	0	-113
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 958
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 2,938

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

Schedule D (Form 1040 or 1040-SR) 2019

JOHN F MCCULLERS IV & DONA AINSLEY

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	2,960
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	3
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16, or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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

Social security number or taxpayer identification number

JOHN F MCCULLERS IV & DONA AINSLEY

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

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

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

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Includes rows for AMERICAN ENTERPRISE INVESTMENT FUND and a Totals row.

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

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

JOHN F MCCULLERS IV & DONA AINSLEY

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

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERICAN ENTERPRISE INVEST-SHORT TER	VARIOUS	VARIOUS	684	700			-16
<p>2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►</p>								
				684	700			-16

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

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

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

Social security number or taxpayer identification number

JOHN F MCCULLERS IV & DONA AINSLEY

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERICAN ENTERPRISE INVESTMENT FUND	VARIOUS	VARIOUS	15,391	15,504			-113
<p>2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶</p>								
				15,391	15,504		0	-113

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

Form **1116**

Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121

2019

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Attachment Sequence No. **19**

Name: **JOHN F MCCULLERS IV** Identifying number as shown on page 1 of your tax return: XXXXXXXXXX

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in 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 Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ **US UNITED STATES**

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)

I Enter the name of the foreign country or U.S. possession ▶	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	CA	B	
CANADA				
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS & INTEREST		5,208		
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				1a 5,208
Deductions and losses (Caution: See instructions)				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)		24,400		
b Other ded. (attach stmt.)				
c Add lines 3a and 3b		24,400		
d Gross foreign source income (see instructions)		5,208		
e Gross income from all sources (see instructions)		142,772		
f Divide line 3d by line 3e (see instructions)		0.0365		
g Multiply line 3c by line 3f		890		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		890		6 890
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 4,318

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (i) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency					In U.S. dollars			
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(j) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A	1099 TAX					68				68
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ **8 68**

For Paperwork Reduction Act Notice, see instructions.

JOHN F MCCULLERS IV



Form 1116 (2019)

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	68	
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10	11	68	
12	Reduction in foreign taxes (see instructions)	12		
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		68
15	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 (see instructions)	15	4,318	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. 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 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	4,318	
18	Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	118,232	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0365
20	Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions	20		17,417
21	Multiply line 20 by line 19 (maximum amount of credit)	21		636
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)	22		68

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on section 951A income	23		
24	Credit for taxes on foreign branch income	24		
25	Credit for taxes on passive category income	25		
26	Credit for taxes on general category income	26		
27	Credit for taxes on section 901(j) income	27		
28	Credit for taxes on certain income re-sourced by treaty	28		
29	Credit for taxes on lump-sum distributions	29		
30	Add lines 23 through 29	30		
31	Enter the smaller of line 20 or line 30	31		68
32	Reduction of credit for international boycott operations. See instructions for line 12	32		
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a	33		68

Form **8995**

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-0123

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No **55**

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return JOHN F MCCULLERS IV & DONA AINSLEY		Your taxpayer identification number [REDACTED]																																																																	
1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)																																																																
i																																																																			
ii																																																																			
iii																																																																			
iv																																																																			
v																																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)</td> <td style="width: 15%; text-align: center;">2</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>3 Qualified business net (loss) carryforward from the prior year</td> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td>4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-</td> <td style="text-align: center;">4</td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>5 Qualified business income component. Multiply line 4 by 20% (0.20)</td> <td></td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td>6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)</td> <td style="text-align: center;">6</td> <td style="text-align: right;">57</td> <td></td> </tr> <tr> <td>7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year</td> <td style="text-align: center;">7</td> <td></td> <td></td> </tr> <tr> <td>8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-</td> <td style="text-align: center;">8</td> <td style="text-align: right;">57</td> <td></td> </tr> <tr> <td>9 REIT and PTP component. Multiply line 8 by 20% (0.20)</td> <td></td> <td></td> <td style="text-align: right;">9 11</td> </tr> <tr> <td>10 Qualified business income deduction before the income limitation. Add lines 5 and 9</td> <td></td> <td></td> <td style="text-align: right;">10 11</td> </tr> <tr> <td>11 Taxable income before qualified business income deduction</td> <td style="text-align: center;">11</td> <td style="text-align: right;">118,243</td> <td></td> </tr> <tr> <td>12 Net capital gain (see instructions)</td> <td style="text-align: center;">12</td> <td style="text-align: right;">4,444</td> <td></td> </tr> <tr> <td>13 Subtract line 12 from line 11. If zero or less, enter -0-</td> <td style="text-align: center;">13</td> <td style="text-align: right;">113,799</td> <td></td> </tr> <tr> <td>14 Income limitation. Multiply line 13 by 20% (0.20)</td> <td></td> <td></td> <td style="text-align: right;">14 22,760</td> </tr> <tr> <td>15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return</td> <td></td> <td></td> <td style="text-align: right;">15 11</td> </tr> <tr> <td>16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-</td> <td></td> <td></td> <td style="text-align: right;">16 0</td> </tr> <tr> <td>17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-</td> <td></td> <td></td> <td style="text-align: right;">17 0</td> </tr> </table>				2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			3 Qualified business net (loss) carryforward from the prior year	3			4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		5 Qualified business income component. Multiply line 4 by 20% (0.20)			5	6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	57		7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7			8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	57		9 REIT and PTP component. Multiply line 8 by 20% (0.20)			9 11	10 Qualified business income deduction before the income limitation. Add lines 5 and 9			10 11	11 Taxable income before qualified business income deduction	11	118,243		12 Net capital gain (see instructions)	12	4,444		13 Subtract line 12 from line 11. If zero or less, enter -0-	13	113,799		14 Income limitation. Multiply line 13 by 20% (0.20)			14 22,760	15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return			15 11	16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16 0	17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17 0
2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2																																																																		
3 Qualified business net (loss) carryforward from the prior year	3																																																																		
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0																																																																	
5 Qualified business income component. Multiply line 4 by 20% (0.20)			5																																																																
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	57																																																																	
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7																																																																		
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	57																																																																	
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			9 11																																																																
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			10 11																																																																
11 Taxable income before qualified business income deduction	11	118,243																																																																	
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14 Income limitation. Multiply line 13 by 20% (0.20)			14 22,760																																																																
15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return			15 11																																																																
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16 0																																																																
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17 0																																																																

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

Form **8995** (2019)

Form **1040/SR** | **Form 1040 or 1040-SR Reconciliation Worksheet** | **2019**

Filing Status: 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household 5 Qualifying widow(er)
 MFS spouse name _____ "Qualifying person that is a child but not a dependent"

Taxpayer first name and initial JOHN F	Last name MCCULLERS IV	Taxpayer social security number [REDACTED]
If a joint return, spouse's first name and initial DONA	Last name AINSLEY	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions 9962 COUNTRY OAKS DRIVE		Apt no _____
City, town or post office, state, and ZIP code FORT MYERS FL 33967		Presidential Election Campaign <input checked="" type="checkbox"/> Taxpayer <input checked="" type="checkbox"/> Spouse
Foreign country name _____	Foreign province/state/country _____	Foreign postal code _____

6a Taxpayer. If someone can claim you as a dependent, do not check box 6a
 b Spouse

Boxes checked on 6a and 6b	2
Children on 6c who lived with you	_____
Children on 6c who did not live with you	_____
Dependents on 6c not entered above	_____
Total. Add lines above	2

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> qualifies for		If more than four dependents, <input type="checkbox"/> here
				Child tax credit	Other dependents	

Income (Schedule 1)	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	104,925
	8a Taxable interest. Attach Schedule B if required	8a	32
	b Tax-exempt interest. Do not include on line 8a	8b	927
	9a Ordinary dividends. Attach Schedule B if required	9a	5,282
	b Qualified dividends	9b	1,506
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	2,960
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	
	b Taxable amount	15b	
ROLLOVER	16a Pensions and annuities	16a	244,779
	b Taxable amount	16b	29,444
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Social security benefits	20a	
	b Taxable amount	20b	
	21 Other income. List type and amount	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	142,643

Adjusted Gross Income (Schedule 1)	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN	31a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
	35 Reserved	35	
	36 Add lines 23 through 35	36	
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	142,643

Form **1040/SR** | **Form 1040 or 1040-SR Reconciliation Worksheet, Page 2** | **2019**

Name **JOHN F MCCULLERS IV & DONA AINSLEY** | Taxp TIN **[REDACTED]**

38 Amount from line 37 (adjusted gross income) 38 142,643

Tax and Credits (Schedules 2, 3)
 39a Check You were born before January 2, 1955, Blind. } Total boxes checked ▶ 39a
 if: Spouse was born before January 2, 1955, Blind. }
 b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

Standard Deduction for—
 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 24,400

41 Subtract line 40 from line 38 41 118,243

42 Qualified business income deduction (see instructions) 42 11

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 118,232

44 Tax (see instr.). Check if any from: a Form(s) 9814 b Form 9872 c 44 17,417

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 17,417

48 Foreign tax credit. Attach Form 1116 if required 48 68

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit/credit for other dependents 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 68

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 17,349

Other Taxes (Schedule 2)
 57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Reserved 61

62 Taxes from: a Form 8959 b Form 9960 c instructions, enter code(s) 62

63 Section 965 net tax liability installment from Form 965-A 63

64 Add lines 56 through 62. This is your total tax 64 17,349

Payments (Schedule 3)
 65 Federal income tax withheld from Forms W-2 and 1099 65 16,365

66 2019 estimated tax payments and amount applied from 2018 return 66

67a Earned income credit (EIC) 67a

b Nontaxable combat pay election 67b

68 Additional child tax credit. Attach Schedule 8812 68

69 American opportunity credit from Form 8863, line 8 69

70 Net premium tax credit. Attach Form 8962 70

71 Amount paid with request for extension to file 71

72 Excess social security and tier 1 RRTA tax withheld 72

73 Credit for federal tax on fuels. Attach Form 4136 73

74 Credits from Form: a 2439 b Reserved c 8865 d 74

75 Add lines 65, 66, 67a, and 68 through 74. These are your total payments 75 16,365

Refund
 76 If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid 76

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here 77a

▶ b Routing number ▶ c Type: Checking Savings

▶ d Account number

78 Amount of line 76 you want applied to your 2020 estimated tax 78

Amount You Owe
 79 Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions 79 984

80 Estimated tax penalty (see instructions) 80

Interest Penalties
 Date Return filed Late filing interest (INT) Failure to file Failure to pay Total

Third Party Designee Paid Preparer is 3rd Party Designee, Third Party Designee information not required

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name Personal identification number (PIN)

Phone no.

Other info
 Taxpayer Daytime phone number Taxpayer Occupation **RETIRED** IRS Identity Protection PIN

Spouse Occupation **POSTAL EMPLOYEE** IRS Identity Protection PIN

Taxpayer Spouse Email address

Form **1040** **Schedule D Tax Worksheet** **2019**

Name **JOHN F MCCULLERS IV & DONA AINSLEY** Taxpayer Identification Number XXXXXXXXXX

1. Enter your taxable income from Form 1040 or 1040-SR, line 11b (or Form 1040-NR, line 41) (However, if you are filing Form 2555 (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet)	1.	118,232
2. Enter your qualified dividends from Form 1040, line 3a.2		1,506
3. Form 4952, line 4g amount	3.	
4. Form 4952, line 4e amount	4.	
5. Subtract line 4 from line 3. If zero or less, enter -0-	5.	0
6. Subtract line 5 from line 2. If zero or less, enter -0-	6.	1,506
7. Enter the smaller of line 15 or line 16 of Schedule D	7.	2,938
8. Enter the smaller of line 3 or line 4	8.	
9. Subtract line 8 from line 7. If zero or less, enter -0-	9.	2,938
10. Add lines 6 and 9	10.	4,444
11. Add lines 18 and 19 of Schedule D**	11.	3
12. Enter the smaller of line 9 or line 11	12.	3
13. Subtract line 12 from line 10	13.	4,441
14. Subtract line 13 from line 1. If zero or less, enter -0-	14.	113,791
15. Enter \$39,375 if Single or MFS; \$78,750 if MFJ or QW; \$52,750 if HOH	15.	78,750
16. Enter the smaller of line 1 or line 15	16.	78,750
17. Enter the smaller of line 14 or line 16	17.	78,750
18. Subtract line 10 from line 1. If zero or less, enter -0-	18.	113,788
19. Enter the smaller of line 1 or \$180,725 Sgl/MFS; \$321,450 MFJ/QW; \$180,700 HOH	19.	118,232
20. Enter the smaller of line 14 or line 19	20.	113,791
21. Enter the larger of line 18 or line 20	21.	113,791
22. Subtract line 17 from line 16. This amount is taxed at 0%	22.	
<i>If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.</i>		
23. Enter the smaller of line 1 or line 13	23.	4,441
24. Enter the amount from line 22 (if line 22 is blank, enter -0-)	24.	0
25. Subtract line 24 from line 23. If zero or less, enter -0-	25.	4,441
26. Enter \$434,550 Sgl; \$244,425 MFS; \$488,850 MFJ/QW; \$461,700 HOH	26.	488,850
27. Enter the smaller of line 1 or line 26	27.	118,232
28. Add lines 21 and 22	28.	113,791
29. Subtract line 28 from line 27. If zero or less, enter -0-	29.	4,441
30. Enter the smaller of line 25 or line 29	30.	4,441
31. Multiply line 30 by 15% (.15)	31.	666
32. Add lines 24 and 30	32.	4,441
<i>If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.</i>		
33. Subtract line 32 from line 23	33.	0
34. Multiply line 33 by 20% (.20)	34.	0
<i>If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.</i>		
35. Enter the smaller of line 9 above or Schedule D, line 19	35.	3
36. Add lines 10 and 21	36.	118,235
37. Enter the amount from line 1 above	37.	118,232
38. Subtract line 37 from line 36. If zero or less, enter -0-	38.	3
39. Subtract line 38 from line 35. If zero or less, enter -0-	39.	0
40. Multiply line 39 by 25% (.25)	40.	0
<i>If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.</i>		
41. Add lines 21, 22, 30, 33 and 39	41.	
42. Subtract line 41 from line 1	42.	
43. Multiply line 42 by 28% (.28)	43.	
44. Figure the tax on the amount on line 21. If the amount on line 21 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44.	16,751
45. Add lines 31, 34, 40, 43, and 44	45.	17,417
46. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	46.	17,728
47. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040 or 1040-SR, line 12a (Form 1040NR, line 42), except if you're filing Form 2555, then enter on line 4 of the FET 28k	47.	17,417

Form 1040	28% Rate Capital Gain and Unrecaptured Section 1250 Worksheets	2019
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Name JOHN F MCCULLERS IV & DONA AINSLEY	Taxpayer Identification Number XXXXXXXXXX
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28% Rate Capital Gain Tax Worksheet - Schedule D Line 18

1. Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1. _____
2. Enter as a positive number the total of: <ul style="list-style-type: none"> • Any section 1202 exclusion you reported in column (g) of Form 8949 Part II with code "Q" in column (f), that is 50% of the gain; • 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain; and • 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain Do not make an entry for any section 1202 exclusion that is 100% of the gain.	2. _____
3. Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824	3. _____
4. Enter the total of any collectibles gain reported to you on: <ul style="list-style-type: none"> • Form 1099-DIV, box 2d; • Form 2439, box 1d; and • Schedule K-1 from a partnership, S corporation, estate, or trust. 	4. _____
5. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, Code C	5. (_____)
6. If Schedule D, line 7 is a (loss), enter that (loss) here. Otherwise, enter -0-	6. (_____ 0)
7. Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7. _____

Unrecaptured Section 1250 Gain Worksheet - Schedule D Line 19

If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. If you had more than one such property, see instructions	1. _____
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2. _____
3. Subtract line 2 from line 1. *(Total amount is reported. See the Unrecaptured Section 1250 Gains stmt for detail)	3. _____
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year (see instructions)	4. _____
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"	5. _____
6. Add lines 3 through 5	6. _____
7. Enter the smaller of line 6 or the gain from 4797, line 7 (4797 line 7 _____) 7.	7. _____
8. Enter the amount, if any, from Form 4797, line 8	8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0-	9. _____
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain (see instructions)	10. _____
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R	11. _____ 3
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale (see instructions)	12. _____
13. Add lines 9 through 12	13. _____ 3
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet. Otherwise, enter -0-	14. _____
15. Enter the (loss), if any, from Sch D, line 7. If Sch D, line 7, is zero or a gain, enter -0-	15. (_____ 0)
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C*	16. (_____)
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain enter -0-	17. _____ 0
18. Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. Enter the result here and on Schedule D, line 19	18. _____ 3

*If you're filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet

Form 1116	Foreign Tax Credit Worksheet A	2019
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Name JOHN F MCCULLERS IV & DONA AINSLEY	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
-------------------------------------------------------	------------------------------------------------------------------------------------------------------------

Regular

Specify ► Category #1 Category #2
PASSIVE INC _____

1. Separate category capital gain or (loss)	1.	<u>958</u>		
2. Foreign source capital gain net income			2.	<u>958</u>
3. Capital gain net income			3.	<u>2,960</u>
4. Total U.S. capital loss adjustment			4.	<u>-2,002</u>
5. Adjusted separate category capital gain			5.	_____
6. U.S. capital loss adjustment factor. (For each separate category, divide line 1 by line 2 and round off the result to at least four decimal places.)	6.	_____		
7. U.S. capital loss adjustment. (For each separate category, multiply line 4 by line 6.)	7.	_____		
8. Adjusted separate category capital gain. (For each separate category, subtract line 7 from line 1. Enter the result here and include the result on line 1a of the applicable Form 1116.)	8.	_____		

Alternative Minimum Tax

Specify ► Category #1 Category #2
PASSIVE INC _____

1. Separate category capital gain or (loss)	1.	<u>958</u>		
2. Foreign source capital gain net income			2.	<u>958</u>
3. Capital gain net income			3.	<u>2,960</u>
4. Total U.S. capital loss adjustment			4.	<u>-2,002</u>
5. Adjusted separate category capital gain			5.	_____
6. U.S. capital loss adjustment factor. (For each separate category, divide line 1 by line 2 and round off the result to at least four decimal places.)	6.	_____		
7. U.S. capital loss adjustment. (For each separate category, multiply line 4 by line 6.)	7.	_____		
8. Adjusted separate category capital gain. (For each separate category, subtract line 7 from line 1. Enter the result here and include the result on line 1a of the applicable AMT Form 1116.)	8.	_____		

Instructions for Foreign Tax Credit Worksheet A

- Line 1.** For each separate category for which you have foreign source capital gains or losses, combine your foreign source capital gains and losses in that separate category and enter the result on line 1. Show a loss on line 1 of this worksheet as a negative amount and include the loss on line 5 of the Form 1116 you are filing for that separate category.
- Line 2.** Combine the amounts entered on line 1. If the result is zero or less, do not complete the rest of the worksheet. Instead, for each separate category with a positive amount on line 1 of this worksheet, include that positive amount on line 1a of the Form 1116 you are filing for that separate category.
- Line 3.** Enter the amount from line 16 of Schedule D, less the portion of net capital gain included on Form 4952, line 4g. If zero or less enter -0-. (Please refer to the Schedule D AMT Worksheets for amounts to be reported on the AMT Foreign Tax Credit Worksheet A.)
- Line 4.** Subtract line 3 from line 2. If the result is zero or less, do not complete the rest of the worksheet. Instead, for each separate category with a positive amount on line 1 of this worksheet, include that positive amount on line 1a of the Form 1116 you are filing for that separate category.
- Line 5.** If both separate categories have a positive amount on line 1, skip line 5 and go to line 6. If only one separate category has a positive amount on line 1, subtract line 4 from that positive amount. Enter the result here and on line 1a of the Form 1116 you are filing for that separate category.
- Stop here.**

Form 1040	Foreign Tax Credit Carryover Worksheet	2019
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Name JOHN F MCCULLERS IV & DONA AINSLEY	Taxpayer Identification Number XXXXXXXXXX
-------------------------------------------------------	----------------------------------------------------------------------------------------------------------

Foreign Income Category PASSIVE INCOME

Regular

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018						
2019	68	636	-568			-568

* Amounts flow to the Foreign Tax Credit Carryover Report

Alternative Minimum Tax

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018						
2019	68	276	-208			-208

* Amounts flow to the Foreign Tax Credit Carryover Report

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

<u>Payer</u>	<u>Amount</u>
AMERICAN ENTERPRISE INVESTMENT SERVICES-514	\$ 14
AMERICAN ENTERPRISE INVESTMENT SERVICES-875	913
TOTAL	<u>\$ 927</u>

Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Section 199A Dividends</u>
AMERICAN ENTERPRISE INVESTMENT SERVICES-514	\$ 1,341	\$ 398	\$ 1
AMERICAN ENTERPRISE INVESTMENT SERVICES-875	3,938	1,105	56
METLIFE INC	<u>3</u>	<u>3</u>	
TOTAL	<u>\$ 5,282</u>	<u>\$ 1,506</u>	<u>\$ 57</u>

Form 1040, Line 6 - Capital Gain Distributions

<u>Payer</u>	<u>Capital Gain Distribution</u>
AMERICAN ENTERPRISE INVESTMENT SERVICES-514	\$ 391
AMERICAN ENTERPRISE INVESTMENT SERVICES-875	567
TOTAL	<u>\$ 958</u>

Federal Statements

Passive Income from B&D

Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
FOREIGN QUALIFIED DIVIDENDS	\$	\$	\$
FRGN QUALIFIED DIVS - NO ADJUSTMENT	1,333		
FOREIGN CAPITAL GAINS WRK A	958		
OTHER FOREIGN GROSS INCOME			
1116 FOREIGN GROSS INCOME	4,250		
- 1116 FOREIGN QUALIFIED DIVIDENDS	1,333		
	2,917		
TOTAL	5,208		

Passive Income from B&D

Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 LN 1/2B-5B SCH 1 LN 1/2A/7/8	\$ 139,683
GROSS SCH D CAPITAL GAINS	3,089
TOTAL	\$ 142,772

Federal Statements

SCHOOL DISTRICT OF LEE COUNTY

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 36
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	3,981
TOTAL	<u>\$ 4,017</u>

Federal Statements**US POSTAL SERVICE****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 73
SECTION 401(K) CONTRIBUTIONS	2,901
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	16,664
SUBSTANTIATED EMPLOYEE BUSINESS EXPENSE REIMBURSEMENTS	5,150
TOTAL	\$ <u>24,788</u>

Form 1040	Pension/Annuity Report	2019
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Name JOHN F MCCULLERS IV & DONA AINSLEY	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
-------------------------------------------------------	------------------------------------------------------------------------------------------------------------

	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	T	STATE OF FLORIDA	209,424	X	
B	T	BRIGHTHOUSE LIFE INSURANCE COMPANY	9,171	-	4,800
C	T	STATE OF FLORIDA	21,972	-	21,972
D	T	LINCOLN NATIONAL LIFE INSURANCE CO	4,212	-	2,672
E	-			-	
F	-			-	
G	-			-	
H	-			-	
I	-			-	
J	-			-	
K	-			-	
L	-			-	
M	-			-	
N	-			-	
O	-			-	
		Taxpayer	244,779	-	29,444
		Spouse		-	
		Total	244,779	-	29,444

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-					
B	-			480		
C	-			1,591		
D	-					
E	-					
F	-					
G	-					
H	-					
I	-					
J	-					
K	-					
L	-					
M	-					
N	-					
O	-					
				2,071		
				2,071		

Form **1040** **Salaries & Wages Report** **2019**

Name **JOHN F MCCULLERS IV & DONA AINSLEY** Taxpayer Identification Number XXXXXXXXXX

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T SCHOOL DISTRICT OF LEE COUNTY	61,661	10,566	61,661
B	S US POSTAL SERVICE	43,264	3,728	46,165
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		61,661	10,566	61,661
Spouse		43,264	3,728	46,165
Totals		104,925	14,294	107,826

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	3,823	61,661	894				
B	2,862	46,165	669				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	3,823	61,661	894				
Spouse	2,862	46,165	669				
Totals	6,685	107,826	1,563				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

Form 1040	CARES Act COVID-19 - (EIP) Recovery Rebate Worksheet	2019 & 2020
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Name JOHN F MCCULLERS IV & DONA AINSLEY	Taxpayer Identification Number XXXXXXXXXX
-------------------------------------------------------	----------------------------------------------------------------------------------------------------------

- | | 2018 | 2019
<u>MFJ</u> | 2020
<u>MFJ</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| A. Filing Status | | | |
| B. Can taxpayer or spouse, if filing a joint return, be claimed as a dependent on another person's return? No go to C. Yes Stop here | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C. Does the taxpayer, and spouse if filing jointly, have a valid social security number? Yes skip line D and go to line 1. No, go to line D | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Were either taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? Yes go to line 1. No. Stop here | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

	2018	2019	2020
1. Adjusted gross income (AGI) from the return	1.	142,643	139,683
2. Recovery rebates based upon filing status. Enter \$1,200 (\$2,400 if MFJ)	2.	2,400	2,400
3. Number of children qualified for the child tax credit	3.		
4. Number of children under 17 with adoption taxpayer identification number (ATIN)	4.		
5. Add lines 3 and 4	5.		
6. Enter \$500	6.	500	500
7. Rebate credit for qualifying child dependent under age 17. Multiply line 6 by 5.	7.		
8. Total rebate check before AGI limits. Add line 2 and 7.	8.	2,400	2,400
9. Phaseout limit based upon filing status. Enter \$75,000 (\$150,000 MFJ; \$112,500 HH)	9.	150,000	150,000
10. Subtract line 9 from line 1. If less than zero, enter -0-	10.	0	0
11. Recovery rebate reduction. Multiply line 10 by 5% (0.05)	11.		
12. Projected rebate check. Subtract line 11 from line 8. If less than zero, enter -0-	12.	2,400	2,400
13. Enter the amount from line 12 of the year used to calculate	13.		2,400
14. Recovery rebate credit for 2020. Subtract line 13 from line 12. If zero or less, enter -0-. Enter the result here and on Tax Projection Worksheet line 82	14.		2019 TAX RETURN 0

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2019**

Name **JOHN F MCCULLERS IV & DONA AINSLEY** Taxpayer Identification Number XXXXXXXXXX

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status MARRIED FILING JOINTLY Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) 15.0%
 Tax Method SCHEDULE D TAX WORKSHEET

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:
 Tax using capital gains rates Tax using Ordinary rates Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	113,791	22.0%	16,751	\$78,950 - \$168,400	54,609
Capital Income	4,441	15.0%	666	\$78,950 - \$612,350	607,909
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates	(a) Taxable Income	(b) Tax*
1. 10% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET, \$19,400	1a. 19,400	1b. 1,943
2. 12% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET, \$59,550	2a. 59,550	2b. 7,149
3. 22% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET \$89,450	3a. 34,841	3b. 7,659
4. 24% rate	4a.	4b.
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 113,791	8b. 16,751

Income taxed at capital gains rates	(a) Taxable Income	(b) Tax*
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate MAXIMUM TAXABLE INCOME PER THIS BRACKET \$410,100	10a. 4,441	10b. 666
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a. 4,441	14b. 666

Total taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a.	15. 113,791
16. Total capital gains taxable income. Enter the amount from line 14a.	16. 4,441
17. Add lines 15 and 16.	17. 118,232
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040, line 11b, (1040NR, line 41, or 1040NR-EZ, line 14). Subtract line 18 from line 17.	19. 118,232

Total tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. 16,751
21. Total capital gains tax. Enter the amount from line 14b.	21. 666
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 17,417
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040, line 12b, (1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27. 17,417

Form **W-2 Wage and Tax Statement** 2019

c Employer's name, address, and ZIP code SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD. FORT MYERS FL 33966		7 Social security tips	1 Wages, tips, other compensation 61660.96	2 Federal income tax withheld 10566.22					
e Employee's name, address, and ZIP code JOHN F MCCULLERS 9962 COUNTRY OAKS DRIVE FORT MYERS FL 33967		8 Allocated tips	3 Social security wages 61660.96	4 Social security tax withheld 3822.98					
		9	5 Medicare wages and tips 61660.96	6 Medicare tax withheld 894.08					
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 35.52					
13 <table border="0"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table>		Statutory employee	Retirement plan	Third-party sick pay		<input checked="" type="checkbox"/>		14 Other	12b DD 3981.25
Statutory employee	Retirement plan	Third-party sick pay							
	<input checked="" type="checkbox"/>								
b Employer identification number (EIN) 59-6000701		a Employee's social security number REDACTED	12c	12d					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2019

c Employer's name, address, and ZIP code SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD. FORT MYERS FL 33966		7 Social security tips	1 Wages, tips, other compensation 61660.96	2 Federal income tax withheld 10566.22					
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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile

Form **W-2 Wage and Tax Statement** 2019

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2019

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

POSTMASTER/MANAGER
20791 THREE OAKS PARKWAY
ESTERO FL 33928-9998



Exemption from withholding: Employees claiming "exempt" from withholding during the year must complete a new Form W-4 each year to keep their "exempt" status. Please contact HRSSC for details.

Notes: If an employee has earnings for more than one state or locality, a separate W-2 is issued for each.

This information is being furnished to the Internal Revenue Service.

Finance Number: 11-2715

If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.



D M AINSLEY
9962 COUNTRY OAKS DR
FORT MYERS FL 33967-6215

ATTENTION POSTMASTER DO NOT FORWARD

Source of reported wages

The Wages and Other Compensation amount reported in Box 1 of Form W-2 is derived from year-to-date totals reflected on the employee's Pay Period 25-2019 (or last period in pay status 2019) Earnings Statement, plus several other totals from the Form W-2. Use the Reconciliation Formula below to reconcile your Earnings Statement with your W-2. If any checks issued during 2019 were returned or canceled after the last Earnings Statement was printed, this reconciliation is not applicable.

Earnings Statement (YTD)	Reconciliation Formula
Gross 51,567.82	Gross Pay (YTD) 00
Social Security Tax 2,852.23	- FSA Contributions 00
Medicare Tax 669.39	- Thrift Savings Plan (tax deferred) 2,901.34
Fed Tax 3,728.47	- Relocation Excludable 00
HB Pretax 5,475.66	- Pretax HB HSA FEDVIP 5,475.66
State Income Tax 00	- Pretax Commuter Program 00
State Other Tax 00	+ Taxable Vehicle 00
Thrift Savings Plan 2,901.34	+ Imputed Income-Life Insurance 72.91
FSA 00	+ Miscellaneous 00
Commuter 00	+ Relocation Gross 00
FEDVIP 00	+ Locality Pay LEAP AUO GeoPay 00
HSA 00	+ Deferred Comp Distribution 00
Local Tax 00	
	= Wages, tips, other comp Box 1 43,263.73

FOR EMPLOYMENT VERIFICATION
CALL 1-800-367-5690

Visit the IRS website at
www.irs.gov/efile



a Employee's social security number REDACTED		b Employer identification number 41-0760000	
c Employee's name, address, and ZIP code United States Postal Service Eagan Accounting Service Center 2825 Lone Oak Parkway Eagan MN 55121-9617			
d Control number			
e Employee's first name and initial D M AINSLEY		Last name 9962 COUNTRY OAKS DR	Suff. FORT MYERS FL 33967-6215
f Employee's address and ZIP code			
1 Wages, tips, other compensation 43,263.73		2 Federal income tax withheld 3,728.47	
3 Social security wages 46,165.07		4 Social security tax withheld 2,862.23	
5 Medicare wages and tips 46,165.07		6 Medicare tax withheld 669.39	
7 Social security tips NONE		8 Allocated tips NONE	
9		10 Dependent care benefits NONE	
11 Nonqualified plans NONE		12a See instructions for box 12 C 72.91	
13 Statutory Retirement employee plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		12b D 2,901.34	
14 Other		12c DD 16,664.13	
		12d L 5,150.00	
15 State Employer's state ID no. FL 410760000		16 State wages, tips, etc. 43,263.73	
17 State income tax NONE		18 Local wages, tips, etc. NONE	
19 Local income tax NONE		20 Locality name NONE	
W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service Copy C - For EMPLOYEE'S RECORDS OMB No. 1545-0008			

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W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008			

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund. If box 2 shows an amount or if you are eligible for any credit Earned Income Credit (EIC). You may be able to take the EIC for 2019 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an inmate of a penal institution. For 2019 income limits and more information, visit www.irs.gov/EITC. Also see Pub 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2019 and more than \$3,239.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,536.30 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub 505, Tax Withholding and Estimated Tax Instructions for Employees.

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 3. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 4. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 5. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expense, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans, \$22,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). The additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP.

G—Elective deferrals and employer contributions (including nonselective deferrals) to a section 457(b) deferred compensation plan.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5).

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable).

M—Uncollected social security or RRTA tax on taxable cost of group term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q—Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses. In compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub 575.

Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSA).

Y—Deferrals under a section 409A nonqualified deferred compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement.

GG—Income from qualified equity grants under section 83(i).

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employees use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.


Note. Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.



CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	John F. "Jeff" McCullers		
Residence Address	9962 Country Oaks Drive		
City and Zip Code	Fort Myers, Florida 33967		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	(321) 209-4042		
Campaign Email Address	JeffMcCullers2020@gmail.com		
Campaign Website			
Office Sought	School Board Member		
Area, District, Group or Seat #	District 2		
<p>➔ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➔ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➔ Political Party for Office Sought	Non-partisan		
Incumbent	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
Date of Birth or Voter Registration ID #	111486502		
Candidate Signature & Date	 June 14, 2019		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

19JUN14PM1034 SDF Lee Co-F1

1550

JfJMcC2SB

3212

3212

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)


19 JUN 14 PM 10:34 SDE Lee Co FL

I, John F. "Jeff" McCullers ,

candidate for the office of School Board of Lee County, District 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 
Signature of Candidate

June 14, 2019
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

19JUN14AM1034 SOE Lee Co F1

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

John F. "Jeff" McCullers

3. Address (include post office box or street, city, state, zip code)

9962 Country Oaks Drive
Fort Myers, Florida 33967

4. Telephone

(321) 209-4042

5. E-mail address

jeffmccullers2020@gmail.com

6. Office sought (include district, circuit, group number)

School Board, District 2
LEE COUNTY

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

John F. "Jeff" McCullers

11. Mailing Address

9962 Country Oaks Drive

12. Telephone

(321) 209-4042

13. City

Fort Myers

14. County

Lee

15. State

Florida

16. Zip Code

33967

17. E-mail address

jeffmccullers2020@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

BANK OF AMERICA

20. Address

19017 S. TAMiami TRAIL, Fort MYERS FL 33908

21. City

Fort Myers

22. County

Lee

23. State

Florida

24. Zip Code

33908

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

June 14, 2019

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, John F. "Jeff" McCullers, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

June 14, 2019

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

AFFIDAVIT OF JOHN FRANK McCULLERS IV
STATE OF FLORIDA
COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared John Frank McCullers IV, who being first duly sworn or placed under affirmation, says:

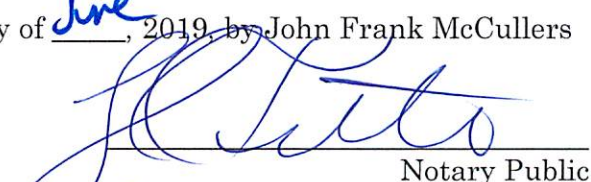
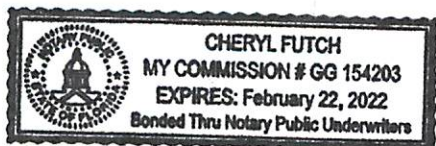
1. My legal name is John Frank McCullers IV. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.
2. I am a candidate for the office of School Board of Lee County, District 2.
3. My nickname is Jeff. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.
4. Attached are 11 documents that show that my nickname is one by which I am generally known or is one that I have used as a part of my legal name:
 - A. Business Card
 - B. School Board Agenda 2004 June 27 IV.B.1.b. Title I-C Migrant
 - C. School District Web page
 - D. Title II 02-03 100A Project Application
 - E. FGDN Fall Forum Agenda and Bios
 - F. Estero Historical Society Web page
 - G. Estero Historical Society Membership Card
 - H. Facebook page
 - I. Twitter page
 - J. Newspaper article 1975 October 3
 - K. K.Newspaper article 1976 September 6

Further, affiant sayeth not.



Signature of Affiant
John Frank McCullers IV

Sworn to and subscribed before me this 14 day of June, 2019, by John Frank McCullers IV.



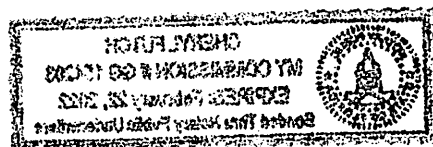
Notary Public

Cheryl Futch
Printed Name

Personally known _____ or Produced Identification X

Type of Identification Produced FLDL

19 JUN 14 AM 10:34 SEELee Co FI





J.F. "Jeff" McCullers, Ed.D.

Director, Grants & Program Development
Liaison, Public Charter Schools

www.grants.leeschools.net

2855 Colonial Boulevard
Fort Myers, FL 33966-1012

Office: (239) 337-8273
Fax: (239) 337-8594
TTD/TTY (239) 335-1512
JeffFM@leeschools.net

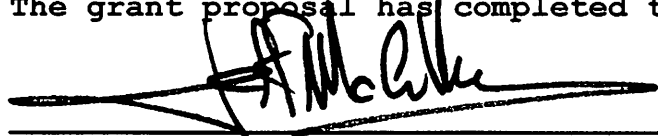
19 JUN 14 AM 10:34 SDE Lee Co Fl

The School Board of Lee County Grant Agenda Item

- Board Meeting Date: July 27, 2004
- Agenda Item No.: IV.B.1.b.
- Division: Academic Services

Funding Agency:	Florida Department of Education
Funding Type:	Federal-through-state
Application Type:	Non-competitive
Grant Program:	ESEA Title I, Part C Education of Migratory Children
Project Title:	ESEA Title I, Part C Education of Migratory Children 2004-05
Amount Requested:	\$517,044.62
District Match:	\$0.00
Indirect Funds:	\$17,774.03
Applicant:	District
Fiscal Agent:	District
Type of Grant:	Original
Contact Person(s):	Dr. Sheryl Clarke Director Department of District Intervention Programs
Budget Administrator:	Dr. Sheryl Clarke Director Department of District Intervention Programs

The grant proposal has completed the District Grant Review.



J.F. "Jeff" McCullers
Program Administrator
Department of Grants & Program Development

July 8, 2004
Date

19JUN14PM1034 SIE Lee Co Fl



Academic Services

Grants and Program Development

ESEA

ESEA Team

Grant Administrators

Grant Notices and Funding Opportunities

Grant Related Documents

Grants Frequently Asked Questions

Magnet Grant

Non-Public Participation

Program Development

Resources

» Our District » Departments » Academic Services » Grants and Program Development

Dr. J.F. "Jeff" McCullers
(239) 337-8273
Director, Grants & Program Development
Liaison, Public Charter Schools

Ms. JoAnn Moody
(239) 337-8115
Secretary to Director

Dr. Terri Kinsey
(239) 335-1434
Assistant Director, Grants & Program Development
Project Director, Magnet Schools Assistance Program

Dr. Donna Schroll
(239) 461-8483
Administrator, Public Charter Schools

Kathleen Keck
(239) 939-6860
Coordinator, Grants & Program Development

Jessica Feliciano
(239) 939-6859
Grant Specialist, Magnet Schools Assistance Program

Main Number: (239) 337-8115
Fax Number: (239) 337-8594

Department Information

Why We're Here

The Department of Grants and Program Development is dedicated to supporting teachers and schools as they implement District plans and other initiatives pertaining to student achievement. Moreover, the Department works to support District values of quality and stewardship.

What We Do

"19 JUN 14 PM 10:35 SDE Lee Co FL"

School District Web page at

<https://www.leeschools.net/cms/One.aspx?portalId=676305&pageId=1324655>

June 1, 2019

**Title II, Part A – Teacher and Principal Training and Recruiting Fund
2002-2003 LEA Application**

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT APPLICATION**

TAPS Number 3A111

Please return to: Florida Department of Education Bureau of Grants Management Room 332 Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) 488-6547 Suncom: 278-6547	A) Program Name: <p align="center">Title II, Part A – Teacher and Principal Training and Recruiting Fund</p> <p align="center">2002-2003 LEA Application</p>	DOE USE ONLY Date Received						
B) Name and Address of Eligible Applicant: The School District of Lee County 2055 Central Avenue Fort Myers, FL 33901		Project Number (DOE Assigned)						
C) Total Funds Requested: <p align="center">\$ 2,751,355.00</p> <hr/> <p align="center">DOE USE ONLY</p> Total Approved Project: \$	D) Applicant Contact Information <table border="1"> <tr> <td data-bbox="646 919 1097 1031"> Contact Name: J.F. "Jeff" McCullers </td> <td data-bbox="1101 919 1570 1031"> Mailing Address: 2055 Central Avenue </td> </tr> <tr> <td data-bbox="646 1035 1097 1115"> Telephone Number: (239)337-8242 </td> <td data-bbox="1101 1035 1570 1115"> SunCom Number: 759-8242 </td> </tr> <tr> <td data-bbox="646 1119 1097 1226"> Fax Number: (239)337-8594 </td> <td data-bbox="1101 1119 1570 1226"> E-mail Address: JeffM@lee.k12.fl.us </td> </tr> </table>		Contact Name: J.F. "Jeff" McCullers	Mailing Address: 2055 Central Avenue	Telephone Number: (239)337-8242	SunCom Number: 759-8242	Fax Number: (239)337-8594	E-mail Address: JeffM@lee.k12.fl.us
Contact Name: J.F. "Jeff" McCullers	Mailing Address: 2055 Central Avenue							
Telephone Number: (239)337-8242	SunCom Number: 759-8242							
Fax Number: (239)337-8594	E-mail Address: JeffM@lee.k12.fl.us							
<p align="center">CERTIFICATION</p> <p>I, <u>John W. Sanders, Ed. D.</u>, do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of general assurances and specific programmatic assurances for this project. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.</p> <p>Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.</p> <p>E) _____ Signature of Agency Head</p>								

"BUNN"AM1085 SDE Lee Co FL





Fall Training Forum for Grant Professionals December 6-7, 2018

MOVING TO MASTERY IN A DATA-DRIVEN AGE

Wednesday - December 5, 2018

2:00 - 4:30	Mandatory Board Meeting	FGDNK-12 Board Members
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Thursday - December 6, 2018

Times	Topics	Presenters
6:30 - 8:30	Complimentary Breakfast for hotel guests	
8:00 - 8:30	Registration	FGDNK-12 Board Members
8:30 - 8:45	Announcements and Introductions	Michelle Robinson, Grants Specialist, Pinellas County Schools
8:45 - 9:00	Welcome	Dr. Barbara M. Jenkins, Superintendent, Orange County Public Schools
9:00 - 10:15	<i>Session I</i> Keynote and Federal Update	Dr. Jeff McCullers, Director of Grant and Program Development, Public School Liaison, Lee County Schools
10:15 - 10:30	Break	
10:30 - 12:00	<i>Session II</i> Using Data More Effectively	Ann K. Emery, Information Designer, Emery Analytics, LLC
12:00 - 1:00	<i>Networking Lunch</i> Annual General Membership Meeting - Elections, Business and Awards	FGDN-K12 Board Members
1:00 - 2:00	<i>Session III</i> Making Technical Information Even Easier to Understand	Ann K. Emery, Information Designer, Emery Analytics, LLC
2:00 - 2:10	Break	
2:10 - 3:30	<i>Session IV</i> Data Visualization and Reporting	Ann K. Emery, Information Designer, Emery Analytics, LLC
3:30 - 4:00	Day One Review and Wrap-Up	FGDNK-12 Board Members

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Friday - DECEMBER 7, 2018

Times	Topics	Presenters
6:30 - 8:30	Complimentary Breakfast for hotel guests	
8:30 - 8:45	Announcements and Introductions	Michelle Robinson, Grants Specialist, Pinellas County Schools
8:45 - 10:15	<i>Session V</i> Florida Department of Education program updates, grant forecasting, ESSA, UGG, state legislative updates and other topics helpful for grant professionals to improve the work they do in their school districts.	Mari M. "Miki" Presley, Assistant Deputy Commissioner, Finance and Operations, Florida Department of Education Janice Brown, Bureau Chief for the Bureau of Contracts, Grants & Procurement, Florida Department of Education
10:15 - 10:30	Break	FGDNK-12 Board Members
10:30 - 12:00	<i>Session VI</i> Overview presentation on Census data, programs, sources, and tools catered to grant proposal developers.	(Luke) Anh Nguyen, Data Dissemination Specialist, U.S. Census Bureau
12:00 - 1:00	Networking Lunch	
1:00 - 2:00	<i>Session VII</i> Learn.Grow.Connect. Panel Discussion	Moderator: Mary Helen Arbogast, Grant Administration Coordinator, Palm Beach County Schools
2:00 - 3:00	Day Two Conference Review, Evaluation and Wrap-Up	FGDNK-12 Board Members

19JUN14M10B5SOE Lee Jof F1

PRESENTER BIOS

Barbara M. Jenkins, Ed.D., Superintendent, Orange County Public Schools



Dr. Barbara Jenkins has been dedicated to serving the needs of students for 30 years. She was named superintendent for Orange County Public Schools in 2012.

Under Dr. Jenkins' leadership, the district won the prestigious 2014 Broad Prize for Urban Education. The prize earned half-a-million dollars for student scholarships from the Eli and Edythe Broad Foundation. The district also received the Governor's Sterling Award in 2014 and 2015 and the Sustained Excellence Award in 2017 for its exemplary performance using research-based best practices in its business.

Dr. Jenkins is a recognized education leader. In January 2017, she received a presidential appointment as a director of the National Board of Education Sciences. She serves on the

executive board of directors of the Council of the Great City Schools, Chiefs for Change, The Wall Street Journal CEO Council and the Florida Council of 100. She is past president of the Florida Association of District School Superintendents.

In 2017, she was named the Florida Superintendent of the Year and one of four finalists for the national title. The Association of Latino Administrators and Superintendents named her Hispanic-Serving School District Superintendent of the Year and the Florida Association for Career and Technical Education named her CTE Superintendent of the Year.

Recognized for her commitment and influence, both the Orlando Sentinel and Orlando Magazine have named her as one of the 10 most powerful people in Central Florida; Orlando Magazine ranked her number five overall in 2015. The Orlando Business Journal honored her as a CEO of the Year in 2015. In 2014, she was named the Visionary Award recipient by the Girl Scouts of Citrus Council and the Central Florida Woman of the Year by the Women's Executive Council.

Deeply engaged in the community, Dr. Jenkins serves on the boards of United Arts of Central Florida, Orlando Economic Partnership, Florida Hospital, Central Florida Regional Commission on Homelessness and the Orange County Youth Mental Health Commission.

Dr. Jeff McCullers, Director of Grant and Program Development, Public School Liaison, Lee County Schools



J.F. "Jeff" McCullers is the Director of Grants & Program Development for the School District of Lee County, a position he has held for 19 years. He also serves his district as charter school liaison, legislative analyst, program evaluator, and internal research review board member. McCullers currently serves on the FDOE Committee of Practitioners. McCullers previously served as President of the Florida Grant Developers Network from 2010 to 2012, and is a Hobie Award recipient. McCullers was a Cooperative Systems Fellow for the U.S. Department of Education's Institute of Education Sciences, and his publications have focused on principal and leadership behaviors. His work recently appeared in *Talking Back and Looking Forward*, published by Rowman & Littlefield, a collective effort of educators speaking up to answer decades of damaging school reforms. He will retire at the end of this school year, so he is asking for tips on good places to go fishing.

Ann K. Emery, Information Designer, Emery Analytics, LLC



Ann K. Emery is a sought-after speaker who is determined to get your data out of spreadsheets and into stakeholders' hands. Each year, she leads more than 50 workshops, webinars, and keynotes for thousands of people with the aim of equipping organizations to visualize data more effectively.

Her design consultancy also overhauls graphs, publications, and slideshows with the goal of making technical information easier to understand for non-technical audiences.

Prior to launching her own company, Ann measured the effectiveness of public policy projects at Innovation Network,

managed a performance management system at the Latin American Youth Center, evaluated educational programs for local, state, and national education agencies at ICF International, and contributed to research-to-policy projects at the University of Virginia.

She earned a Bachelor's degree from the University of Virginia and a Master's degree from George Mason University.

Mari M. "Miki" Presley, Assistant Deputy Commissioner, Finance and Operations at the Florida Department of Education

Ms. Presley's responsibilities include oversight of the Bureau of Contracts, Grants, and Procurement, as well as the Office of Educational Facilities. Ms. Presley is a licensed attorney and was formerly with the Office of the General Counsel. Ms. Presley began her career in private practice and subsequently served as an attorney for the Department of Health, ultimately holding the position of Deputy General Counsel. She has been with the Department of Education since 2007. Ms. Presley holds a Juris Doctorate from the Florida State University College of Law.

Janice Brown, Bureau Chief for the Bureau of Contracts, Grants & Procurement at the Florida Department of Education

Janice has been with the Department since 2011. She started out managing the complex competitive procurements for Race to the Top & Partnership for Assessment of Readiness for College & Careers, PARCC. She moved into the bureau chief position in 2013. Some of her DOE duties include oversight for formal competitive procurement and contract processes for the Department, oversight on the grant project award process, providing guidance to leadership program offices and others regarding fiscal and compliance administrative responsibilities. Janice is a Florida Certified Negotiator and Florida Certified Contract Manager. Prior to DOE, she worked with the Department of Health for 7 years in the purchasing office leading a wide variety of formal competitive procurements and single sources.

1990-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025

(Luke) Anh Nguyen, Data Dissemination Specialist, U.S. Census Bureau



Anh Nguyen, a.k.a. Luke, was born and raised in Vietnam, immigrated to the United States, and graduated from Cornell University with a degree in History of Architecture and Urbanism. His research focused on the production of architecture and human geography, (i.e. the interaction between communities, cultures, and economies with the built space and place)

Anh has worked at the Census Bureau, Atlanta Region, as a Partnership Specialist and Data Dissemination Specialist since 2008.

As a Data Dissemination Specialist, Anh engages with diverse data users from different backgrounds, geographies, cultures, data proficiency and needs. His work involves in raising public awareness of, and participation in census surveys and programs, as well as providing Census data presentation and training workshops,

based on customers' data needs and requests.

In September 2011, Anh received a Community Champion Award, given by the GA Asian Complete Count Committee and presented by Congressman John Lewis, for his works in promoting participation of the Asian communities in the 2010 Census.

19 JUN 14 PM 10:35 SDE Lee Co FI

Dr. Jeff McCullers Speaks at November Membership Meeting

Posted on Nov 12th, 2012

Dr. Jeff McCullers talked on the history of education in Lee County with special attention to our own one room school house. His talk was interesting and informative. So much of it had to do with our old buildings here in Estero.

He started back in 1566 when there was a mission on Mount Key. Children were home schooled. He spoke of the effects of single men, the beef, salt and sugar crops, Andrew Jackson's part. In 1887 there were only 5 schools in "Monroe" County. It was not called "Lee County" until 1887. Bonita Springs was called "Survey" and the school year was only three months long. So much more was covered in his talk.

Our thanks to Dr. Jeff McCullers for a most entertaining afternoon on the deck.



Estero Historical Society Web page at

<https://esterohistoricalsociety.com/general-membership-meeting-3/>

June 1, 2019

Estero Historical Society

Jeff McCullers

is an active member in good standing


From: 2019 To: 1/2020

B. Danforth 3/2019
Date

P.O. Box 1314 • Estero, Florida 33929

19 JUN 14 PM 10:35 SDE Lee Co FI

Dr. Jeff McCullers on Teaching and Schooling



Dr. Jeff McCullers on Teaching and Schooling
@DrJeffMcCullers

Home Posts Events Videos Photos About Community Promote Manage Promotions

Like Follow Share + Add a Button

Create Live Event Offer Job

Write a post...

Photo/Video Feeling/Activity Check in

Dr. Jeff McCullers on Teaching and Schooling
May 28 at 6:50 PM

You are not the oil, you are not the air — merely the point of combustion, the flash-point where the light is born. You are merely the lens in the beam. You can only receive, give, and possess the light as the lens does. If you seek yourself, you rob the lens of its transparency. You will know life and be acknowledged by it according to your degree of transparency — your

Facebook page at <https://www.facebook.com/pg/DrJeffMcCullers/posts/>

June 1, 2019

7 JUN 14 PM 1035 SDE Lee Co Fl



Tweets 43 Following 176 Followers 47 Likes 628 Lists 0 Moments 0

Edit profile

Jeff McCullers

@JMcCullers

Educator, writer, wonk, and coffee enthusiast.

Fort Myers, FL

Joined January 2009

Photos and videos



Highlights All Match Case Whole Words 2 of 3 results

Tweets Tweets & replies Media



Jeff McCullers @JMcCullers · 24 Mar 2018

Enthralled by today's student-led #MarchForOurLives, I keep re-reading @TomCentolella's superb "In the Evening We Shall be Examined on Love." It's so good it makes me dizzy.



"In the Evening We Shall Be Examined on Love" by ... And it won't be multiple choice, poetryfoundation.org

Twitter page at <https://twitter.com/JMcCullers>

June 2, 2019

19 JUN 14 PM 1035 SDE Lee Co FL



Randy White
At Large

A Pie In The Face To Help Youths

When I stop to consider how many angry, vengeful people there are who would like to throw a pie at Dick Sayers, Bob Whan, Rep. Frank Mann or Morgan House, I...well...I laugh, to be perfectly honest.

But when I think of the people who would like to hit me — period — I begin to wonder why I said I would be at Terry Park Saturday for the 4-H Youth Day where people can buy cheap shots at hitting Sayers, Whan, House, me and some others in the face with a pie.

It's for a good cause, true. Southwest Florida youth organizations need the money. Whan could stand to gain some weight. And there will also be some brave school principals there taking pies in the face like David Barber of Alva Elementary and Thomas C. Halgrim of Fort Myers Heights Elementary along with councilwoman Betty Bowen, so a lot of students will probably get a chance to work off their hostilities.

Even if you have nothing against any of us, the 4-H Youth Day still has something for you.

There will be a tractor driving contest.

A hog calling contest.

A cake eating contest and a bike rodeo.

Besides that, the Cattlemen's Association will sponsor a steak barbecue. For \$3.50, an adult can get a sirloin dinner, and children under 12 can eat for \$2.

And the pie throwing starts promptly at noon.

You can also browse through the booths set up by Bishop Verot's senior and sophomore classes, the Riverdale Raiderettes, the Canterbury freshman class, the Children of the American Revolution, the Tice Tigers Pop Warner football team and others.

Anyway, I was minding my own business when this very persuasive 4-Her named Jeff McCullers called me.

"We're having a Youth Day on Oct. 4," he said.

"That's very nice," I said.

"We need somebody from the newspaper to throw pies at."

"Let me transfer you to David Osler, the People Editor," I said. "Make those pies out of wood and you'll make a bundle."

"No, we want you. We figure there's money in letting people throw things at you."

Nice kid, Jeff McCullers. And persistent. After he promised there would be no pecan pies, I agreed to be there.

Bob Whan said he looked forward to taking a pie in the face.

"Oh, sure, it'll be fun. I wish they could get George Goldtrap out there. I'd pay five bucks to throw a pie at him."

Goldtrap's office said he had another appointment on that day. And some people say George isn't crafty.

The schedule of events for the youth day is: 10 a.m. Bike Rodeo; 10:30 a.m. The Kyle Wayne Show — Ventriloquist & Puppeteer; 11 a.m. "Bring Your Own" Pet Show; 12-4 p.m. Sirloin Steak BBQ; 12-2 p.m. Pie Throwing; 12:30 p.m. The Kyle Wayne Show; 1 p.m. Frog Jumping Contest; 1:30 p.m. Hog Calling Contest; 2 p.m. The Kyle Wayne Show; 2:30 p.m. Cake Eating Contest; 4 p.m. Tractor Driving Contest, 4:30 p.m. The Kyle Wayne Show.

19JUN14PM1035 SDE Lee Co FI

A Pie In The Face To Help Youths

Clipped By:



jmccullers

Sun, Jun 2, 2019

NAPLES DAILY NEWS Mon., Sept. 6, 1976 3D

4-H Clubs Planning 'Operation Mangroves'

By KAY SMITH
Bonita Bureau

ESTERO — "D-Day" for "Operation Mangroves" is set for 11 a.m. Saturday Oct. 9. Jeff McCullers, a member of the Estero 4-H Club said Thursday.

McCullers said 10 Lee County 4-H Clubs will be participating

in the mangrove seed-planting project on the banks of the Imperial River, west of the bridge on new U.S. 41, Bonita springs.

In addition, the club members will be planting a few mangrove seedlings they already are tending, he said.

The seed pods are about

ready to pick and this is the best time of year to plant mangroves, the youthful conservationist noted.

The project is being carried out with permission from the Florida Department of Transportation (DOT) and the Department of Environmental Regulations, McCullers continued.

He said it will take about six months to tell if the seeds have germinated.

"We will keep a check on the seeded area. It may be necessary for us to re-seed, or re-plant some of the section," he added.

McCullers said the club members have no plans for mangrove plantings in any

other areas at this time, but did not rule out future, similar projects should this experiment prove successful.

In addition to his involvement in 4-H Club activities, Jeff McCullers has authored a book on the history of Estero. He is planning a sequel, he said recently.

4-H Clubs Planning "Operation Mangroves"

Clipped By:



jmccullers

Sun, Jun 2, 2019



LEE COUNTY ELECTIONS

Tommy Doyle
Supervisor of Elections
(239) LEE-VOTE (533-8683) • www.lee.vote
05-18-2020

Canvassing Board Meeting Dates – August 18, 2020, Primary Election

Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Monday, 07-27-20 at 9 AM

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

- Wednesday, 07-29-20 at 9 AM – *Immediately Following Proceed to the Main Office (see below)*

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Wednesday, 07-29-20

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Friday, 07-31-20 • Monday, 08-03-20 • Wednesday, 08-05-20 • Friday, 08-07-20
- Monday, 08-10-20 • Wednesday, 08-12-20 • Friday, 08-14-20 • Monday, 08-17-20

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 08-18-20
 - NOON, 4 PM, and 6 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Friday, 08-21-20 at 8 AM

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Wednesday, 08-26-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 08-22-20 through 08-25-20 will apply.

Canvassing Board Meeting Dates – November 3, 2020, General Election

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, the Tabulating Equipment used for Vote-by-Mail Ballots, and the Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

- Monday, 10-12-20 at 9 AM – *Immediately Following Proceed to the Main Office (see below)*

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Monday, 10-12-20

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Wednesday, 10-14-20 • Friday, 10-16-20 • Monday, 10-19-20
- Wednesday, 10-21-20 • Friday, 10-23-20 • Monday, 10-26-20
- Wednesday, 10-28-20 • Friday, 10-30-20 • Monday, 11-02-20

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 11-03-20
 - 9 AM, NOON, 3 PM, and 5 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Friday, 11-06-20 at 2 PM

Canvass of Overseas Vote-by-Mail Ballots, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Friday, 11-13-20 at NOON

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Wednesday, 11-18-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 11-08-20 through 11-14-20 will apply.

I am a candidate for local office and have received a copy of the above schedules.

	John F. "Jeff" McCullers	May 18, 2020
Signature	Print Name	Date

2020JUN02PM013850E Lee Co Fl