


FINANCIAL INTERESTS

  
 Mike Pressley  
 Board Member, District 4  
 Glades County School Board  
 Elected Constitutional Officer  
 PO BOX 178  
 MOORE HAVEN, FL 33471-0178

FOR OFFICE  
USE ONLY:

ID Code



ID No.

13707

Conf. Code

P. Req. Code

\*\*\*\*\*

Pressley, Mike

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, 2009, 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 JUNE 14, 2010 was \$ 1,876,456.<sup>00</sup>

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.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000.<sup>00</sup>

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4)                     | VALUE OF ASSET |
|--|----------------|
| HOUSE $\approx$ 11 <sup>1</sup> / <sub>4</sub> ACRE, 1008 LEISURE BLVD, MOORE HAVEN, GLADES COUNTY | 137,580.       |
| 50% GROVE LEASE, GLADES COUNTY   | 74,681.        |
| .33 148 ACRE FARM, LONG HAMMOCK GROVE INC., HWY 27 & BAKER HWY, GLADES COUNTY                      | 542,646.       |
| .33 132 ACRE FARM, BAKER HWY, GLADES COUNTY  | 484,000.       |
| STOCKS, MUTUAL FUNDS, SAVINGS & CHECKING   | 612,529.       |

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
|                              | 0                   |
|                              |                     |
|                              |                     |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
|                              | 0                   |
|                              |                     |

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

| 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]:

| 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**

|   | 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               |                     |                     |                     |

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

**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.

STATE OF FLORIDA  
COUNTY OF Glades

Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of

June, 2010 by Michael Pressley

Sue B. Woodward  
(Signature of Notary Public--State of Florida)

Michael D. Bell  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp: Commissioned Name of Notary Public)  
**SUE B. WOODWARD**  
COMMISSION # **DD606367**  
EXPIRES **OCTOBER 18, 2010**  
OR Produced Identification  
FloridaNotaryService.com

Personally Known \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

**Label** (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

**Label** For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2009, ending 20 OMB No. 1545-0074

**Label** Your first name and initial **MICHAEL D.** Last name **PRESSLEY** Your social security number

**Label** If a joint return, spouse's first name and initial **DEBORAH H.** Last name **PRESSLEY** Spouse's social security number

**Label** Home address (number and street). If you have a P.O. box, see page 14. Apt. no. **P.O. BOX 178** You must enter your SSN(s) above.

**Label** City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **MOORE HAVEN FL 33471** Checking a box below will not change your tax or refund.

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)  You  Spouse

**Filing Status**

1  Single

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

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

4  Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

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

b  Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input type="checkbox"/> if qual. child for child tax cr. (see page 17) |
|----------------|-----------|--|-------------------------------------|---|
|                |           |  |                                     |   |
|                |           |  |                                     |   |
|                |           |  |                                     |   |

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

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above **2**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 124,976**

8a Taxable interest. Attach Schedule B if required **8a 8,063**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a 2,243**

b Qualified dividends (see page 22) **9b 2,068**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) **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  **13 -3,000**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount (see page 24) **15b**

16a Pensions and annuities **16a 375** b Taxable amount (see page 25) **16b 375**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 -6,416**

18 Farm income or (loss). Attach Schedule F **18 8,594**

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27) **19**

20a Social security benefits **20a** b Taxable amount (see page 27) **20b**

21 Other income. List type and amount (see page 29) **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 134,835**

**Adjusted Gross Income**

23 Educator expenses (see page 29) **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 One-half of self-employment tax. Attach Schedule SE **27 741**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 30) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction (see page 31) **32**

33 Student loan interest deduction (see page 34) **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36 741**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 134,094**

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) **38 134,094**

39a Check  You were born before January 2, 1945,  Blind.  Total boxes checked **39a**  
 if:  Spouse was born before January 2, 1945,  Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here **39b**

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40a 13,861**

b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) **40b**

41 Subtract line 40a from line 38 **41 120,233**

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 **42 7,300**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43 112,933**

44 Tax (see page 37). Check if any tax is from: a  Form(s) 8814 b  Form 4972 **44 20,401**

45 Alternative minimum tax (see page 40). Attach Form 6251 **45**

46 Add lines 44 and 45 **46 20,401**

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 29 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit (see page 42) **51**

52 Credits from Form: a  8396 b  8839 c  5695 **52**

53 Other credits from Form: a  3800 b  8801 c  **53**

54 Add lines 47 through 53. These are your total credits **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55 20,401**

**Standard Deduction for**

- People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.
- All others: Single or Married filing separately, \$5,700
- Married filing jointly or Qualifying widow(er), \$11,400
- Head of household, \$8,350

**Other Taxes**

56 Self-employment tax. Attach Schedule SE **56 1,481**

57 Unreported social security and Medicare tax from Form: a  4137 b  8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

59 Additional taxes: a  AEIC payments b  Household employment taxes. Attach Schedule H **59 390**

60 Add lines 55 through 59. This is your total tax **60 22,272**

**Payments**

61 Federal income tax withheld from Forms W-2 and 1099 **61 10,288**

62 2009 estimated tax payments and amount applied from 2008 return **62**

63 Making work pay and government retiree credits. Attach Schedule M **63 800**

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Form 8812 **65**

66 Refundable education credit from Form 8863, line 16 **66**

67 First-time homebuyer credit. Attach Form 5405 **67**

68 Amount paid with request for extension to file (see page 72) **68**

69 Excess social security and tier 1 RRTA tax withheld (see page 72) **69**

70 Credits from Form: a  2439 b  4136 c  8801 d  8885 **70**

71 Add lines 61, 62, 63, 64a, & 65 through 70. These are your total payments **71 11,088**

If you have a qualifying child, attach Schedule EIC.

**Refund**

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid **72**

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here  **73a**

b Routing number  **c Type:**  Checking  Savings

d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax **74**

**Amount You Owe**

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 **75 11,184**

76 Estimated tax penalty (see page 74) **76**

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)?  Yes. Complete the following.  No

Designee's name **MICHAEL W. SHIVER** Personal identification number (PIN) **08950** Phone no.

**Sign Here**

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

Your signature  Date  Your occupation **FARMER** Daytime phone number

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation **TEACHER**

**Paid**

Preparer's signature  Date **02/22/10** Check if self-employed  Preparer's SSN or PTIN **P00708950**

**Preparer's Use Only**

Firm's name (or yours if self-employed), address, and ZIP code **SHIVER & COMPANY, P.A. P.O. BOX 2048 BELLE GLADE FL 33430** EIN  Phone no. **561-996-2800**

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

2009

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040.

See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

MICHAEL D. & DEBORAH H. PRESSLEY

Medical and Dental Expenses

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

Table with 4 rows: 1 Medical and dental expenses, 2 Enter amount from Form 1040, line 38, 3 Multiply line 2 by 7.5% (.075), 4 Subtract line 3 from line 1.

Taxes You Paid

(See page A-2.)

Table with 9 rows: 5 State and local taxes, 6 Real estate taxes, 7 New motor vehicle taxes, 8 Other taxes, 9 Add lines 5 through 8.

Interest You Paid

(See page A-6.)

Table with 15 rows: 10 Home mortgage interest, 11 Home mortgage interest not reported, 12 Points not reported, 13 Qualified mortgage insurance, 14 Investment interest, 15 Add lines 10 through 14.

Note. Personal interest is not deductible.

Gifts to Charity

If you made a gift and got a benefit for it, see page A-8.

Table with 4 rows: 16 Gifts by cash or check, 17 Other than by cash or check, 18 Carryover from prior year, 19 Add lines 16 through 18.

Casualty and Theft Losses

Table with 1 row: 20 Casualty or theft loss(es). Attach Form 4684.

Job Expenses and Certain Miscellaneous Deductions

(See page A-10.)

Table with 7 rows: 21 Unreimbursed employee expenses, 22 Tax preparation fees, 23 Other expenses, 24 Add lines 21 through 23, 25 Enter amount from Form 1040, line 38, 26 Multiply line 25 by 2% (.02), 27 Subtract line 26 from line 24.

Other Miscellaneous Deductions

Table with 1 row: 28 Other—from list on page A-11.

Total Itemized Deductions

Table with 2 rows: 29 Is Form 1040, line 38, over \$166,800? 30 If you elect to itemize deductions even though they are less than your standard deduction, check here.

(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

Attachment  
Sequence No. **08**

Name(s) shown on return

Your social security number

**MICHAEL D. & DEBORAH H. PRESSLEY**

**Part I  
Interest**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

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 instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

**BANK OF AMERICA**  
**BANK OF AMERICA**  
**CHARLES SCHWAB & CO INC**  
**CHARLES SCHWAB & CO INC**  
**CONSECO HEALTH INS CO**  
**FIRST BANK OF CLEWISTON**  
**SUNCOAST SCHOOLS FCU**  
**LONG HAMMOCK GROVE INC.** 65-0890377  
**THREE GATORS SOD** 26-0003407  
**PRESSLEY-LUNDY CITRUS INC.** 20-8586337

Amount

13  
929  
420  
650  
82  
382  
4,649  
36  
258  
644

2 Add the amounts on line 1

8,063

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 1040A, or Form 1040, line 8a ▶

8,063

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

**Part II  
Ordinary Dividends**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

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 ▶

**CHARLES SCHWAB & CO INC**  
**CHARLES SCHWAB & CO INC**  
**JANNEY MONTGOMERY SCOTT LLC**  
**WALT DISNEY CO**

Amount

727  
1,476  
2  
38

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

2,243

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

**Part III  
Foreign Accounts and Trusts**

(See instructions on back)

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

7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1

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

8 During 2009, 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 on back

| Yes | No |
|-----|----|
|     | X  |
|     | X  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2009**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Attachment  
Sequence No. **12**

Name(s) shown on return

**MICHAEL D. & DEBORAH H. PRESSLEY**

Your social security number

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

| (a) Description of property<br>(Example: 100 sh. XYZ Co.)   | (b) Date acquired<br>(Mo., day, yr.) | (c) Date sold<br>(Mo., day, yr.) | (d) Sales price<br>(see page D-7 of<br>the instructions) | (e) Cost or other basis<br>(see page D-7 of<br>the instructions) | (f) Gain or (loss)<br>Subtract (e) from (d) |        |
|---|--------------------------------------|----------------------------------|--|--|---|--------|
| <b>1 VARIOUS SECURITIES</b>   |                                      |                                  | 30,000   | 30,000   |   |        |
| 2 Enter your short-term totals, if any, from Schedule D-1,<br>line 2  |                                      |                                  | 2  |  |   |        |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in<br>column (d)  |                                      |                                  | 3  | 30,000   |   |        |
| 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<br>Schedule(s) K-1  |                                      |                                  |  |  | 5   |        |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss<br>Carryover Worksheet on page D-7 of the instructions |                                      |                                  |  |  | 6   | 3,515  |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)  |                                      |                                  |  |  | 7   | -3,515 |

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

| (a) Description of property<br>(Example: 100 sh. XYZ Co.)   | (b) Date acquired<br>(Mo., day, yr.) | (c) Date sold<br>(Mo., day, yr.) | (d) Sales price<br>(see page D-7 of<br>the instructions) | (e) Cost or other basis<br>(see page D-7 of<br>the instructions) | (f) Gain or (loss)<br>Subtract (e) from (d) |         |
|---|--------------------------------------|----------------------------------|--|--|---|---------|
| <b>8 VARIOUS SECURITIES</b>   |                                      |                                  | 23,386   | 27,919   | -4,533                                      |         |
| 9 Enter your long-term totals, if any, from Schedule D-1,<br>line 9   |                                      |                                  | 9  |  |   |         |
| 10 Total long-term sales price amounts. Add lines 8 and 9 in<br>column (d)  |                                      |                                  | 10   | 23,386   |   |         |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or<br>(loss) from Forms 4684, 6781, and 8824                |                                      |                                  |  |  | 11  | 1,180   |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from<br>Schedule(s) K-1  |                                      |                                  |  |  | 12  |         |
| 13 Capital gain distributions. See page D-2 of the instructions   |                                      |                                  |  |  | 13  | 125     |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss<br>Carryover Worksheet on page D-7 of the instructions |                                      |                                  |  |  | 14  | 23,868  |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part<br>III on the back                                   |                                      |                                  |  |  | 15  | -27,096 |

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

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

Your social security number

MICHAEL D. & DEBORAH H. PRESSLEY

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. [ ] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include LONG HAMMOCK GROVE INC., RENTAL REAL ESTATE, THREE GATORS SOD, and PRESSLEY-LUNDY CITRUS INC.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes sub-rows for Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes sub-rows for Totals and summary lines 35-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43 showing total income/loss and reconciliations.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule SE (Form 1040).**

Name of person with self-employment income (as shown on Form 1040)  
**MICHAEL D. PRESSLEY**

Social security number of person  
with self-employment income ▶

**Who Must File Schedule SE**

You must file Schedule SE if:

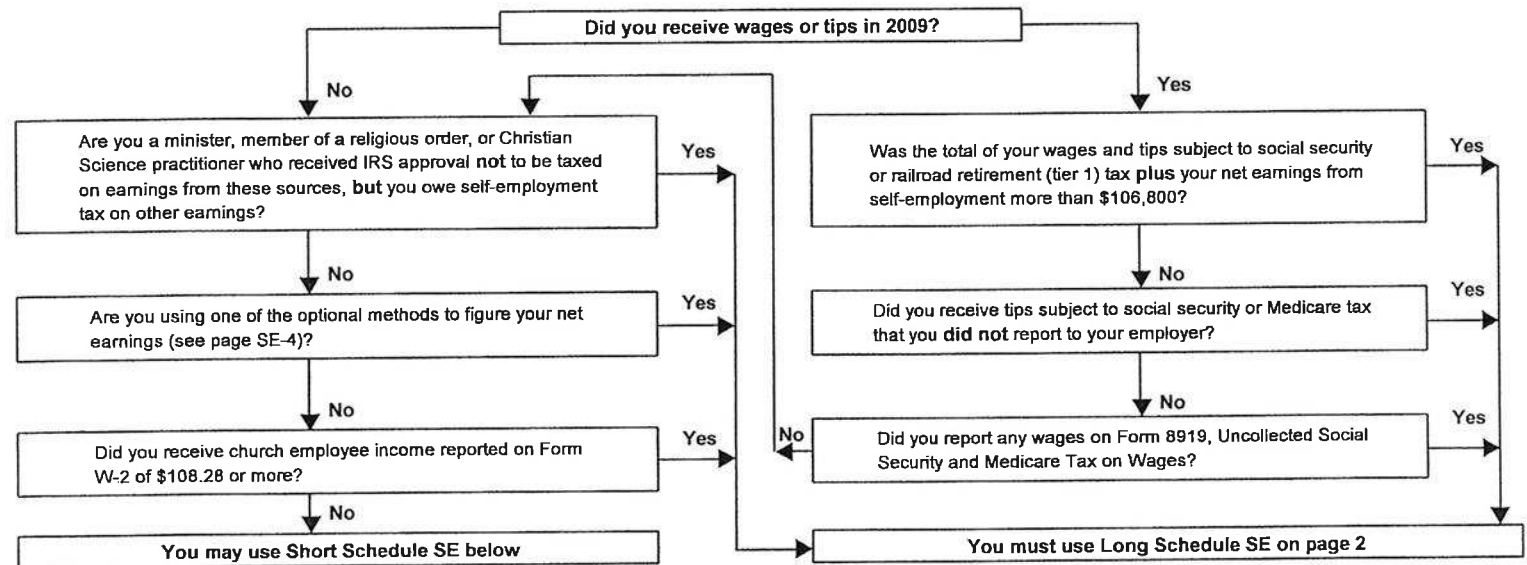
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is **not** church employee income (see page SE-1).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do **not** file Schedule SE. Instead, write "Exempt—Form 4361" on Form 1040, line 56.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

|    |  |    |        |
|----|--|----|--------|
| 1a | Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A  | 1a | 8,594  |
| b  | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y  | 1b |        |
| 2  | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report | 2  | 1,891  |
| 3  | Combine lines 1a, 1b, and 2  | 3  | 10,485 |
| 4  | Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax  | 4  | 9,683  |
| 5  | Self-employment tax. If the amount on line 4 is:<br>• \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56.<br>• More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56.                          | 5  | 1,481  |
| 6  | Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27   | 6  | 741    |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2009

Form **4797**

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

OMB No. 1545-0184

**2009**

Attachment  
Sequence No. **27**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **See separate instructions.**

Name(s) shown on return

Identifying number

**MICHAEL D. & DEBORAH H. PRESSLEY**

**1** Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

| 2 (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|-------------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| <b>FROM K1</b>                |                                   |                               |                       |   |  | <b>1,180</b>  |

|  |          |              |
|--|----------|--------------|
| <b>3</b> Gain, if any, from Form 4684, line 43   | <b>3</b> |              |
| <b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37  | <b>4</b> |              |
| <b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824   | <b>5</b> |              |
| <b>6</b> Gain, if any, from line 32, from other than casualty or theft   | <b>6</b> |              |
| <b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:<br><b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.<br><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | <b>7</b> | <b>1,180</b> |
| <b>8</b> Nonrecaptured net section 1231 losses from prior years (see instructions)   | <b>8</b> |              |
| <b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)  | <b>9</b> |              |

**Part II Ordinary Gains and Losses (see instructions)**

|   |                          |     |
|---|--------------------------|-----|
| <b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):   |                          |     |
| <b>11</b> Loss, if any, from line 7   | <b>11</b>                | ( ) |
| <b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable  | <b>12</b>                |     |
| <b>13</b> Gain, if any, from line 31  | <b>13</b>                |     |
| <b>14</b> Net gain or (loss) from Form 4684, lines 35 and 42a   | <b>14</b>                |     |
| <b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36  | <b>15</b>                |     |
| <b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824   | <b>16</b>                |     |
| <b>17</b> Combine lines 10 through 16   | <b>17</b>                |     |
| <b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:<br><b>a</b> If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions<br><b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 | <b>18a</b><br><b>18b</b> |     |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2009)

**THERE ARE NO AMOUNTS FOR PAGE 2**

**Part III Tax Computation Using Maximum Capital Gains Rates**

|    |  |    |         |
|----|--|----|---------|
| 37 | Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions  | 37 | 51,089  |
| 38 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 38 | 2,068   |
| 39 | Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter  | 39 |         |
| 40 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter  | 40 | 2,068   |
| 41 | Enter the smaller of line 37 or line 40  | 41 | 2,068   |
| 42 | Subtract line 41 from line 37  | 42 | 49,021  |
| 43 | If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result   | 43 | 12,745  |
| 44 | Enter:<br><ul style="list-style-type: none"> <li>• \$67,900 if married filing jointly or qualifying widow(er),</li> <li>• \$33,950 if single or married filing separately, or</li> <li>• \$45,500 if head of household.</li> </ul>   | 44 | 67,900  |
| 45 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-   | 45 | 110,865 |
| 46 | Subtract line 45 from line 44. If zero or less, enter -0-  | 46 | 0       |
| 47 | Enter the smaller of line 37 or line 38  | 47 | 2,068   |
| 48 | Enter the smaller of line 46 or line 47  | 48 |         |
| 49 | Subtract line 48 from line 47  | 49 | 2,068   |
| 50 | Multiply line 49 by 15% (.15)<br>If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.  | 50 | 310     |
| 51 | Subtract line 47 from line 41  | 51 |         |
| 52 | Multiply line 51 by 25% (.25)  | 52 |         |
| 53 | Add lines 43, 50, and 52   | 53 | 13,055  |
| 54 | If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result   | 54 | 13,283  |
| 55 | Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet on page 9 of the instructions   | 55 | 13,055  |