

**APPLICATION FOR NOMINATION
TO THE COUNTY COURT OF PUTNAM COUNTY**



George Ashley Young

Social Security No. [REDACTED]

Florida Bar No. 0051728

Date Admitted to Practice in Florida: 4/18/2008

1. Please state your current employer and title, including any professional position and any public or judicial office you hold, your business address and telephone number.

Holmes & Young P.A.
Title: Owner / Managing Partner
222 N 3rd Street
Palatka, FL 32177
(386) 328 – 1111

2. Please state your current residential address, including city, county, and zip code. Indicate how long you have resided at this location and how long you have lived in Florida. Additionally, please provide a telephone number where you can be reached (preferably a cell phone number), and your preferred email address.

Residential Address

████████████████████
Palatka, Putnam County, FL 32177

I have resided at this location for 11 years.

I have been a lifelong resident of Florida; however, I maintained temporary residences at various Army Bases throughout my service career with the United States Army.

Telephone (cell): ██████████
E-mail: Gyoung@holmesandyoung.com

3. State your birthdate and place of birth.

I was born on March 20, 1971 in Marianna, Jackson County, Florida.

4. Are you a registered voter in Florida (Y/N)?

Yes.

5. Please list all courts (including state bar admissions) and administrative bodies having special admissions requirements to which you have ever been admitted to practice, giving the dates of admission, and if applicable, state whether you have ever been suspended or resigned. Please explain the reason for any lapse in membership.

Florida Supreme Court (State Bar of Florida), Admitted April 18, 2008.
U.S. District Court, Middle District of Florida, Admitted October 27, 2016.
I have not been suspended or resigned from admission.

6. Have you ever been known by any aliases? If so, please indicate and when you were known by such alias.

No known aliases

EDUCATION:

7. List in reverse chronological order each secondary school, college, university, law school or any other institution of higher education attended and indicate for each the dates of attendance, whether a degree was received, the date the degree was received, class standing, and graduating GPA (if your class standing or graduating GPA is unknown, please request the same from such school).
- **Florida Coastal School of Law**
 - **Dates of Attendance: January 2005 to December 2007**
 - **Degree Earned: *Juris Doctorate*,**
 - **Date of Degree: December 2007**
 - **Class Standing: 50/358**
 - **Graduating GPA: 3.22**

 - **Florida State University**
 - **Dates of Attendance: May 1990 to April 1994**
 - **Degree Earned: Associates in Arts**
 - **Date of Degree: December 12, 1992**
 - **Degree Earned: Bachelor of Science, Criminology**
 - **Date of Degree: April 13, 1994**
 - **Class Standing: Not given by the institution.**
 - **Graduating GPA: Not given by the institution.**

 - **The Citadel**
 - **Dates of Attendance: June 1989 to January 1990**
 - **Degree Earned: None.**
 - **Date of Degree: NA**
 - **Class Standing: Not applicable.**
 - **Graduating GPA: Not applicable.**

 - **Gadsden Christian Academy High School**
 - **Dates of Attendance: August 1985 to May 1989**
 - **Degree Earned: High School Diploma**
 - **Date of Degree: May 1989**
 - **Class Standing: 1/17**
 - **Graduating GPA: 4.0/4.0**

8. List and describe any organizations, clubs, fraternities or sororities, and extracurricular activities you engaged in during your higher education. For each, list any positions or titles you held and the dates of participation.

Florida State University

- **Phi Eta Sigma Honor Society, member**
- **Reserve Officers Training Corps (ROTC) 1992-1994**
- **Pi Kappa Phi Fraternity, 1994 Honorary Member**

EMPLOYMENT:

9. List in reverse chronological order all full-time jobs or employment (including internships and clerkships) you have held since the age of 21. Include the name and address of the employer, job title(s) and dates of employment. For non-legal employment, please briefly describe the position and provide a business address and telephone number.
 - **Law Office of Holmes & Young, P.A.**
February 2013 – Present
222 N 3rd Street
Palatka, FL 32177
Owner/Managing Attorney and Counselor at Law
 - **Assistant State Attorney, State Attorney, 7th Judicial Circuit**
April 2008 – February 2013
410 St. Johns Ave
Palatka, FL 32177
Felony Trial Attorney (July 2009 – February 2013)
Juvenile Trial Attorney (April 2009 – July 2009)
Misdemeanor Trial Attorney (April 2008 – July 2009)
 - **Internship/OPS, State Attorney, 7th Judicial Circuit**
May 2007 – December 2007
4010 Lewis Speedway, Ste 2022 Bldg A
St. Augustine, FL 32084
Certified Legal Intern
 - **Internship, State Attorney, 7th Judicial Circuit**
January 2007 – May 2007
4010 Lewis Speedway, Ste 2022 Bldg A
St. Augustine, FL 32084
Certified Legal Intern

- **Internship, Tom Cushman, Attorney at Law**
 January 2006 – December 2006
 2 Eugene Place
 St. Augustine, FL 32080
 Legal Assistant

- **United States Army**
 April 1994 – January 2004
 Commissioned Officer
 - **Company Commander**, Headquarters and Headquarters Rear Detachment, 513th Military Intelligence Brigade, Fort Gordon, Georgia.
 - **Intelligence Officer, Djibouti (Horn of Africa).**
 - Senior Counterintelligence Agent and Intelligence Advisor to Camp Commander.
 - **Company Commander**, D Company, 202nd Military Intelligence Battalion, Fort Gordon, Georgia.
 - Supervised and directed the daily tactical and operational counterintelligence support operations and counterintelligence/anti-terrorism analysis for eight countries in support of Strategic Military Command Policies.
 - **Battalion Adjutant/S1**, 202nd Military Intelligence Battalion, Fort Gordon, Georgia.
 - Personnel Officer and Adjutant of 342 soldier tactical Military Intelligence Battalion, with soldiers deployed daily to conduct Counterintelligence, Human intelligence, and Interrogation Operations in direct support of United States Central, Southern, and European Commands.
 - **Intelligence and Security Officer**, United States Forces Korea.
 - Supervised the acquisition, analysis, production and dissemination of theater intelligence products to the Theater Commander's Senior Advisor for Theater Missile Defense.
 - **Armor Officer**, 1st Battalion, 33rd Armor Regiment, 3rd Brigade, 2nd Infantry Division, Fort Lewis, Washington.
 - Served as a Tank Platoon Leader for 12 months charged with the welfare, discipline and training of 16 combat soldiers.
 - Served as Tank Company Executive Officer for 12 months as second in command of 90 combat soldiers, 14 M1A1 Abrams tanks and eight track and wheeled combat vehicles.
 - Headquarters and Headquarters Company Executive Officer.
 - Battalion Maintenance Officer.

- 10.** Describe the general nature of your current practice including any certifications which you possess; additionally, if your practice is substantially different from your prior practice or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

Currently, I am the Managing Partner and owner of the law firm of Holmes & Young, P.A., located in Palatka, Putnam County, Florida. The firm maintains additional offices in Crescent City, Putnam County, Florida and St. Augustine, St. Johns County, Florida.

The Law Office of Holmes & Young is a full-service hometown law firm serving clients in estate planning, civil matters, family, and criminal law as well as corporate and government law.

I represent clients in criminal matters ranging from juveniles to felony charges, in civil matters involving foreclosure, landlord tenant, debt collection, and property disputes as well as clients in estate planning matters and probate proceedings. I represent corporate clients and handle real estate transactions and business litigation.

The firm also represents a myriad of government and municipal clients including the Putnam County Supervisor of Elections Canvassing Board, Putnam County School Board, Palatka Gas Authority, City of Crescent City, Town of Pomona Park, and the Town of Interlachen.

I serve as the primary attorney for Putnam County Supervisor of Elections Canvassing Board, Palatka Gas Authority, and Town of Interlachen. Previously, we served as legal counsel for the City of Palatka and Putnam County Board of County Commissioners, including the county Planning Commission, Zoning Board of Adjustment and local contractors' board.

Prior to joining Holmes & Young, P.A., I was an Assistant State Attorney for the Seventh Judicial Circuit in the Putnam County Office from April 2008 until February 2013. During my employment, I was tasked with prosecuting crimes from second degree misdemeanors up to felonies punishable by life in prison. I served as a misdemeanor, juvenile, and felony trial attorney, and career criminal prosecutor. In these positions, I attended court hearings, prepared cases for trial, tried cases, attended depositions, and met with victims to make filling decision on pending cases.

11. What percentage of your appearance in court in the last five years or in the last five years of practice (include the dates) was:

	Court		Area of Practice
Federal Appellate	_____ %	Civil	<u>30</u> %
Federal Trial	_____ %	Criminal	<u>25</u> %
Federal Other	_____ %	Family	<u>5</u> %
State Appellate	_____ %	Probate	<u>30</u> %
State Trial	<u>95</u> %	Other	<u>10</u> %
State Administrative	<u>5</u> %		
State Other	_____ %		
TOTAL	<u>100</u> %	TOTAL	<u>100</u> %

If your appearance in court the last five years is substantially different from your prior practice, please provide a brief explanation:

As an assistant state attorney from 2008 to 2013, my practice was limited to criminal matters.

12. In your lifetime, how many (number) of the cases that you tried to verdict, judgment, or final decision were:

Jury?	<u>26</u>	Non-jury?	<u>45</u>
Arbitration?	<u>0</u>	Administrative Bodies?	<u>3</u>
Appellate?	<u>0</u>		

13. Please list every case that you have argued (or substantially participated) in front of the United States Supreme Court, a United States Circuit Court, the Florida Supreme Court, or a Florida District Court of Appeal, providing the case name, jurisdiction, case number, date of argument, and the name(s), e-mail address(es), and telephone number(s) for opposing appellate counsel. If there is a published opinion, please also include that citation.

None.

14. Within the last ten years, have you ever been formally reprimanded, sanctioned, demoted, disciplined, placed on probation, suspended, or terminated by an employer or tribunal before which you have appeared? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

No.

15. In the last ten years, have you failed to meet any deadline imposed by court order or received notice that you have not complied with substantive requirements of any business or contractual arrangement? If so, please explain full.

No.

16. For your last six cases, which were tried to verdict or handled on appeal, either before a jury, judge, appellate panel, arbitration panel or any other administrative hearing officer, list the names, e-mail addresses, and telephone numbers of the trial/appellate counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

- **Connor Alexander v. Beck Auto Sales, Inc**
 - **Case Number: 2025-52-CA**
 - **Plaintiff was *pro se***
 - **Phone number: 512-909-6586**
 - **E-mail address: cma1994@gmail.com**
- **Jacqueline R. Carllson Garret v. Blue Sky Contracting and Construction Services, Inc.**
 - **Case Number: 2024-67-CA**
 - **Opposing Counsel: Kevin Monahan**
 - **Phone number: 386-538-9935**
 - **E-mail: kevinmonahan90@yahoo.com**
- **Yahweh Terra Firma Holdings, LLC v. Sabrisha Glover, et al.**
 - **Case Number: 2024-222-EV**
 - **Defendant was *pro se***
 - **Phone number unknown**
 - **E-mail address unknown**
- **Maria Johnson v. Pura Vida Holding Group, Jeovanny Palencia & Luciola Palencia**
 - **Case Number: 2023-1573-SC**
 - **Plaintiff was *pro se***

- Phone number unknown
- E-mail address unknown

- **North Duval Blue Crab & Seafood v. Jeovanny Palencia, P&P Striping, LLC, 12 Below Zero, LLC, Renni Thompson, Turner Septic Services, Inc., Brian Turner, Darla Turner, Pura Vida Holding Group, LLC, All Known and Unknown Individuals.**
 - Case Number: 2024-397-CA
 - Plaintiff was *pro se*
 - Phone number unknown
 - E-mail address unknown
 - George Young, Attorney for Defendants: P&P Striping, LLC, Jeovanny Palencia, and Pura Vida Holding Group, LLC
 - No other parties appeared or were represented by legal counsel

- **Laura L. Turner v. Steven Michael Jones**
 - Case Number: 2021-0153-CA
 - Opposing Counsel: John “Jack” Spence
 - Phone Number: 904-347-4561
 - E-mail: Jack@spence-law.com

17. For your last six cases, which were either settled in mediation or settled without mediation or trial, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

- **State of Florida v. Lacey Irene Hardy**
 - Case Number: 2025-838-CT, Putnam County
 - Opposing Counsel: Assistant State Attorney Ray Cauthon
 - 386-329-0259

- **April Rhines & Gregory Rhines v. Kenneth James & Christina James**
 - Case Number: 2024-93-CA, Putnam County
 - Opposing Counsel: John Steinmetz, Attorney for Plaintiff
 - 386-530-2966

- **State of Florida v. Christopher Carriera**
 - Case Number: 2025-595-MM, St. Johns County
 - Opposing Counsel: Assistant State Attorney Bailie McLaughlin
 - 904-209-1620

- **State of Florida v. Kyle Grimes**
 - **Case Number: 2025-1775-CT, St. Johns County**
 - **Opposing Counsel: Assistant State Attorney Bailie McLaughlin**
 - **904-209-1620**

- **State of Florida v. Justin Hornbeek**
 - **Case Number: 2025-1297-CF, St. Johns County**
 - **Opposing Counsel: Assistant State Attorney Richard Lehman**
 - **904-209-1620**
 - **Opposing Counsel: Assistant State Attorney Johnathan Gless**
 - **386-329-0259**

- **State of Florida v. Daniell Graham**
 - **Case Number: 2025-625-CF, Putnam County**
 - **Opposing Counsel: Assistant State Attorney Jonathan Gless**
 - **386-329-0259**

18. During the last five years, on average, how many times per month have you appeared in Court or at administrative hearings? If during any period you have appeared in court with greater frequency than during the last five years, indicate the period during which you appeared with greater frequency and succinctly explain.

8 times per month during the last five years.

As an Assistant State Attorney from 2008-2013, I averaged 20 times per month.

19. If Questions 16, 17, and 18 do not apply to your practice, please list your last six major transactions or other legal matters that were resolved, listing the names, e-mail addresses, and telephone numbers of the other party counsel.

Not applicable.

20. During the last five years, if your practice was greater than 50% personal injury, workers' compensation or professional malpractice, what percentage of your work was in representation of plaintiffs or defendants?

Not applicable.

21. List and describe the five most significant cases which you personally litigated giving the case style, number, court and judge, the date of the case, the names, e-mail addresses, and telephone numbers of the other attorneys involved, and citation to reported decisions, if any. Identify your client and describe the nature of your participation in the case and the reason you believe it to be significant.

Case 1:

- **State v. Michael Paul Matos**
 - **Case No: 2008-2033-CF**
 - **Circuit Court of Putnam County**
 - **Judge Edward Hedstrom**
 - **Opposing Counsel: Kurt Teifke**
 - **386-269-4551**
 - **kurt@teifkelawoffice.com**
 - **Charges: Robbery with a Firearm; Principal to Robbery with a Firearm (2 Counts)**
 - **Jury Trial: August 26, 2010**
 - **Disposition: Guilty as charged on all counts; Sentenced to Life**

I was assigned to prosecute this case not long after being promoted to the felony docket. At this time of these offenses, the Defendant was on felony probation and had recently been released from prison. He qualified as a prison releasee re-offender (PRR) for committing these crimes soon after being released from prison. The Defendant had an extensive criminal history.

In this case, the Defendant was on felony probation and disengaged a GPS tracker. He then evaded supervision, and along with several co-defendants, committed a series of crimes over a widespread area over two counties. In Putnam County, the Defendant participated in several armed robberies involving different victims in various locations where he used a firearm. Eventually, he was identified and taken into custody. During preparation for the trial, the Defendant was coerced family members into fabricating alibis for him on the day of the crime spree. Eventually, we were able to disprove those defenses. The trial lasted three days and included a full day of jury selection and two days of testimony and argument. The jury returned a verdict of guilty as charged on all three counts. The Defendant was sentenced to three concurrent life sentences.

This case is significant for several reasons. First, the Defendant's criminal reputation, especially for violence to victims, was well known in the community, yet he had not served any substantial time in prison. Second, I had previously prosecuted the Defendant for misdemeanor crimes unsuccessfully. Lastly, the investigative effort in this case was substantial post arrest. I have assisted in homicide prosecutions that involved less work. Witnesses and victims alike were not cooperative for a variety of reasons. Eventually, co-defendant testimony was incorporated and successfully utilized to convince the jury.

Case 2:

- **State of Florida v. Henry Lamar Davis, Jr.**
 - **Case No.: 2008-1793-CF**
 - **Circuit Court of Putnam County**
 - **Judge Patti A. Christensen**
 - **Opposing Counsel: At the time of sentencing, Defendant was Pro Se**
 - **Charge: Violation of Probation (Aggravated Battery 3 Counts)
(Violent Felony Offender of Special Concern)**
 - **Date of Sentencing: 12/02/2011**
 - **Disposition: Forty-five years Florida Department of Corrections**

This violation of probation case was reassigned to me after threats were made by the Defendant towards the then serving Assistant State Attorney. Additionally, after being represented at trial and subsequent hearings, the Defendant chose to proceed with this sentencing hearing *pro se*.

The sentencing hearing centered on two major points: Did the Defendant qualify as a Violent Felony Offender of Special Concern, and, was the Court required to sentence him as such if established. The State's position was that the statutes made clear that the designation for Violent Felony Offender of Special Concern was not of the same category or had the same requirements as Habitual Felony Offenders (HFO), Habitual Violent Felony Offenders (HVFO) or Prison Releasee Reoffenders (PRR) etc. The State's argument centered around the case, Alcantara v. State, 39 So. 3d 535 (Fla. 5th DCA 2010) which outlined the sentencing requirements when a defendant who qualifies as and has been designated a Violent Felony Offender of Special Concern by the Department of Corrections in accordance with the requirements of state statutes.

After a nine (9) hour sentencing hearing, I was able to establish that the Defendant qualified as a Violent Felony Offender of Special Concern, in that he was a danger to the community, committed the requisite qualified offenses, and was so designated by the Department of Corrections. Once established, the Court was persuaded that it was obligated to impose a certain sentence in accordance with the statutory guidelines.

Case 3:

- **State of Florida v. Shawn Gabriel Deedrick**
 - **Case No.: 2018-1130-CF (St. Johns/VA) & 2018-577-CF (Original Case number for Putnam County Case prior to transfer to Veteran's Treatment Court, St. Johns County)**
 - **Circuit Court of Putnam County**
 - **Judge Clyde E. Wolfe**
 - **Assistant State Attorney: (Putnam) Mark Lewis lewism@aso7.org**
 - **Phone Number: 386 329 0259**
 - **Assistant State Attorney (St. Johns) Cara Devlin devlinc@sao7.org**
 - **Phone Number: 904-486-0624**
 - **Charges: Driving While License Cancelled, Suspended, or Revoked; Possession of Schedule II Substance; and Possession of Paraphernalia.**
 - **Disposition: Entered into Veteran's Treatment Court: 07/25/2018 after entering Nolo Contendere to Driving While License Cancelled, Suspended, or Revoked; Possession of Schedule II Substance.**

The Defendant in this case was a war veteran who had deployed numerous times and experienced a significant amount of combat. He was married with children. The Defendant voluntarily left the service and attempted to gain employment in the civilian sector in the area of computer technology. Unfortunately, he suffered from severe post-traumatic stress and failed to receive adequate professional treatment. Over time, he addressed his issues by self-medication through alcohol and illegal drugs. Eventually, that led to associations with those involved in the drug trade. This involvement led to his arrest and the charges in this case.

The Defendant's friends and family were seeking representation for the Defendant by someone they felt could understand the Defendant's history and background. I was asked to meet with the Defendant and after some time developed a level of trust with my client that allowed some insight into the root issues that were contributing to severity of the issues he faced. Once these issues were identified, I was able to persuade the State that the Defendant was an ideal candidate for the Veteran's Court Treatment Program. The Defendant was able to enter the program in July 2018 and successfully completed and graduated from the program.

This case holds significant importance to me for the primary reason that I truly believe the Veteran's Court Treatment program provided my client with a second chance at a meaningful life. My client excelled in his military specialty, advanced in rank and survived multiple combat deployments, yet failed in nearly every aspect of civilian life, refused to properly deal with his demons and began the slippery slope of self-medication and self-destruction. Post treatment, he is involved with children, maintains a new productive career and, by all accounts, addresses his post traumatic issues with proper medical and professional help.

Case 4:

- **State of Florida v. Seth Christopher Dowling**
 - **Case No.: 2017-1093-CF**
 - **Circuit Court of St. Johns County**
 - **Judge Howard M. Maltz**
 - **Assistant State Attorney: Tim A. Pribisco, Jr.**
 - **Phone Number: 904-687-1630**
 - tim@taylor-waldrop-pribisco.com
 - **Charges: Robbery with a Firearm; Petit Theft (2 counts)**
 - **Disposition: Deferred Prosecution Agreement**

The Defendant was charged with Robbery with a Firearm and Petit Theft after suffering from an extreme diabetic episode during a shopping trip to Wal-Mart. After working all night as a security guard, the Defendant had gone to Wal-Mart to shop for a new laptop computer. A combination of lack of food, malfunction of his insulin pump, and lack of sleep contributed to a diabetic episode during the course of shopping. The Defendant exited the store, failed to return to his vehicle, and wandered several blocks while entering and exiting several stores apparently seeking food and hydration. At one point, the Defendant, who was a licensed concealed weapons holder, exhibited his firearm while entering the cargo area of a box truck. After multiple calls from businesses reporting the Defendant's erratic behavior, law enforcement detained and arrested him.

The Defendant in this case was diagnosed as a brittle diabetic. He previously had attended the law enforcement academy where I served as his instructor during the legal aspects of law enforcement block of instruction. After engaging a private investigator and reconstructing the entire series of events through witness statements and recorded video, it was clear that the Defendant suffered some type of medical emergency which resulted in his conduct. Extensive research and background investigation revealed the common malfunction of the Defendant's insulin pump, as well as a previous similar diabetic episode of the Defendant which law enforcement had properly identified as a medical emergency.

This case exemplifies how a medical episode can appear to bystanders as criminal conduct. The Defendant in this case had no criminal history, was gainfully employed, and had no apparent motivation for his conduct. His conduct could have easily been mistaken as criminal in nature with significant repercussions.

Case 5:

- **Jacqueline R. Carllson Garret v. Blue Sky Contracting and Construction Services, Inc.**
 - **Case No.: 2024-0067-CA**
 - **Circuit Court of Putnam County**
 - **Judge Kenneth J. Janesk, II**
 - **Client: Blue Sky Contracting and Construction Services, Inc.**
 - **Opposing Counsel: Kevin Monahan, Counsel for Plaintiff**
 - **386 538- 9935**
 - **kevinmonahan90@yahoo.com**
 - **Non-Jury Trial Date: 08/29/2025**

In this case, the Defendant constructed a home in excess value of \$300,000.00 on land over which the Plaintiff maintained an access easement. Due to errors during the initial survey and title work, the Defendant was unaware of the easement. After construction was substantially underway, the Defendant learned of the easement and subsequent surveys determined that the home under construction partially encroached upon the easement approximately 3.87 feet. Defendant initially attempted to purchase the easement or compensate the Plaintiff for a reduction in the easement but the Plaintiff refused. Plaintiff maintained additional accesses for ingress and egress on two (2) paved streets. Plaintiff sued Defendant for Declaratory and Injunctive Relief. Plaintiff initially demanded monetary relief and or complete removal of the structure, which exceeded the value of the Defendant's property and final construction. All attempts at mediation and settlement were unsuccessful.

This case is significant as it was case based in the concept of balancing relative conveniences. The law and associated cases in Florida reach back as early as the 1940's regarding this concept. Central to the defense was that the Defendant's encroachment was unintentional, relatively minor and the cost to the Defendant to remove the encroachment far exceeded any corresponding benefit to the Plaintiff. Florida courts have recognized such a defense as outlined in Johnson v. Killian, 27 So. 2d 345 (Fla. 1946). Over time, the courts have outlined factors to be considered to include: the extent of the encroachment; the cost of removal of the encroachment versus the benefit; the intent of the encroachment; and the length of time the encroachment has existed and any prejudice to the parties. In this case, the primary arguments of the parties centered around a dispute as to whether the Defendant's encroachment was intentional and the cost benefit analysis of removing the encroachment. Based on the evidence, the court agreed that the doctrine of balancing relative conveniences applied in this case and that the Defendant's encroachment was not intentional. Furthermore, the court agreed that the cost to the Defendant to remove portions or the entire home from the easement far outweighed any corresponding benefit to the Plaintiff. The court denied the declaratory and injunctive relief sought by the Plaintiff. The Defendant also agreed to acquire a

supplemental easement area to compensate the Plaintiff for the area of easement encroached upon.

22. Attach at least two, but no more than three, examples of legal writing which you personally wrote. If you have not personally written any legal documents recently, you may attach a writing sample for which you had substantial responsibility. Please describe your degree of involvement in preparing the writing you attached.
- I. **Motion to Reconsider and for Clarification, Lusk and Hinson v. Womble and Trull, 2022-0315-CA, Circuit Court of Putnam County, Florida. Personally written. Exhibits filed with original document have been omitted.**
 - II. **Motion to Dismiss, Rhines v. James, 2024-093-CA, Circuit Court of Putnam County, Florida. Personally written. Exhibits filed with original document have been omitted.**

PRIOR JUDICIAL EXPERIENCE OR PUBLIC OFFICE

23. Have you ever held judicial office or been a candidate for judicial office? If so, state the court(s) involved, the dates of service or dates of candidacy, and any election results.
- No.**
24. If you have previously submitted a questionnaire or application to this or any other judicial nominating commission, please give the name(s) of the commission, the approximate date(s) of each submission, and indicate if your name was certified to the Governor's Office for consideration.
- No.**
25. List any prior quasi-judicial service, including the agency or entity, dates of service, position(s) held, and a brief description of the issues you heard.
- Not applicable.**
26. If you have prior judicial or quasi-judicial experience, please list the following information:
- (i) the names, phone numbers and addresses of six attorneys who appeared before you on matters of substance;
 - (ii) the approximate number and nature of the cases you handled during your tenure;
 - (iii) the citations of any published opinions; and

(iv) descriptions of the five most significant cases you have tried or heard, identifying the citation or style, attorneys involved, dates of the case, and the reason you believe these cases to be significant.

Not applicable.

27. Provide citations and a brief summary of all of your orders or opinions where your decision was reversed by a reviewing court or where your judgment was affirmed with significant criticism of your substantive or procedural rulings. If any of the opinions listed were not officially reported, attach copies of the opinions.

Not applicable.

28. Provide citations for significant opinions on federal or state constitutional issues, together with the citation to appellate court rulings on such opinions. If any of the opinions listed were not officially reported, attach copies of the opinions.

Not applicable.

29. Has a complaint about you ever been made to the Judicial Qualifications Commission? If so, give the date, describe the complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.

Not applicable.

30. Have you ever held an attorney in contempt? If so, for each instance state the name of the attorney, case style for the matter in question, approximate date and describe the circumstances.

Not applicable.

31. Have you ever held or been a candidate for any other public office? If so, state the office, location, dates of service or candidacy, and any election results.

No.

NON-LEGAL BUSINESS INVOLVEMENT

32. If you are now an officer, director, or otherwise engaged in the management of any business enterprise, state the name of such enterprise, the nature of the business, the nature of your duties, and whether you intend to resign such position immediately upon your appointment or election to judicial office.

River City DreamCatchers, LLC
Nature of the Business: Real Estate
Nature of Duties: Managing Member
Intend to resign: No

320 Summitt, LLC
Nature of the Business: Real Estate
Nature of Duties: Managing Member
Intend to resign: No

Babe Ruth of Palatka Inc.
Nature of the Business: Non-Profit local youth baseball/softball league
Nature of Duties: President
Intend to resign: Yes

33. Since being admitted to the Bar, have you ever engaged in any occupation, business or profession other than the practice of law? If so, explain and provide dates. If you received any compensation of any kind outside the practice of law during this time, please list the amount of compensation received.

Real Estate

River City DreamCatchers, LLC
Dates: August 2018 to present
No compensation received

330 North Summit, LLC
Dates: January 2023 to present
No compensation received

Adjunct Professor

St. Johns River State College
Instructor, Law Enforcement Academy
Dates: July 2014 to August 2021
Compensation – \$36.00/Hour

POSSIBLE BIAS OR PREJUDICE

34. The Commission is interested in knowing if there are certain types of cases, groups of entities, or extended relationships or associations which would limit the cases for which you could sit as the presiding judge. Please list all types or classifications of cases or litigants for which you, as a general proposition, believe it would be difficult for you to sit as the presiding judge. Indicate the reason for each situation as to why you believe you might be in conflict. If you have prior judicial experience, describe the types of cases from which you have recused yourself.

There are no classifications of cases or litigants to which it would be difficult for me to sit as the presiding judge. If appointed, I would recuse myself on any case containing any of the grounds for disqualification cited in Rule 2.330, Fla. R. Gen. Prac. & Jud. Admin., including any cause relating to or represented by individual members of my family. My father-in-law, Don Holmes, is an Attorney with Homes & Young, P.A. I would recuse myself in these situations.

PROFESSIONAL ACCOMPLISHMENTS AND OTHER ACTIVITIES

- 35.** List the titles, publishers, and dates of any books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials published only on the Internet. Attach a copy of each listed or provide a URL at which a copy can be accessed.

None.

- 36.** List any reports, memoranda or policy statements you prepared or contributed to the preparation of on behalf of any bar association, committee, conference, or organization of which you were or are a member. Provide the name of the entity, the date published, and a summary of the document. To the extent you have the document, please attach a copy or provide a URL at which a copy can be accessed.

None.

- 37.** List any speeches or talks you have delivered, including commencement speeches, remarks, interviews, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the date and place they were delivered, the sponsor of the presentation, and a summary of the presentation. If there are any readily available press reports, a transcript or recording, please attach a copy or provide a URL at which a copy can be accessed.

None.

- 38.** Have you ever taught a course at an institution of higher education or a bar association? If so, provide the course title, a description of the course subject matter, the institution at which you taught, and the dates of teaching. If you have a syllabus for each course, please provide.

St. Johns River State College

5001 St. Johns Avenue

Palatka, FL 32177

Adjunct Professor, Legal Instructor for Basic Law Enforcement Academy

Course Title: CJK 0012 Legal

Course Description: This training provides an understanding of the Fourth Amendment related to search and seizure, what constitutes a lawful arrest, the Fifth

and Sixth Amendments related to the interrogation of suspects, when a crime has been committed and the elements necessary to make an arrest for that crime, and the legal rules and concepts of evidence. This course also provides instruction on the legal justification for the use of force, civil and criminal liability related to an officer's performance of duties, an officer's duties and options in civil (noncriminal) incidents, and the legal considerations when dealing with juveniles.

Course Title: CJK 0078 Crime Scene to Courtroom

Course Description: This training provides practical skills that will assist new law enforcement officers in processing a crime scene, conducting a follow-up investigation, and testifying in various types of court proceedings in a professional manner. The training covers Surveying and Protecting the Crime Scene, securing victims and witnesses, documenting the crime scene, and evidence handling procedures. This course also provides information on reviewing initial information and pursuing leads, conducting photo line-ups, gathering information on suspects and searching for wanted persons.

Course Syllabus: N/A

July 2014 – August 2021

39. List any fellowships, honorary degrees, academic or professional honors, honorary society memberships, military awards, and any other special recognition for outstanding service or achievement. Include the date received and the presenting entity or organization.

- **Florida Coast School of Law**
 - **Graduated with Pro Bono Honors**
 - **Best Advocate Award, Trial Practice Competition**
 - **Dean's Scholar, 2007 Spring Semester**
 - **Dean's List, 2006 Fall Semester**
- **Florida State University**
 - **Phi Eta Sigma Honor Society**
- **United States Army**
 - **Meritorious Service Medal**
 - **Joint Service Commendation Medal**
 - **Army Commendation Medal (2nd Award)**
 - **Army Achievement Medal (4th Award)**
 - **Joint Meritorious Unit Award**
 - **National Defense Service Medal (2nd Award)**
 - **Korean Defense Service Medal**
 - **Global War on Terrorism Expeditionary Medal**
 - **Global War on Terrorism Service Medal**
 - **Armed Forces Expeditionary Medal**
 - **Army Service Ribbon**
 - **Overseas Service Ribbon**
 - **Parachutist Badge**

40. Do you have a Martindale-Hubbell rating? If so, what is it and when was it earned?

No.

41. List all bar associations, legal, and judicial-related committees of which you are or have been a member. For each, please provide dates of membership or participation. Also, for each indicate any office you have held and the dates of office.

- **Putnam County Bar Association, Member, 2008 - present**

42. List all professional, business, fraternal, scholarly, civic, charitable, or other organizations, other than those listed in the previous question to which you belong, or to which you have belonged since graduating law school. For each, please provide dates of membership or participation and indicate any office you have held and the dates of office.

- **Babe Ruth of Palatka, Inc.,**
 - **Vice President, board of directors, July 2020 to April 2021**
 - **President, board of directors, May 2021 to present.**
- **Veterans of Foreign Wars, Member 2003-present**
- **The Army and Navy Club, Member 1997-present**
- **Military Officer's Association of American, Member**
- **Disabled American Veterans, Member**
- **The American Legion, Member**
- **Lion's Club International, Member 2015**
- **Rotary Club of Ocala Silver-Springs, Member 2017 – 2018**
- **Rotary E-Club of Northeast Florida District 6970, Member 2018-2020**

43. Do you now or have you ever belonged to a club or organization that in practice or policy restricts (or restricted during the time of your membership) its membership on the basis of race, religion (other than a church, synagogue, mosque or other religious institution), national origin, or sex (other than an educational institution, fraternity or sorority)? If so, state the name and nature of the club(s) or organization(s), relevant policies and practices and whether you intend to continue as a member if you are selected to serve on the bench.

No.

44. Please describe any significant pro bono legal work you have done in the past 10 years, giving dates of service.

While practicing law in Putnam County, Florida, my firm provides consultations to those without means to obtain representation. I have prepared estate planning documents, represented clients in cases, and given general legal advice without charging a fee.

Specifically, I have provided legal services to local churches and religious organizations and veterans pro bono.

45. Please describe any hobbies or other vocational interests.

I enjoy outdoor activities with my family and being involved in the local community's youth sporting activities.

46. Please state whether you have served or currently serve in the military, including your dates of service, branch, highest rank, and type of discharge.

- **United States Army**
Service Dates: April 1994 – January 2004
Rank: Captain
Discharge: Medical/Honorable

- **Florida Army National Guard**
Service Dates: April 1992 – April 1994
Rank: Cadet/SGT
Discharge: Honorable

47. Please provide links to all social media and blog accounts you currently maintain, including, but not limited to, Facebook, Twitter, LinkedIn, and Instagram.

- **Facebook Page: Holmes & Young, P.A.**
<https://www.facebook.com/profile.php?id=100063698133823&sk=about>

- **LinkedIn :** www.linkedin.com/in/george-young-4941803

FAMILY BACKGROUND

48. Please state your current marital status. If you are currently married, please list your spouse's name, current occupation, including employer, and the date of the marriage. If you have ever been divorced, please state for each former spouse their name, current address, current telephone number, the date and place of the divorce and court and case number information.

Marital Status: Married
Spouse's Name: Julianne Nicole Young
Spouse's Occupation: Deputy County Administrator of Administration
Spouse's Employer: Putnam County Board of County Commissioners
Date of Marriage: January 16, 2010

Ex-Wife: Melanie Magill
Current Address: Unknown
Current Telephone Number: Unknown
Date of Divorce: January 2006
Place of Divorce: St. Johns County, FL
Court & Case Number: 2005-1524-DR

49. If you have children, please list their names and ages. If your children are over 18 years of age, please list their current occupation, residential address, and a current telephone number.

Jackson Wyatt Young, age 14
Ashlyn Isabelle Young, age 10
Landen Ashley Young, age 7

CRIMINAL AND MISCELLANEOUS ACTIONS

50. Have you ever been convicted of a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.

No.

51. Have you ever pled nolo contendere or guilty to a crime which is a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.

No.

52. Have you ever been arrested, regardless of whether charges were filed? If so, please list and provide sufficient details surrounding the arrest, the approximate date and jurisdiction.

No.

53. Have you ever been a party to a lawsuit, either as the plaintiff, defendant, petitioner, or respondent? If so, please supply the case style, jurisdiction/county in which the lawsuit was filed, case number, your status in the case, and describe the nature and disposition of the matter.

No.

54. To your knowledge, has there ever been a complaint made or filed alleging malpractice as a result of action or inaction on your part?

No.

55. To the extent you are aware, have you or your professional liability carrier ever settled a claim against you for professional malpractice? If so, give particulars, including the name of the client(s), approximate dates, nature of the claims, the disposition and any amounts involved.

No.

56. Has there ever been a finding of probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or other professional group. If so, provide the particulars of each finding or investigation.

No.

57. To your knowledge, within the last ten years, have any of your current or former co-workers, subordinates, supervisors, customers, clients, or the like, ever filed a formal complaint or accusation of misconduct including, but not limited to, any allegations involving sexual harassment, creating a hostile work environment or conditions, or discriminatory behavior against you with any regulatory or investigatory agency or with your employer? If so, please state the date of complaint or accusation, specifics surrounding the complaint or accusation, and the resolution or disposition.

No.

58. Are you currently the subject of an investigation which could result in civil, administrative, or criminal action against you? If yes, please state the nature of the investigation, the agency conducting the investigation, and the expected completion date of the investigation.

No.

59. Have you ever filed a personal petition in bankruptcy or has a petition in bankruptcy been filed against you, this includes any corporation or business entity that you were involved with? If so, please provide the case style, case number, approximate date of disposition, and any relevant details surrounding the bankruptcy.

No.

60. In the past ten years, have you been subject to or threatened with eviction proceedings? If yes, please explain.

No.

61. Please explain whether you have complied with all legally required tax return filings. To the extent you have ever had to pay a tax penalty or a tax lien was filed against you, please explain giving the date, the amounts, disposition, and current status.

I have complied with all legally required tax return filings.

HEALTH

62. Are you currently addicted to or dependent upon the use of narcotics, drugs, or alcohol?

No.

63. During the last ten years have you been hospitalized or have you consulted a professional or have you received treatment or a diagnosis from a professional for any of the following: Kleptomania, Pathological or Compulsive Gambling, Pedophilia, Exhibitionism or Voyeurism? If your answer is yes, please direct each such professional, hospital and other facility to furnish the Chairperson of the Commission any information the Commission may request with respect to any such hospitalization, consultation, treatment or diagnosis. ["Professional" includes a Physician, Psychiatrist, Psychologist, Psychotherapist or Mental Health Counselor.] Please describe such treatment or diagnosis.

No.

64. In the past ten years have any of the following occurred to you which would interfere with your ability to work in a competent and professional manner: experiencing periods of no sleep for two or three nights, experiencing periods of hyperactivity, spending money profusely with extremely poor judgment, suffering from extreme loss of appetite, issuing checks without sufficient funds, defaulting on a loan, experiencing frequent mood swings, uncontrollable tiredness, falling asleep without warning in the middle of an activity. If yes, please explain.

No.

65. Do you currently have a physical or mental impairment which in any way limits your ability or fitness to properly exercise your duties as a member of the Judiciary in a competent and professional manner? If yes please explain the limitation or impairment and any treatment, program or counseling sought or prescribed.

No.

66. During the last ten years, have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservatorship or committee? If yes, provide full details as to court, date, and circumstances.

No.

67. During the last ten years, have you unlawfully used controlled substances, narcotic drugs, or dangerous drugs as defined by Federal or State laws? If your answer is "Yes," explain in detail. (Unlawful use includes the use of one or more drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by Federal or State law provisions.)

No.

68. In the past ten years, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, cautioned, or terminated by an employer as result of your alleged consumption of alcohol, prescription drugs, or illegal drugs? If so, please state the circumstances under which such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action

No.

69. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? If so, please state the date you were requested to submit to such a test, the type of test required, the name of the entity requesting that you submit to the test, the outcome of your refusal, and the reason why you refused to submit to such a test.

No.

70. In the past ten years, have you suffered memory loss or impaired judgment for any reason? If so, please explain in full.

No.

SUPPLEMENTAL INFORMATION

71. Describe any additional education or experiences you have which could assist you in holding judicial office.

Military Service:

My military career exposed and immersed me in an environment where the best leaders earned the respect of subordinates, fellow officers and their leadership based upon their proficiency, demeanor and treatment of others. It is a daily event for a military commander to make decisions that impact on the welfare, safety, freedom, finances and

careers of their subordinates. The most successful leaders did so with respect, understanding and fairness—all of which I view as essential to serving as a judge. These experiences serve as to why I believe that I can be fair, firm and clear regarding a matter of law without being disrespectful to the parties involved, or to the office or process.

Governmental, County and Municipal Attorney:

I currently serve as the attorney for the Putnam County Supervisor of Elections Canvassing Board. This board is often chaired by a sitting county court judge. I serve in the capacity as attorney or legal advisor for multiple county and municipal clients including the Putnam County Supervisor of Elections Canvassing Board, Putnam County School Board, Palatka Gas Authority, City of Crescent City, Town of Pomona Park, and the Town of Interlachen. Previously, I have also served as legal counsel for the City of Palatka and Putnam County Board of County Commissioners, including the county Planning Commission, Zoning Board of Adjustment and local contractors' board.

72. Explain the particular contribution you believe your selection would bring to this position and provide any additional information you feel would be helpful to the Commission and Governor in evaluating your application.

If selected to serve as a county court judge, I would strive to do so with professionalism, competence, and respect. I believe my time as a commissioned Army Officer, particularly while serving as a commander during wartime, has helped prepare me for such a challenge. I viewed my career in the military as one of public service. I view serving as a county court judge as a public service to the community. I believe the most effective way to serve in such a capacity is to conduct oneself with professionalism, integrity and mutual respect with the attorneys that appear before you, those that work in the court system, and especially those that appear before the court. My additional experiences as a prosecutor, county and municipal attorney and managing a private law practice have provided the experience and legal knowledge necessary for this office.

I feel strongly that community ties and involvement are vital to serving as a judge in a community. When I began my career in law, I first came to work here in Putnam County in 2008. After moving here permanently in 2009, I married my wife, Julianne, in 2010. My wife was born and raised in this county, and serves as the Deputy County Administrator of Administration, Putnam County Board of County Commissioners. We have three children who all attend school and play sports here. My family is invested in Putnam County as it is where we live, work, go to church, and serve our community. Such involvement provides insight and understanding of the community, as well as accountability, for the decisions and rulings that a judge makes.

REFERENCES

73. List the names, addresses, e-mail addresses and telephone numbers of ten persons who are in a position to comment on your qualifications for a judicial position and of whom inquiry may be made by the Commission and the Governor.

1. **The Honorable Judge C. Joseph Boatwright**
Judge, 5th District Court of Appeal
300 S. Beach Street
Daytona Beach, FL 32114
boatwrightj@flcourts.org
(386) 947 – 1530

2. **The Honorable Judge Kenneth J. Janesk, II**
Circuit Judge, 7th Judicial Circuit
4010 Lewis Speedway, Rm. 277
St. Augustine, FL 32084
mlapinski@circuit7.org
(904) 827 – 5654

3. **The Honorable Judge Robert W. Pickens, III**
Circuit Judge 7th Judicial Circuit
101 N. Alabama Ave, Ste D-342
Deland, FL 32724
lpomar@circuit7.org
(386) 943 – 7060

4. **The Honorable H.D. ‘Gator’ Deloach III**
Sheriff, Putnam County
130 Orié Griffin Blvd.
Palatka, FL 32177
hdeloach@putnamsheriff.org


5. **Mr. Rich Komando, Esq.**
Bradley, Garrison & Komando
1279 Kinglsey Ave, Ste 118
Orange Park, FL 32073
Rich@claylawyers.com
(904) 269 – 1111

- 6. Mr. Daniel Hilbert**
Canan Law, Attorney
1030 N Ponce De Leon Blvd
Saint Augustine, FL 32084
dhilbert@cananlaw.com
(904) 824 – 9402
- 7. Mr. Jeremiah Blocker**
Douglas Law Firm, Attorney
100 Southpark Blvd, Ste 414
Saint Augustine, FL 32084
jeremiah@dhclawyers.com
(352) 362 - 9317
- 8. Mr. Terry Suggs**
County Administrator
Putnam County Board of County Commissioners
2509 Crill Ave, Ste 200
Terry.Suggs@putnam-fl.gov
(352) 283- 4605
- 9. Jud Nuefeld**
President, Neuco Distributors, LLC
1214 U.S. 17
Palatka, FL 32177
neucojud@live.com
(386) 937 – 4973
- 10. Mr. Breck Sloan**
CEO, Beck Automotive Group
2000 Reid Street
Palatka, FL 32177
Breck@checkbeck.com
(386) 937 – 1122

CERTIFICATE

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby waive notice by and authorize The Florida Bar or any of its committees, educational and other institutions, the Judicial Qualifications Commission, the Florida Board of Bar Examiners or any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer and credit reporting agencies to release to the respective Judicial Nominating Commission and Office of the Governor any information, files, records or credit reports requested by the commission in connection with any consideration of me as possible nominee for appointment to judicial office. Information relating to any Florida Bar disciplinary proceedings is to be made available in accordance with Rule 3-7.1(1), Rules Regulating The Florida Bar. I recognize and agree that, pursuant to the Florida Constitution and the Uniform Rules of this commission, the contents of this questionnaire and other information received from or concerning me, and all interviews and proceedings of the commission, except for deliberations by the commission, shall be open to the public.

Further, I stipulate I have read and understand the requirements of the Florida Code of Judicial Conduct.

Dated this 6 day of October, 2025.

George A. Young

Printed Name

[Signature]

Signature

State of Florida

County of Putnam

Sworn to (or affirmed) and subscribed before me by means of

physical presence OR online notarization

this 6 day of October, 2025.

By George A. Young

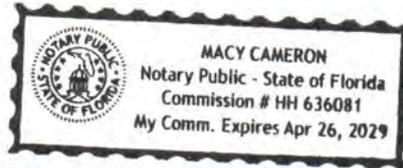
Personally known _____

Produced ID _____

Type of Identification _____

Macy Cameron

Signature Notary Public



Macy Cameron

Printed name of Notary Public

(Pursuant to Section 119.071(4)(d)(1), F.S.), . . . The home addresses and telephone numbers of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the home addresses, telephone numbers, and places of employment of the spouses and children of justices and judges; and the names and locations of schools and day care facilities attended by the children of justices and judges are exempt from the provisions of subsection (1), dealing with public records.

FINANCIAL HISTORY

1. State the amount of gross income you have earned, or losses you have incurred (before deducting expenses and taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

Current Year-To-Date: \$1,017,979

Last Three Years: (2022 - \$1,178,857) (2023 - \$1,122,028) (2024 - \$1,270,780)

2. State the amount of net income you have earned, or losses you have incurred (after deducting expenses but not taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

Current Year-To-Date: \$176,011

Last Three Years: (2022 - \$158,680) (2023 - \$112,917) (2024 - \$221,357)

3. State the gross amount of income or losses incurred (before deducting expenses or taxes) you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

Current Year-To-Date: \$20,844 Rental Income

Last Three Years: (2022 - \$21,138) (2023 - \$27,332) (2024 - \$21,830)

4. State the amount you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

Current Year-To-Date: NET \$4,210 Rental Income

Last Three Years: NET (2022 - \$3,417) (2023 - \$6,460) (2024 - \$-1,803)

5. State the amount of net income you have earned or losses incurred (after deducting expenses) from all sources other than the practice of law for the preceding three-year period on a year by year basis, and generally describe the sources of such income or losses.

Current Year-To-Date: _____

Last Three Years: FARM/TIMBER (2022 - \$-5,190) (2023 - \$-11,892)

(2024 - \$-2,532)

FORM 6
FULL AND PUBLIC
DISCLOSURE OF
FINANCIAL INTEREST

PART A – NET WORTH

Please enter the value of your net worth as of December 31 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 September 30, 2025 was \$ 763,323.

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 \$ 230,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required – see instructions p. 3)

VALUE OF ASSET

Real Property: [REDACTED]	\$805,540
Real Property: 224 Bostwick Cemetery Rd, Palatka FL 32177	\$283,520
Real Property: 300 Reid Street, Palatka FL 32177	\$335,480
Real Property: 320/330 N Summitt St, Crescent City, FL 32112	\$92,500
Vystar Checking/Savings Accounts	\$1641
USAA Checking/Savings Account	\$100,000
USAA Investment Charles Swabb Individual Investment Account	\$4,263
USAA Victory Capital 529 Savings Account	\$1,067
Fidelity Investments UTMA Custodial Accounts	\$24,395
Retirement Account: New York Life Simple IRA	\$132,000

PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PNC Bank for 2021 Ford Expedition	\$40,299
Ford Motor Credit for 2022 Ford F150	\$27,571
Ag First (Mortgage – [REDACTED])	\$455,750
Ameris Bank (Mortgage – 300 Reid St)	\$69,183
Ameris Bank (Mortgage – 330 N Summitt St)	\$98,845
Barwick Bank (Construction Loan – 300 Reid St)	\$29,950

Southstate Bank (Mortgage - 224 Bostwick Cemetery Rd)	\$190,005
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR	
Ameris Bank (Mortgage – 300 Reid St)	\$140,462
Ameris Bank (Mortgage – 330 N Summitt St)	\$98,845
Barwick Bank (Construction Loan – 300 Reid St)	\$60,807

PART D – INCOME

You may **EITHER** (1) file a complete copy of your latest federal income tax return, including all W2's, schedules, and 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 latest federal income tax return and all W2's, schedules, and attachments.
 (if you check this box and attach a copy of your latest tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCE 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 6]

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

PART E – INTERESTS IN SPECIFIC BUSINESS [Instructions on page 7]

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY	Not Applicable.		
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 Putnam

Sworn to (or affirmed) and subscribed before me this 6 day of October, 2025 by George A. Young

Macy Cameron

(Signature of Notary Public—State of Florida)

Macy Cameron

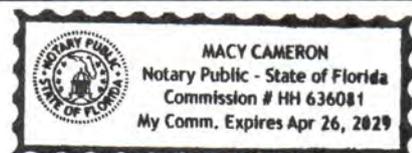
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

□ - ge + h - g

SIGNATURE



INSTRUCTIONS FOR COMPLETING FORM 6:

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. **Your Social Security Number is not required and you should redact it from any documents you file.** If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address **if you submit a written request for confidentiality.**

PART A – NET WORTH

Report your net worth as of December 31 or a more current date, and list that date. This should be the same date used to value your assets and liabilities. In order to determine your net worth, you will need to total the value of all your assets and subtract the amount of all of your liabilities. Simply subtracting the liabilities reported in Part C from the assets reported in Part B will not result in an accurate net worth figure in most cases.

To total the value of your assets, add:

- form;
- (1) The aggregate value of household goods and personal effects, as reported in Part B of this form;
 - (2) The value of all assets worth over \$1,000, as reported in Part B; and
 - (3) The total value of any assets worth less than \$1,000 that were not reported or included in the category of “household goods and personal effects.”

To total the amount of your liabilities, add:

- (1) The total amount of each liability you reported in Part C of this form, except for any amounts listed in the “joint and several liabilities not reported above” portion; and,
- (2) The total amount of unreported liabilities (including those under \$1,000, credit card and retail installment accounts, and taxes owed).

PART B – ASSETS WORTH MORE THAN \$1,000

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

The value of your household goods and personal effects may be aggregated and reported as a lump sum, if their aggregate value exceeds \$1,000. The types of assets that can be reported in this manner are described on the form.

ASSETS INDIVIDUALLY VALUED AT MORE THAN \$1,000:

Provide a description of each asset you had on the reporting date chosen for your net worth (Part A), that was worth more than \$1,000 and that is not included as household goods and personal effects, and list its value. Assets include: interests in real property; tangible and intangible personal property, such as cash, stocks, bonds, certificates of deposit, interests in partnerships, beneficial interest in a trust, promissory notes owed to you, accounts received by you, bank accounts, assets held in IRAs, Deferred Retirement Option Accounts, and Florida Prepaid College Plan accounts. You are not required to disclose assets owned solely by your spouse.

How to Identify or Describe the Asset:

— Real property: Identify by providing the street address of the property. If the property has no street address, identify by describing the property’s location in a manner sufficient to enable a member of the public to ascertain its location without resorting to any other source of information.

— Intangible property: Identify the type of property and the business entity or person to which or to whom it relates. Do not list simply “stocks and bonds” or “bank accounts.” For example, list “Stock (Williams Construction Co.),” “Bonds (Southern Water and Gas),” “Bank accounts(First

National Bank),” “Smith family trust,” Promissory note and mortgage (owed by John and Jane Doe).”

How to Value Assets:

- Value each asset by its fair market value on the date used in Part A for your net worth.

- Jointly held assets: If you hold real or personal property jointly with another person, your interest equals your legal percentage of ownership in the property. However, assets that are held as tenants by the entirety or jointly with right of survivorship must be reported at 100% of their value.

- Partnerships: You are deemed to own an interest in a partnership which corresponds to your interest in the equity of that partnership.

- Trusts: You are deemed to own an interest in a trust which corresponds to your percentage interest in the trust corpus.

- Real property may be valued at its market value for tax purposes, unless a more accurate appraisal of its fair market value is available.

- Marketable securities which are widely traded and whose prices are generally available should be valued based upon the closing price on the valuation date.

- Accounts, notes, and loans receivable: Value at fair market value, which generally is the amount you reasonably expect to collect.

- Closely-held businesses: Use any method of valuation which in your judgment most closely approximates fair market value, such as book value, reproduction value, liquidation value, capitalized earnings value, capitalized cash flow value, or value established by “buy-out” agreements. It is suggested that the method of valuation chosen be indicated in a footnote on the form.

- Life insurance: Use cash surrender value less loans against the policy, plus accumulated dividends.

PART C—LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

List the name and address of each creditor to whom you were indebted on the reporting date chosen for your net worth (Part A) in an amount that exceeded \$1,000 and list the amount of the liability. Liabilities include: accounts payable; notes payable; interest payable; debts or obligations to governmental entities other than taxes (except when the taxes have been reduced to a judgment); and judgments against you. You are not required to disclose liabilities owned *solely* by your spouse.

You do not have to list on the form any of the following: credit card and retail installment accounts, taxes owed unless the taxes have been reduced to a judgment), indebtedness on a life insurance policy owned to the company of issuance, or contingent liabilities. A “contingent liability” is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a partner (without personal liability) for partnership debts, or where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a “co-maker” on a note and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability.

How to Determine the Amount of a Liability:

- Generally, the amount of the liability is the face amount of the debt.

- If you are the only person obligated to satisfy a liability, 100% of the liability should be listed.

- If you are jointly and severally liable with another person or entity, which often is the case where more than one person is liable on a promissory note, you should report here only the portion of the liability that corresponds to your percentage of liability. *However*, if you are jointly and severally liable for a debt relating to property you own with one or more others as tenants by the entirety or jointly, with right of survivorship,

report 100% of the total amount owed.

— If you are only jointly (not jointly and severally) liable with another person or entity, your share of the liability should be determined in the same way as you determined your share of jointly held assets.

Examples:

— You owe \$10,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 with your spouse to a saving and loan for the mortgage on the home you own with your spouse. You must report the name and address of the bank (\$10,000 being the amount of that liability) and the name and address of the savings and loan (\$60,000 being the amount of this liability). The credit cards debts need not be reported.

— You and your 50% business partner have a \$100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and \$50,000 as the amount of the liability. If your liability for the loan is only as a partner, without personal liability, then the loan would be a contingent liability.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

List in this part of the form the amount of each debt, for which you were jointly and severally liable, that is not reported in the “Liabilities in Excess of \$1,000” part of the form. Example: You and your 50% business partner have a \$100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and \$50,000 as the amount of the liability, as you reported the other 50% of the debt earlier.

PART D – INCOME

As noted on the form, you have the option of either filing a copy of your latest federal income tax return, including all schedules, W2's and attachments, with Form 6, or completing Part D of the form. If you do not attach your tax return, you must complete Part D.

PRIMARY SOURCES OF INCOME:

List the name of each source of income that provided you with more than \$1,000 of income during the year, the address of that source, and the amount of income received from that source. The income of your spouse need not be disclosed; however, if there is a joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income.

“Income” means the same as “gross income” for federal income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples of income include: compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, distributive share of partnership gross income, and alimony, but not child support. Where income is derived from a business activity you should report that income to you, as calculated for income tax purposes, rather than the income to the business.

Examples:

— If you owned stock in and were employed by a corporation and received more than \$1,000 of income (salary, commissions, dividends, etc.) from the company, you should list the name of the company, its address, and the total amount of income received from it.

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$1,000, you should list the name of the firm, its address, and the amount of your distributive share.

— If you received dividend or interest income from investments in stocks and bonds, list only each individual company from which you received more than \$1,000. Do not aggregate income from all of these investments.

— If more than \$1,000 of income was gained from the sale of property, then you should list as a source of income the name of the purchaser, the purchaser's address, and the amount of gain from the sale. If the purchaser's

identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as “sale of (name of company) stock,” for example.

— If more than \$1,000 of your income was in the form of interest from one particular financial institution (aggregating interest from all CD’s, accounts, etc., at that institution), list the name of the institution, its address, and the amount of income from that institution.

SECONDARY SOURCE OF INCOME:

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as a “Primary Source of Income.” You will **not** have anything to report **unless**:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period, more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, limited partnership, LLC, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and

(2) You received more than \$1,000 in gross income from that business entity during the period.

If your ownership and gross income exceeded the two thresholds listed above, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity’s gross income (computed on the basis of the business entity’s more recently completed fiscal year), the source’s address, the source’s principal business activity, and the name of the business entity in which you owned an interest. You do not have to list the amount of income the business derived from that major source of income.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than \$1,000 in gross income last year. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of your business, the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your gross partnership income exceeded \$1,000. You should list the name of the partnership, the name of each tenant of the mall that provided more than 10% of the partnership’s gross income, the tenant’s address and principal business activity.

PART E – INTERESTS IN SPECIFIED BUSINESS

The types of businesses covered in this section include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies, credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies; and entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period, more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of business for which you are, or were at any time during the year an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list: the name of the business, its address and principal business activity, and the position held with the business (if any). Also, if you own(ed) more than a 5% interest in the business, as described above, you must indicate that fact and describe the nature of your interest.

JUDICIAL APPLICATION DATA RECORD

The judicial application shall include a separate page asking applicants to identify their race, ethnicity and gender. Completion of this page shall be optional, and the page shall include an explanation that the information is requested for data collection purposes in order to assess and promote diversity in the judiciary. The chair of the Commission shall forward all such completed pages, along with the names of the nominees to the JNC Coordinator in the Governor's Office (pursuant to JNC Uniform Rule of Procedure).

(Please Type or Print)

Date: October 6, 2025

JNC Submitting To: 7th Judicial Circuit Nominating Commission

Name (please print): George A. Young

Current Occupation: Attorney

Telephone Number: [REDACTED]

Attorney No.: 0051728

Gender (check one): Male Female

Ethnic Origin (check one): White, non-Hispanic

Hispanic

Black

American Indian/Alaskan Native

Asian/Pacific Islander

County of Residence: Putnam

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

CONSUMER'S AUTHORIZATION FOR
FDLE TO OBTAIN CONSUMER REPORT(S)

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

George A. Young
Printed Name of Applicant

George A. Young
Signature of Applicant

Date: October 6, 2025

**Composite Exhibit to
Question #22**

LEGAL WRITING

IN THE CIRCUIT COURT
OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR PUTNAM COUNTY, FLORIDA

Case No.: 2022-315-CA

Division: 53

CINDY LEA LUSK AND
SHEILA HINSON

Plaintiff,

vs.

DINA WOMBLE AND
TANCE TRULL,

Defendants

DEFENDANT'S MOTION TO RECONSIDER AND FOR CLARIFICATION

Defendants, DINA WOMBLE and TANCE TRULL, by and through the undersigned attorney, files this Motion to Reconsider and for Clarification and allege the following:

1. A motion directed to a nonfinal order is actually a “motion for reconsideration” based upon this inherent and discretionary authority of the trial court. Bettez v. City of Miami, 510 So. 2d 1242, 1242-43 (Fla. 3d D.C.A. 1987).
2. In 1924, the Florida Supreme Court deemed it “well settled that interlocutory judgments or decrees made in the progress of a cause are always under the control of the court until final disposition of the suit, and they may be modified or rescinded upon sufficient grounds, shown any time before final judgment. . . .” Alabama Hotel Co. v. J.L. Mott Iron Works, 98 So. 825, 826 (1924).

BACKGROUND

3. Plaintiffs have asserted a cause of action for Declaratory Relief and Ejectment from Real Property in Putnam County, Florida. Simultaneously, Defendant Dina K. Womble filed a Complaint alleging and requesting the Court to set aside a fraudulent deed and Quieting Title to the same real property located in Putnam County, Florida.
4. The cases were consolidated through the consent of the parties.

5. Defendants' Motion for Summary Judgment was heard on July 6, 2023.
6. The Court instructed counsel for all parties to present proposed orders by July 21, 2023.
7. The Court issued an "Order Denying Defendants' Motion for Summary Judgment" (hereinafter referred to as "the Court's Order") on September 12, 2023, sixty-eight (68) days after the hearing.
8. The Court's Order states that the Defendants' Motion for Summary Judgment is denied and then references that "Defendants are not entitled to summary judgment as a matter of law because the deed upon which defendants rely was not signed before two subscribing witnesses and the notary was not a subscribing witness because she did not sign as such", referencing McKoy v. DeSilvio, 974 So.2d 539 (Fla. 2nd DCA 2008).
9. Defendants' Motion for Summary Judgment requested multiple points of relief as to both allegations contained within the Plaintiffs' Complaint, as well as multiple points of relief in Defendants' competing complaint.
10. The singular reason for general denial by the Court does not appear to address the presented and undisputed evidence and facts that were the basis for Defendants' Motion for Summary Judgment requested relief and leaves Defendants in doubt as to their basic position in these matters because the Court's Order fails to address:
 - a. Is the Court declaring that the law regarding attestation of deeds is invalid?
 - b. Is the Court making a factual distinction between the law and this case?
 - c. Is the Court not considering the other factors presented such as a deed from a Plaintiff making Defendant a holder in interest as conveyed to her?
11. The singular reason for general denial by the Court should not be a final judgment in that no affirmative relief can be granted to the Plaintiffs who did not file for such and therefore no such relief was before the Court, rather it did not grant all the relief requested by the Defendants.
12. Therefore, Defendants first seek clarification from the Court on its ruling.
13. Defendants would also request this Honorable Court to reconsider its decision based upon the facts and applicable law and render a more detailed order in favor of Defendants Motion for Summary Judgment.
14. Although not authorized by the Rules of Civil Procedure, Defendants believe the Court can grant a rehearing on such matters if it feels necessary by the Court's own authority.

ARGUMENT

15. Defendants would assert that the reason provided for denial of Defendants' Motion for Summary Judgment is contrary to the facts in this case, and the applicable law that would be applied to the facts in this case.
16. Defendants simply request that clarification be issued by the Court and address each count that relief was requested upon.
17. On June 30, 2021, Mary M. Day, a single woman, conveyed said property by Enhanced Life Estate Deed to Dina Womble, a married woman, reserving a life estate to Mary M. Day. Said deed being recorded in Official Records Book 1657, Page 7, Public Records of Putnam County, Florida.
18. Plaintiffs claim that this deed is invalid due to one witness not being present at the time the Grantor signed the deed.
19. Affidavits by the second witness and the Notary that they were both present at the time the Grantor executed the deed were filed with Court prior to the hearing and have not been disputed by any, much less, competent evidence. Additionally, it is well established that a Notary may also sign as a subscribing witness and has effectively been accomplished.
20. Case Law:
 - a. Although the provisions of Section 689.01, Florida Statutes, F.S.A., require that such an instrument be executed in the presence of two subscribing witnesses, the Statute does not require that such witnesses shall subscribe in the presence of the grantors, or in the presence of each other. Likewise, the Statute does not by express terms require that subscribing witnesses shall sign the document before delivery thereof is accomplished. Medina v. Orange Cnty., 147 So. 2d 556, 557 (Fla. 2d DCA 1962).
 - b. The District Court of Appeal, Melvin, Associate Judge, held that where deed had been voluntarily executed by grantors in presence of four witnesses one of whom signed deed as subscribing witness before delivery, and one of whom signed the same after delivery thereof to grantee, and in reliance upon such deed other property owners had donated rights of way in area to county for extension of road, such deed

was valid even though subscribed by only one of several witnesses prior to delivery. Medina v. Orange Cnty., 147 So. 2d 556 (Fla. 2d DCA 1962).

- c. Four people were present and observed the plaintiffs as they executed their deed, one of whom signed as a subscribing witness before and one signed after delivery of such deed. In reliance upon Medina's deed, other property owners have donated rights-of-way in the area to Orange County, for an extension of the Medina-Cheesman Road. When viewed in such posture, the Medinas' technical assault upon their conveyance, grounded solely upon the fact that but one of four witnesses subscribed their deed prior to delivery, is fruit out of season in a garden of equity. Equity regards as done that which ought to have been done and will sustain such a deed, even though subscribed by only one of several witnesses prior to delivery. Medina v. Orange Cnty., 147 So. 2d 556, 558 (Fla. 2d DCA 1962).
 - d. Section 689.01, Florida Statutes, does not require that witnesses must subscribe in the presence of the grantor or in the presence of each other, nor does it require that the subscribing witnesses sign the document before delivery is accomplished. See Medina v. Orange County, 147 So.2d 556 (Fla. 2nd DCA 1962). Moreover, a deed takes effect from the date of delivery, and the recording of a deed is not essential to its validity as between the parties or those taking with notice. The failure of Sweat to record the subject deed before the grantor died did not render the deed void. The recording statute has always been primarily intended to protect the rights of bona fide purchasers of property and creditors of property owners, rather than the immediate parties to the conveyance. (Citing Fong v. Batton, 214 So.2d 649 (Fla. 3rd DCA 1968)). Sweat v. Yates, 463 So. 2d 306, 307 (Fla. 1st DCA 1984).
21. The evidence that Defendant Womble, Vanessa Champion and Julie Pinner (Notary) were all present at the time Mary M. Day conveyed the property to Defendant Womble is indisputable.
 22. On June 13, 2022, Mary M. Day, single woman, purportedly executed an Enhanced Life Estate Deed to Sheila Hinson and Cindy Lea Lusk, C/o Cindy Lea Lusk, reserving a life estate to Mary M. Day. Said deed being recorded in Official Records Book 1673, Page 205, Public Records of Putnam County, Florida.
 23. Plaintiffs' counsel drafted and witnessed the deed, but then filed with the Court a Petition

to have the Grantor declared Incompetent on June 28, 2022, a mere two (2) weeks after executing said deed.

24. Furthermore, the Defendants provided to the Court letters from three (3) doctors of the Grantor declaring her incapacity during the August to September 2021 time period, diagnosed with Lewy Body Dementia, which is a type of progressive dementia that leads to a decline in thinking, reasoning and independent function.
25. Plaintiff Cindy Lea Lusk, on February 20, 2023, executed a quit claim deed to the property at issue in both Complaints, devising any interest she may have had in the real property to Defendant, Dina K. Womble.
26. Said execution of the Quit Claim Deed by Plaintiff, Cindy Lea Lusk essentially, has the effect of Plaintiff Cindy Lea Lusk withdrawing or abandoning her allegations for Declaratory Relief and Ejectment, and admitting and curing the complaints and allegations against her by Defendant, Dina K. Womble.
27. Despite what the Court may decide as to the original deed conveyed to Defendant Womble, the execution of the Quit Claim Deed by Plaintiff, Cindy Lea Lusk, negates the Plaintiffs' from pursuing a complaint for ejectment as a matter of law. Either the deed to Womble is valid and the deed to the Plaintiffs is not, or the deed to Womble is invalid, and the deed to Plaintiffs is valid, then one Plaintiff has now conveyed her interest to Defendant Womble, creating a tenancy by the entireties. Either way, Defendant Womble holds all or some interest in the property and cannot be ejected. The only such relief that might remain is a Partition action, which is not before the Court.
28. Based upon the current standard for granting a Motion for Summary Judgment, the Defendants renew their request for summary judgment denying the Plaintiffs' claim that the Deed to Womble is invalid and denying Plaintiffs' request for ejectment. Furthermore, Defendants renew their request for summary judgment granting Defendants' relief sought in their Complaint:
 - a. The Court Order that the fraudulent deed purportedly executed on June 13, 2022, by Mary M. Day to Sheila Hinson and Cindy Lea Lusk reserving a Life Estate to Mary M. Day being recording in the official records book 1673, Page 205 of the Public Records of Putnam County Florida be set aside and declared void.

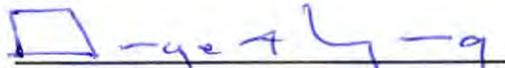
b. That lawful possession of said Real Property be established in the Defendant Dina K. Womble.

c. Title be Quieted to the subject property and to the Defendant Dina K. Womble.

29. Defendants respectfully assert that they have adequately identified to the Court the need for clarification of the Court's Order in this matter. Defendants' position, in that no affirmative relief can be granted to the Plaintiff, is to discern the Court's rationale for denying all of its requested relief, to determine Defendants' position in the matter as addressed in paragraph 11 above.

WHEREFORE, Defendants request this Honorable Court to grant the relief sought herein, clarify the Court's Order Denying Summary Judgment, grant summary judgment in favor of the Defendants as to all counts sought and any other relief the Court finds just and equitable.

Holmes & Young, P.A.

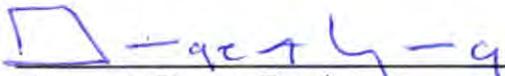


George A. Young, Esquire
Florida Bar No. 0051728

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served via the Florida's E-Filing Portal to Timothy Keyser, J.D. at serve.keyser@gmail.com and mailed to Sheila Hinson at 107 Pace Court., Interlachen, FL 32148 and to 115 Wynetta Drive., Interlachen, FL 32148 this 22 day of September 2023.

Holmes & Young, P.A.



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Attorney for Defendants

IN THE CIRCUIT COURT OF THE
SEVENTH JUDICIAL CIRCUIT IN
AND FOR PUTNAM COUNTY FLORIDA

CASE NO.: 2024-093-CA

APRILL RHINES and
GREGORY RHINES,
Plaintiffs,

Vs.

KENNETH JAMES and
CHRISTINA JAMES,
Defendants.

DEFENDANT'S MOTION TO DISMISS PLAINTIFFS' COMPLAINT

COMES NOW, the Defendants, KENNETH JAMES and CHRISTINA JAMES by and through their undersigned counsel, and hereby files this Motion to Dismiss of the Plaintiffs' Complaint as follows:

ALLEGED FACTUAL AND PROCEDURAL BACKGROUND

This action appears to relate to the access over the Defendants' property. Based upon the allegations in Plaintiffs' complaint, Plaintiffs admit that the Defendants are owners of the land which is subject to an easement which Plaintiffs are entitled to utilize to access certain property. Defendants do not dispute the existence of the easement and are not preventing the use of said easement in accordance with the laws of the State of Florida. The Defendants now respond to Plaintiffs' Complaint with this Motion to Dismiss brought pursuant to Rule 1.140(b) of the Florida Rules of Civil Procedure.

LEGAL STANDARD

A motion to dismiss under Rule 1.140(b) of the Florida Rules of Civil Procedure tests whether the plaintiff has stated a cause of action. *Meadows Cmty. Ass'n v. Russell-Tutty*, 928 So. 2d 1276, 1280 (Fla. 2d DCA 2006); see also *Fed. Nat'l Mortg. Ass'n v. Legacy Parc Condo. Ass'n, Inc.*, 177 So. 3d 92, 94 (Fla. 5th DCA 2015); *Sobi v. Fairfield Resorts, Inc.*, 846 So. 2d 1204, 1208 (Fla. 5th DCA 2003). In order to overcome a motion to dismiss, a plaintiff is required to plead

ultimate facts that demonstrate entitlement to relief. *Horowitz v. Laske*, 855 So. 2d 169, 172-73 (Fla. 5th DCA 2003). Florida is a fact-pleading jurisdiction. *Deloitte & Touche v. Gencor Indus., Inc.*, 929 So. 2d 678, 681 (Fla. 5th DCA 2006) (“As we wearily continue to point out, Florida is a fact-pleading jurisdiction, not a notice-pleading jurisdiction.”). “Florida’s pleading rule forces counsel to recognize the elements of their cause of action and determine whether they have or can develop the facts necessary to support it, which avoids a great deal of wasted expense to the litigants and unnecessary judicial effort.” *Cont’l Baking Co. v. Vincent*, 634 So. 2d 242 (Fla. 5th DCA 1994).

A complaint must set out the elements of each cause of action and the facts that support them so that the court and defendant(s) can clearly determine what is being alleged. *Barrett v. City of Margate*, 743 So. 2d 1160, 1162 (Fla. 4th DCA 1999). Whether a plaintiff is represented by an attorney or proceeds *pro se*, the plaintiff’s complaint must set forth factual assertions that can be supported by evidence which gives rise to legal liability. *Id.* at 1162-63. “Furthermore, at the outset of a suit, litigants must state their pleadings with sufficient particularity for a defense to be prepared.” *Horowitz*, 855 So. 2d at 173. “Craftsmanship in pleadings frame the issues between the parties so they can ‘know what they’ve got to meet and get ready to meet it.’” *Nguyen v. Roth Realty, Inc.*, 550 So. 2d 490, 491 (Fla. 5th DCA 1989).

Dismissal is appropriate when a complaint merely contains “legal conclusions” unsupported by allegations of ultimate fact. *Barrett*, 743 So. 2d at 1163. “It is insufficient to plead opinions, theories, legal conclusions or argument.” *Id.*

Rule 1.130(b) of the Florida Rules of Civil Procedure provides that “[a]ny exhibit attached to a pleading shall be considered a part thereof for all purposes.” See *Ginsberg v. Lennar Fla. Holdings, Inc.*, 645 So. 2d 490, 494 (Fla. 3d DCA 1994) (“When a party attaches exhibits to the complaint[,] those exhibits become part of the pleading[,] and the court will review those exhibits accordingly.”). A court must consider an exhibit attached to the complaint together with the complaint’s allegations. *Fladell v. Palm Beach Cty. Canvassing Bd.*, 772 So. 2d 1240, 1242 (Fla. 2000). When exhibits are attached to a complaint and the contents of the exhibits contradict or conflict with the allegations in the complaint, the contents of the exhibits control over the allegations of the complaint. See *Santiago v. Mauna Loa Invs., LLC*, 189 So. 3d 752, 756 (Fla. 2016); *Fladell*, 772 So. 2d at 1242; *BAC Funding Consortium Inc. ISAOA/ATIMA v. Jean-Jacques*, 28 So. 3d 936, 938 (Fla. 2d DCA 2010); *Paladin Props. v. Family Inv. Enters.*, 952 So. 2d 560, 563-64 (Fla. 2d DCA 2007); see also *Khan v. Bank of Am., N.A.*, 58 So. 3d 927, 928 (Fla. 5th DCA

2011).

ARGUMENT

A. Count II QUIET TITLE FOR THE USE OF THE EASEMENT AND DEFENDANTS TO REMOVE ALL RESTRICTIONS TO ACCESS THE EASEMENT.

Plaintiffs assert in Count II of their complaint for relief via “Quiet Title”. Plaintiffs state: “This is an action for quiet title to enforce Plaintiffs warranty deed Pursuant to the Warranty Deed, Attached as Exhibit A, Plaintiff is the legal and equitable owner of the Subject Property. A quiet title required that a plaintiff plead facts that" 1) the plaintiff holds title to the property in question; and 2) a cloud on title exists." *Stark v. Fraver*, 67 So. 2d 237,237 (Fla. 1953).”

Plaintiffs fail to state a proper cause of action as to a “cloud” on the title of the Plaintiffs property. Even if Defendants were “blocking an easement” it does not constitute a cloud on the title of the Plaintiff. There may exist other appropriate legal remedies that Plaintiffs may have pursued if supported by a factual basis, but a Quiet Title action is not appropriate based upon the allegations, nor the “relief” sought.

Plaintiffs’ own pleadings and exhibits show that Plaintiffs possess land benefited by the easement. It is clear that the Defendants own the property over which the easement runs, the “subservient parcel”, and do not dispute the existence of said easement. To state is plainly, there is no cloud of ownership of the Plaintiffs’ ownership of their property.

Therefore, Count II of Plaintiffs’ Complaint should be dismissed with prejudice.

B. Count IV UNLAWFUL DETAINER

Plaintiffs assert a cause of action of “Unlawful Detainer” as Count IV of their complaint. Forcible Entry and Unlawful Detainer, Chapter 82, Florida Statutes, which provides the legal basis for such a cause of action defines unlawful detention and unlawful entry as follows:

82.01 Definitions.—As used in this chapter, the term:

(1) “Forcible entry” means entering into and taking possession of real property with force, in a manner that is not peaceable, easy, or open, even if such entry is authorized by a person entitled to possession of the real property and the possession is only temporary or applies only to a portion of the real property.

(2) “Real property” means land or any existing permanent or temporary building or structure thereon, and any attachments generally held out for the use of persons in possession of the real property.

(3) “Record titleholder” means a person who holds title to real property as evidenced by an instrument recorded in the public records of the county in which the real property is located.

(4) “Unlawful detention” means possessing real property, even if the possession is temporary or applies only to a portion of the real property, without the consent of a person entitled to possession of the real property or after the withdrawal of consent by such person.

(5) “Unlawful entry” means the entry into and possessing of real property, even if the possession is temporary or for a portion of the real property, when such entry is not authorized by law or consented to by a person entitled to possession of the real property.

82.03 Remedies.—

(1) A person entitled to possession of real property, including constructive possession by a record titleholder, has a cause of action against a person who obtained possession of that real property by forcible entry, unlawful entry, or unlawful detention and may recover possession and damages. The person entitled to possession is not required to notify the prospective defendant before filing the action.

(2) If the court finds that the entry or detention by the defendant is willful and knowingly wrongful, the court must award the plaintiff damages equal to double the reasonable rental value of the real property from the beginning of the forcible entry, unlawful entry, or unlawful detention until possession is delivered to the plaintiff. The plaintiff may also recover other damages, including, but not limited to, damages for waste.

(3) Actions for possession and damages may be bifurcated.

(4) All actions under this chapter must be brought by summary procedure as provided in s. 51.011, and the court shall advance the cause on the calendar.

Plaintiffs have, through their own pleadings, clearly demonstrated that the Defendants are the owners of the real property over which the easement runs. Therefore, Plaintiffs are not authorized under Chapter 82 (or any other Florida Law) to take such an action as the Plaintiffs are not “entitled to possession of real property”. The Remedies section of Chapter 82 clearly states what actions may be taken under this cause of action. Plaintiffs clearly have no such cause of action. Therefore, Count IV of Plaintiffs’ Complaint should be dismissed with prejudice.

C. Count V TRESPASS

Plaintiffs assert a cause of action of Trespass as Count V of their Complaint. It appears that the Plaintiffs are asserting a Florida Tort of Trespass to Land. Some key elements to consider in order to prove Trespass in Florida are as follows:

Unlawful Entry: Trespass requires an unlawful entry onto the property.

Intent: The act of trespass must be intentional, meaning the person knowingly entered

the property without authorization.

Authorization and Consent: Authorization to enter or remain on the property can come in various forms, including express consent or implied consent based on the circumstances. Property owners can specify the boundaries of authorization.

Notice: Posting signs or providing other forms of notice that entry is prohibited can strengthen a trespass claim. Florida law recognizes that notice serves to inform potential trespassers and protect property rights.

Plaintiffs fail to sufficiently state a cause of action by omission. First, stating when the alleged trespass occurred and, second, failing to disclose that the alleged damage occurred to a building now owned by the Plaintiffs that is, in fact, trespassing on Defendants' property. Again, a complaint must set out the elements of each cause of action and the facts that support them so that the court and defendant(s) can clearly determine what is being alleged. *Barrett v. City of Margate*, 743 So. 2d 1160, 1162 (Fla. 4th DCA 1999). "Furthermore, at the outset of a suit, litigants must state their pleadings with sufficient particularity for a defense to be prepared." *Horowitz*, 855 So. 2d at 173. "Craftsmanship in pleadings frame the issues between the parties so they can 'know what they've got to meet and get ready to meet it.'" *Nguyen v. Roth Realty, Inc.*, 550 So. 2d 490, 491 (Fla. 5th DCA 1989). The Defendants have no time reference to prepare a defense, if any, to such allegations. At the time of the complaint, are the Plaintiffs alleging that the Defendants built a fence across their yard and into the garage of the Plaintiffs' home? Are Plaintiffs referring to a fence that existed on the Defendants' property line prior to Plaintiffs' purchase of property? The bottom line is Plaintiffs' allegations are insufficiently pled in order for a proper defense or answer to be made. Therefore, Count V of Plaintiffs' Complaint should be dismissed with prejudice.

D. Count III INJUNCTION FOR EASEMENT BY NECESSITY

Plaintiffs assert a cause of action of for "Injunction for Easement By Necessity". Assuming that such relief could be interpreted as temporary injunctive relief or permanent injunctive relief to enforce the use of an easement, Plaintiffs cause of action for relief still fails. Plaintiffs allege in their complaint, and provide for in exhibits, that there exists a recorded easement: Paragraph 39 of Plaintiffs' Complaint states "Plaintiff has an express easement pursuant to Official Records 457 Pg 724 of the Official Records of Putnam County attached as Exhibit B." Plaintiffs then appear to claim a "second easement" of "easement by necessity" under Florida Statute "704.01(2)". An express, recorded easement already exists, therefore, Plaintiffs are not entitled to a "second easement" of necessity for the same purpose. Therefore, the request

for “injunction for easement by necessity” fails as an appropriate legal cause of action and should be dismissed.

E. Count I INJUNCTION FOR ENFORCEMENT OF EASEMENT AND DEFENDANTS TO REMOVE ALL RESTRICTIONS TO ACCESS THE EASEMENT

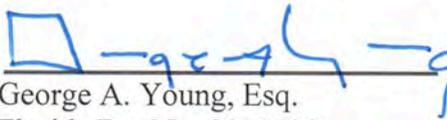
Plaintiffs assert a cause of action of for “Injunction For Enforcement of Easement and Defendants to Remove All Restrictions to Access The Easement”. Again, an assumption has to be made as to whether Plaintiffs are seeking temporary or permanent relief. Again, a complaint must set out the elements of each cause of action and the facts that support them so that the court and defendant(s) can clearly determine what is being alleged. *Barrett v. City of Margate*, 743 So. 2d 1160, 1162 (Fla. 4th DCA 1999). The elements for temporary and permanent injunctive relief are not identical, and therefore, Defendants are placed in a position by which they cannot adequately state a defense or a response. Additionally, the Florida Courts have long held that injunctive relief is an extraordinary and drastic equitable remedy, which should be granted sparingly and only after the moving party has satisfied every one of the demanding prerequisites for such relief. *Florida High Sch. Activities Assoc. v. Kartenovich*, 749 So.2d 1290, 1291 (Fla. 3d DCA 2000). Further, Florida Courts have determined that injunctive relief is **not** available “where the injury to the movant is seeking to prevent is **purely monetary**” or “when the right to the injunction is premised on a **speculative, future event.**” *Lutsky v. Schoenwetter*, 172 So.3d 534 (Fla. 3d DCA 2015) (emphasis added) (citations omitted). Plaintiffs have provided no evidence in the form of exhibits or sworn testimony that demonstrate that the easement is being blocked, inhibited or thwarted by the Defendants. A cause of action for injunctive relief requires it to be sworn to by the party seeking relief. The Plaintiffs’ complaint is not sworn, nor are any sworn affidavits attached as exhibits. Plaintiffs provided no exhibits demonstrating who or how the use of the easement is being “unilaterally deprived” by the Defendants. Therefore, ALL of the injunctive relief sought by the Plaintiffs should be dismissed.

WHEREFORE, the Defendants respectfully request this Honorable Court to dismiss those counts of the Plaintiffs’ Complaint as requested above.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the forgoing was furnished via the Florida E-Filing Portal to John P. Steinmetz, Esq., at john@dhclawyers.com this 6th day of September 2024.

Respectfully Submitted,
HOLMES & YOUNG, P.A.

By: 

George A. Young, Esq.

Florida Bar No. 0051728

222 N. 3rd Street

Palatka, FL 32177

Tel: (386)328-1111

Fax: (386)385-3483

Pleadings@holmesandyoung.com

FORM 6 – PART D

INCOME TAX RETURN

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 See separate instructions.

Your first name and middle initial GEORGE A Last name YOUNG Your social security number

If joint return, spouse's first name and middle initial JULIANNE N Last name YOUNG Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State FL ZIP code 32177

Foreign country name Foreign province/state/county Foreign postal code 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.

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include JACKSON W YOUNG (Son), ASHLYN I YOUNG (Daughter), LANDEN YOUNG (Son).

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 180,854. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 180,854.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest 6. 3a Qualified dividends 111. 3b Ordinary dividends 111. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -53. 8 Additional income from Schedule 1, line 10 141,293. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 322,211. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 322,211. 12 Standard deduction or itemized deductions (from Schedule A) 61,689. 13 Qualified business income deduction from Form 8995 or Form 8995-A 28,259. 14 Add lines 12 and 13 89,948. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 232,263.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	41,818.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	41,818.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	6,000.
	20	Amount from Schedule 3, line 8	20	1,200.
	21	Add lines 19 and 20	21	7,200.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	34,618.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2.
24	Add lines 22 and 23. This is your total tax	24	34,620.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	41,858.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	41,858.
	26	2024 estimated tax payments and amount applied from 2023 return	26	12,000.
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	53,858.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	19,238.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	14,238.
	b	Routing number c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	5,000.	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name STANLEY U. HUNT Phone no. (904) 626-6347 Personal identification number (PIN) 2 1 5 9 0

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 <u>ATTORNEY</u>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation <u>ASST. ADMINISTRATOR</u>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name <u>STANLEY U. HUNT</u>	Preparer's signature <u>STANLEY U. HUNT</u>	Date <u>05/14/2025</u>	PTIN <u>P01060699</u>	Check if: <input type="checkbox"/> Self-employed
Firm's name <u>RIVER CPA</u>	Firm's address <u>1547 PETERS CREEK RD GREEN COVE SPRINGS FL 32043</u>			Phone no. <u>(904) 626-6347</u> Firm's EIN <u>20-4750509</u>

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **01**

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

GEORGE A & JULIANNE N YOUNG

Your social security number

[REDACTED]

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1
2a	Alimony received		2a
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C		3
4	Other gains or (losses). Attach Form 4797		4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5 146,357.
6	Farm income or (loss). Attach Schedule F		6 -5,064.
7	Unemployment compensation		7
8	Other income:		
a	Net operating loss	8a ()	
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z		9
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10 141,293.

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

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

GEORGE A & JULIANNE N YOUNG

Your social security number

[REDACTED]

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d	
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) <input type="checkbox"/> Line 1a, column (n) (ii) <input type="checkbox"/> Line 1c, column (n) (iii) <input type="checkbox"/> Line 1d, column (n) (iv) <input type="checkbox"/> Line 2a, column (n)	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a, column (o) (ii) <input type="checkbox"/> Line 1c, column (o) (iii) <input type="checkbox"/> Line 1d, column (o) (iv) <input type="checkbox"/> Line 2a, column (o)	1f	
y	Other additions to tax (see instructions): _____	1y	
z	Add lines 1a through 1y		1z
2	Alternative minimum tax. Attach Form 6251		2
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6		7
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>		8
9	Household employment taxes. Attach Schedule H		9
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10
11	Additional Medicare Tax. Attach Form 8959		11
12	Net investment income tax. Attach Form 8960		12 2.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15
16	Recapture of low-income housing credit. Attach Form 8611		16

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: _____	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount: _____	17z		
18	Total additional taxes. Add lines 17a through 17z			18
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **03**

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

GEORGE A & JULIANNE N YOUNG

Your social security number

[REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	1,200.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,200.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions): _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

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

BAA REV 03/20/25 PRO

Schedule 3 (Form 1040) 2024

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

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

GEORGE A & JULIANNE N YOUNG

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	2,498.			
	b State and local real estate taxes (see instructions)	5b	11,141.			
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	13,639.			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	10,000.	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	26,291.			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Reserved for future use	8d				
	e Add lines 8a through 8c	8e	26,291.			
9 Investment interest. Attach Form 4952 if required. See instructions	9					
10 Add lines 8e and 9				10	26,291.	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	25,398.			
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12				
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	25,398.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	61,689.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

GEORGE A & JULIANNE N YOUNG

Your social security number

[REDACTED]

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B 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				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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

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 .	49 .	102 .		-53 .
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
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
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 -53 .

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-53.
<p>17 Are lines 15 and 16 both gains?</p> <p><input 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	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input 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, 1040-SR, or 1040-NR, line 7, 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) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(53.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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

Your social security number

GEORGE A & JULIANNE N YOUNG

[Redacted]

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

Part II Income or Loss From Partnerships and S Corporations

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

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

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D list RIVERCITY DREAMCATCHERS LLC, 303 NORTH SUMMIT LLC, HOLMES & YOUNG, P.A., and D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A-D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, 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. Rows A, B, 34a Totals, b Totals, 35, 36, 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. Rows 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

**SCHEDULE F
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, 1041, or 1065.
Go to www.irs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **14**

Name of proprietor GEORGE A YOUNG		Social security number (SSN) [REDACTED]	
A Principal crop or activity Timber	B Enter code from Part IV 1 1 3 0 0 0	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	D Employer ID number (EIN) (see instr.) [REDACTED]
E Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on passive losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
F Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Farm Income—Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Sales of purchased livestock and other resale items (see instructions)	1a			
b Cost or other basis of purchased livestock or other items reported on line 1a	1b			
c Subtract line 1b from line 1a				1c
2 Sales of livestock, produce, grains, and other products you raised				2
3a Cooperative distributions (Form(s) 1099-PATR)	3a		3b Taxable amount	3b
4a Agricultural program payments (see instructions)	4a		4b Taxable amount	4b
5a Commodity Credit Corporation (CCC) loans reported under election				5a
b CCC loans forfeited	5b		5c Taxable amount	5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions):				
a Amount received in 2024	6a		6b Taxable amount	6b
c If election to defer to 2025 is attached, check here <input type="checkbox"/>			6d Amount deferred from 2023	6d
7 Custom hire (machine work) income				7
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				8
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions				9

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10 Car and truck expenses (see instructions). Also attach Form 4562	10				
11 Chemicals	11				
12 Conservation expenses (see instructions)	12				
13 Custom hire (machine work)	13	2,340.			
14 Depreciation and section 179 expense (see instructions)	14	1,405.			
15 Employee benefit programs other than on line 23	15				
16 Feed	16				
17 Fertilizers and lime	17				
18 Freight and trucking	18				
19 Gasoline, fuel, and oil	19	112.			
20 Insurance (other than health)	20	212.			
21 Interest (see instructions):					
a Mortgage (paid to banks, etc.)	21a				
b Other	21b				
22 Labor hired (less employment credits)	22				
23 Pension and profit-sharing plans	23				
24 Rent or lease (see instructions):					
a Vehicles, machinery, equipment	24a				
b Other (land, animals, etc.)	24b				
25 Repairs and maintenance	25		729.		
26 Seeds and plants	26				
27 Storage and warehousing	27				
28 Supplies	28				
29 Taxes	29		266.		
30 Utilities	30				
31 Veterinary, breeding, and medicine	31				
32 Other expenses (specify):					
a -----	32a				
b -----	32b				
c -----	32c				
d -----	32d				
e -----	32e				
f -----	32f				
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions	33			5,064.	
34 Net farm profit or (loss). Subtract line 33 from line 9	34			-5,064.	

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

a All investment is at risk. **b** Some investment is not at risk.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

2024
Attachment
Sequence No. **21**

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

GEORGE A & JULIANNE N YOUNG

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

B If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

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

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
ACADEMY OF RISING STARS	314 NORTH HWY 17 PALATKA FL 32177	90-0070989	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7,380.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**
2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
First	Last			
ASHLYN I	YOUNG		<input type="checkbox"/>	3,690.
LANDEN	YOUNG		<input type="checkbox"/>	3,690.

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	6,000.
4 Enter your earned income . See instructions	4	50,436.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	125,354.
6 Enter the smallest of line 3, 4, or 5	6	6,000.
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	322,211.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	X .20
9a Multiply line 6 by the decimal amount on line 8	9a	1,200.
b If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9b	0.
c Add lines 9a and 9b and enter the result	9c	1,200.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	41,818.
11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	11	1,200.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

GEORGE A & JULIANNE N YOUNG

[REDACTED]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	322,211.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	322,211.	
4	Number of qualifying children under age 17 with the required social security number	4	3	
5	Multiply line 4 by \$2,000	5	6,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	6,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	6,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	40,618.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	6,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
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Qualified Business Income Deduction Simplified Computation

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

GEORGE A & JULIANNE N YOUNG

Your taxpayer identification number

[REDACTED]

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Timber Production	[REDACTED]	-5,064.
ii	HOLMES & YOUNG, P.A.	59-3733131	146,357.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 141,293.	
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-	4 141,293.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 28,259.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
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	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 28,259.
11	Taxable income before qualified business income deduction (see instructions)	11 260,522.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 111.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 260,411.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 52,082.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 28,259.
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.)

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
 Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return GEORGE A & JULIANNE N YOUNG	Taxpayer identification number [REDACTED]
Preparer's name STANLEY U. HUNT	Preparer tax identification number P01060699

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

GEORGE A & JULIANNE N YOUNG

Your social security number or EIN

[REDACTED]

- Part I Investment Income**
- Section 6013(g) election (see instructions)
 - Section 6013(h) election (see instructions)
 - Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	6.
2	Ordinary dividends (see instructions)		2	111.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a 146,357.	4c	0.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b -146,357.		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a -53.	5d	-53.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	64.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	64.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 322,211.	16	64.
14	Threshold based on filing status (see instructions)	14 250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 72,211.		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	2.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	18c	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a	19c	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

Name of shareholder GEORGE A YOUNG	Identifying number [REDACTED]
A Name of S corporation HOLMES & YOUNG, P.A.	B Employer identification number 59-3733131

C Stock block (see instructions): _____

D Check applicable box(es) to indicate how stock was acquired:
(1) Original shareholder **(2)** Purchased **(3)** Inherited **(4)** Gift **(5)** Other: _____

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation

Part I Shareholder Stock Basis

1 Stock basis at the beginning of the corporation's tax year		1	96,444.
2 Basis from any capital contributions made or additional stock acquired during the tax year		2	
3a Ordinary business income (enter losses in Part III)	3a 146,357.		
b Net rental real estate income (enter losses in Part III)	3b		
c Other net rental income (enter losses in Part III)	3c		
d Interest income	3d		
e Ordinary dividends	3e		
f Royalties	3f		
g Net capital gains (enter losses in Part III)	3g		
h Net section 1231 gain (enter losses in Part III)	3h		
i Other income (enter losses in Part III)	3i		
j Excess depletion adjustment	3j		
k Tax-exempt income	3k		
l Recapture of business credits	3l		
m Other items that increase stock basis	3m		
4 Add lines 3a through 3m		4	146,357.
5 Stock basis before distributions. Add lines 1, 2, and 4		5	242,801.
6 Distributions (excluding dividend distributions)		6	143,838.
Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			
7 Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15		7	98,963.
8a Nondeductible expenses	8a 3,470.		
b Depletion for oil and gas	8b		
c Business credits (sections 50(c)(1) and (5))	8c		
9 Add lines 8a through 8c		9	3,470.
10 Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15		10	95,493.
11 Allowable loss and deduction items. Enter the amount from line 47, column (c)		11	1,503.
12 Debt basis restoration (see net increase in instructions for line 23)		12	0.
13 Other items that decrease stock basis		13	
14 Add lines 11, 12, and 13		14	1,503.
15 Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-		15	93,990.

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				0.
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				0.
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				0.
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					0.
36 Net rental real estate loss					0.
37 Other net rental loss					0.
38 Net capital loss					0.
39 Net section 1231 loss					0.
40 Other loss					0.
41 Section 179 deductions					0.
42 Charitable contributions	1,503.		1,503.		0.
43 Investment interest expense					0.
44 Section 59(e)(2) expenditures					0.
45 Other deductions					0.
46 Foreign taxes paid or accrued					0.
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,503.		1,503.	0.	0.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

GEORGE A & JULIANNE N YOUNG

Identifying number

[REDACTED]

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	571 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(2,097 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-1,526 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-1,526 .
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If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

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

4 Enter the smaller of the loss on line 1d or the loss on line 3	4			1,526 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .		
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	322,211 .		
7 Subtract line 6 from line 5	7			
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8			
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9			0 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10			571 .
11 Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11			571 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
RIVERCITY DREAMCATCHERS LLC	0 .	2,097 .			2,097 .
303 NORTH SUMMIT LLC	571 .	0 .		571 .	
Total. Enter on Part I, lines 1a, 1b, and 1c	571 .	2,097 .			

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
RIVERCITY DREAMCATCHERS LLC	E Ln 28A	2,097.	1.00000000	1,526.
Total		2,097.	1.00	1,526.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
RIVERCITY DREAMCATCHERS LLC	E Ln 28A	2,097.	1,526.	571.
Total		2,097.	1,526.	571.

Copy C – Employee Reference Wage and Tax Statement **W-2** 2024 OMB No. 1545-0008

a Emp social sec nbr	1 Wages, tips other comp 125354.42	2 Federal income tax withheld 13181.92
b Employer ID number 59-6000816	3 Social security wages 129601.81	4 Social security tax withheld 8035.28
	5 Medicare wages and tips 129601.81	6 Medicare tax withheld 1879.18
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758		
d Control number		
e Employee's name, address, and ZIP code JULIANNE NICOLE YOUNG PALATKA FL 32177		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 27922.08
13 Statutory employee	14 Other RETC 4247.39	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Empr's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS
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

21 05 512

Copy B To Be Filed With Employee's FEDERAL Tax Return **W-2** 2024 OMB No. 1545-0008

a Emp social sec nbr	1 Wages, tips other comp 125354.42	2 Federal income tax withheld 13181.92
b Employer ID number 59-6000816	3 Social security wages 129601.81	4 Social security tax withheld 8035.28
	5 Medicare wages and tips 129601.81	6 Medicare tax withheld 1879.18
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758		
d Control number		
e Employee's name, address, and ZIP code JULIANNE NICOLE YOUNG PALATKA FL 32177		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 27922.08
13 Statutory employee	14 Other RETC 4247.39	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Empr's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

Copy 2 To Be Filed With Employee's STATE Tax Return **W-2** 2024 OMB No. 1545-0008

a Emp social sec nbr	1 Wages, tips other comp 125354.42	2 Federal income tax withheld 13181.92
b Employer ID number 59-6000816	3 Social security wages 129601.81	4 Social security tax withheld 8035.28
	5 Medicare wages and tips 129601.81	6 Medicare tax withheld 1879.18
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758		
d Control number		
e Employee's name, address, and ZIP code JULIANNE NICOLE YOUNG PALATKA FL 32177		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 27922.08
13 Statutory employee	14 Other RETC 4247.39	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Empr's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

Copy 2 To Be Filed With Employee's CITY or LOCAL Tax Return **W-2** 2024 OMB No. 1545-0008

a Emp social sec nbr	1 Wages, tips other comp 125354.42	2 Federal income tax withheld 13181.92
b Employer ID number 59-6000816	3 Social security wages 129601.81	4 Social security tax withheld 8035.28
	5 Medicare wages and tips 129601.81	6 Medicare tax withheld 1879.18
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758		
d Control number		
e Employee's name, address, and ZIP code JULIANNE NICOLE YOUNG PALATKA FL 32177		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 27922.08
13 Statutory employee	14 Other RETC 4247.39	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Empr's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

Form W-2 Wage and Tax Statement 2024

Copy C, for employee's records

d Control number 0042-18140994 000000009 -		Void	c Employer's name, address, and ZIP code HOLMES & YOUNG PA 222 N 3RD ST PALATKA FL 32177		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 59-3733131		a Employee's social security number [REDACTED]		1 Wages, tips, other compensation 55500.00	2 Federal income tax withheld 28676.04	
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 75000.00	4 Social security tax withheld 4650.00	
12 See instructions for box 12 S 19500.00		14 Other		e Employer's name, address, and ZIP code GEORGE A YOUNG [REDACTED] PALATKA FL 32177		5 Medicare wages and tips 75000.00
				7 Social Security Tips	6 Medicare tax withheld 1087.50	
				10 Dependent care benefits	11 Nonqualified plans	
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

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 2024

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0042-18140994 000000009 -		Void	c Employer's name, address, and ZIP code HOLMES & YOUNG PA 222 N 3RD ST PALATKA FL 32177		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 59-3733131		a Employee's social security number [REDACTED]		1 Wages, tips, other compensation 55500.00	2 Federal income tax withheld 28676.04	
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 75000.00	4 Social security tax withheld 4650.00	
12 See instructions for box 12 S 19500.00		14 Other		e Employer's name, address, and ZIP code GEORGE A YOUNG [REDACTED] PALATKA FL 32177		5 Medicare wages and tips 75000.00
				7 Social Security Tips	6 Medicare tax withheld 1087.50	
				10 Dependent care benefits	11 Nonqualified plans	
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

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 2024

d Control number		Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld	
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages	4 Social security tax withheld	
12 See instructions for box 12		14 Other		e Employer's name, address, and ZIP code		5 Medicare wages and tips
				7 Social Security Tips	6 Medicare tax withheld	
				10 Dependent care benefits	11 Nonqualified plans	
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

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 2024

d Control number		Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation	2 Federal income tax withheld	
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages	4 Social security tax withheld	
12 See instructions for box 12		14 Other		e Employer's name, address, and ZIP code		5 Medicare wages and tips
				7 Social Security Tips	6 Medicare tax withheld	
				10 Dependent care benefits	11 Nonqualified plans	
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

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.

Schedule K-1 (Form 1120-S)

2024

Department of the Treasury Internal Revenue Service

For calendar year 2024, or tax year

beginning / / 2024 ending / /

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation
Part II Information About the Shareholder
Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Statement A—QBI Pass-through Entity Reporting

Corporation's name: HOLMES & YOUNG, P.A.		Corporation's EIN: 59-3733131	
Shareholder's name: GEORGE A YOUNG		Shareholder's identifying no: [REDACTED]	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)	146,357.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages	531,570.	
	UBIA of qualified property	95,698.	
	Section 199A dividends		

Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:			
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		
	Section 199A dividends		

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service

2024

For calendar year 2024, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 92-1865216

B Partnership's name, address, city, state, and ZIP code 330 NORTH SUMMIT LLC 222 N 3RD STREET PALATKA, FL 32177

C IRS center where partnership filed return: E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

GEORGE A YOUNG 222 N 3RD STREET PALATKA, FL 32177

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: 50.0000000 %

Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities: Beginning Ending

Table with columns: Beginning, Ending, Nonrecourse, Qualified nonrecourse financing, Recourse. Values: 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with columns: Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Table with columns: Beginning, Ending

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0. 14 Self-employment earnings (loss) 0.

2 Net rental real estate income (loss) 571. 15 Credits

3 Other net rental income (loss)

4a Guaranteed payments for services 16 Schedule K-3 is attached if checked

4b Guaranteed payments for capital 17 Alternative min tax (AMT) items

4c Total guaranteed payments

5 Interest income 18 Tax-exempt income and nondeductible expenses

6a Ordinary dividends

6b Qualified dividends

6c Dividend equivalents 19 Distributions

7 Royalties 20 Other information N * 6,223.

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss)

9b Collectibles (28%) gain (loss)

9c Unrecaptured section 1250 gain

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction 21 Foreign taxes paid or accrued

13 Other deductions

22 More than one activity for at-risk purposes*

23 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

 SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - (INCLUDED IN RENTAL REAL ESTATE INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	6,223.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		6,223.

 SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND
OTHER INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	571.	
SCHEDULE K-1 INCOME SUBTOTAL		571.
NET INCOME (LOSS) PER SCHEDULE K-1		571.

 SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

Schedule of Activities

For calendar year 2024, or tax year beginning

, 2024, and ending

Name : 330 NORTH SUMMIT LLC

92-1865216

For: GEORGE A YOUNG

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				4	

	Activity - 1	Activity -	Activity -
Ordinary business income (loss)			
Net rental real estate income (loss)	571.		
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
Net short-term capital gain (loss)			
Net long-term capital gain (loss)			
- Collectibles (28%) gain (loss)			
- Unrecaptured Section 1250 gain			
Net section 1231 gain (loss)			
Other portfolio income			
Section 1256 contracts and straddles			
Other income			
Section 179 deduction			
Charitable contributions			
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment			
Gross farming or fishing income			
Gross nonfarm income			
LIH credit - Section 42(j)(5) partnerships			
- Other			
Qualified rehabilitation expenditures related to rental real estate			
Other rental credits			
Credits related to other rental activities			
Recapture of LIH credit - Section 42(j)(5) partnerships			
- Other			
Other credits			
Post-1986 depreciation adjustment			
Adjusted gain or loss			
Portion of adjusted gain/loss allocable to short-term gain/loss			
Portion of adjusted gain/loss allocable to long-term gain/loss			
Portion of adjusted gain/loss allocable to section 1231 gain/loss			
Depletion (other than oil and gas)			
Oil, gas and geothermal properties - gross income			
Oil, gas and geothermal properties - deductions			
Other AMT items			
Investment income			
Investment expenses			
Section 199A - W-2 wages			
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Additional Information From Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GEORGE A YOUNG)**Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GEORGE A YOUNG)****Supplemental Information****Continuation Statement**

Description	Amount
Box 20, Code N:	
Business interest expense detail	
-Included in ord business income (line 1)	
-Included in rental income (line 2)	5,049.

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GEORGE A YOUNG)**Form 8825 Rental Inc/Loss Details for Reporting Purposes****Continuation Statement**

Description	Amount
300 Reid St	
Property type: 4 Commercial	-2,097.
Total	-2,097.

Schedule K-1 (Form 1065)

2024

Department of the Treasury Internal Revenue Service

For calendar year 2024, or tax year

beginning / / 2024 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 83-1680616
B Partnership's name, address, city, state, and ZIP code RIVERCITY DREAMCATCHERS LLC 222 N 3RD ST PALATKA, FL 32177
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. RUSSELL D CASTLEBERRY 122 POINT OF WOODS TRAIL PALATKA FL 32177
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 33.33333% 33.33333%
Loss 33.33333% 33.33333%
Capital 33.33333% 33.33333%
Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 73,648. \$ 102,092.
Recourse \$ 1,270. \$ 1,198.
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with 2 columns: Description, Amount. Rows include Beginning capital account (\$34,033), Capital contributed during the year, Current year net income (loss) (-2,093), Other increase (decrease), Withdrawals and distributions (\$7,000), Ending capital account (\$24,940).

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Code, Amount. Rows include Ordinary business income (loss) 14, Self-employment earnings (loss), Net rental real estate income (loss) 2, Other net rental income (loss) 15, Credits, Guaranteed payments for services 4a, Guaranteed payments for capital 4b, Schedule K-3 is attached if checked, Total guaranteed payments 4c, Alternative minimum tax (AMT) items 17, Interest income 5, Ordinary dividends 6a, Qualified dividends 6b, Dividend equivalents 6c, Royalties 7, Net short-term capital gain (loss) 8, Distributions 19, Net long-term capital gain (loss) 9a, Collectibles (28%) gain (loss) 9b, Unrecaptured section 1250 gain 9c, Net section 1231 gain (loss) 10, Other income (loss) 11, Section 179 deduction 12, Foreign taxes paid or accrued 21, Other deductions 13.

22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: January 24, 2025

Recipient's Name and Address

01/24-00000-YEIK1814 *1
GEORGE A YOUNG

██████████
PALATKA FL 32177-8186

Items for Attention

- Visit schwab.com/1099dashboard to access additional information that may be helpful when filing your tax return.

Important Official IRS Form(s) 1099 Enclosed

The report in this package contains your income tax return documents and year-end summary. Please retain this package for tax preparation purposes.

For tax advice, please consult with a qualified tax advisor, CPA, or financial planner.

To contact Schwab:

If you have any questions or need additional information about your Form(s) 1099 or your year-end summary, please call 1-800-435-4000, 24 hours a day, 7 days a week. We're always here for you.

To contact the IRS:

Tax questions for individuals: 1-800-829-1040

Tax questions for businesses: 1-800-829-4933

To order tax forms or publications: 1-800-829-3676

To pay taxes by credit card: 1-888-272-9829

For additional information and to print forms and publications, visit www.irs.gov.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: January 24, 2025

Your Form 1099 Composite may include the following Internal Revenue Service (IRS) forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-B and 1099-OID. You'll only receive the form(s) that apply to your particular financial situation and please keep for your records. Please note that information in the Year-End Summary is not provided to the IRS. It is provided to you as additional tax reporting information you may need to complete your tax return.

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Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

Date Prepared: January 24, 2025

Recipient's Name and Address

GEORGE A YOUNG
[REDACTED]
PALATKA FL 32177-8186

Taxpayer ID Number: [REDACTED] Account Number: 6873-4471

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Dividends and Distributions — 2024

Form 1099-DIV

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0110)

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)	\$	59.70
1b	Qualified Dividends	\$ 59.70	
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	\$	0.00
2b	Unrecap. Sec. 1250 Gain	\$ 0.00	
2c	Section 1202 Gain	\$ 0.00	
2d	Collectibles (28%) Gain	\$ 0.00	
2e	Section 897 Ordinary Dividends	\$ 0.00	
2f	Section 897 Capital Gains	\$ 0.00	
3	Nondividend Distributions	\$	0.00
4	Federal Income Tax Withheld	\$	0.00
5	Section 199A Dividends	\$ 0.00	
6	Investment Expenses	\$	0.00
7	Foreign Tax Paid	\$	0.00
8	Foreign Country or U.S. Possession		
9	Cash Liquidation Distributions	\$	0.00
10	Noncash Liquidation Distributions	\$	0.00
12	Exempt-Interest Dividends (Includes amount shown in box 13)	\$	0.00
13	Specified Private Activity Bond Interest Dividends	\$ 0.00	
14	State		
15	State Identification No.		
16	State Tax Withheld	\$	0.00
11	FATCA Filing Requirement <input type="checkbox"/>		

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-DIV: Dividends and Distributions

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Instructions for Form 1040 for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2e. Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f. Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI.

Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Form 1040.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the Instructions for Form 6251

Boxes 14-16. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current General Instructions for Certain Information Returns.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

Date Prepared: January 24, 2025

Recipient's Name and Address

GEORGE A YOUNG
[REDACTED]
PALATKA FL 32177-8186

Taxpayer ID Number: [REDACTED] Account Number: 6873-4471

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Interest Income — 2024

Form 1099-INT

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0112)

Box	Description	Total
1	Interest Income	\$ 1.17
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 0.00
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Territory	
8	Tax-Exempt Interest	\$ 0.00
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	
15	State	
16	State Identification No.	
17	State Tax Withheld	\$ 0.00
	FATCA Filing Requirement <input type="checkbox"/>	

Amount in Box 9 Specified Private Activity Bond Interest subject to Alternative Minimum Tax is already included in Box 8 Tax-Exempt Interest. Both market discount and bond premium reported for covered taxable and tax-exempt bonds. Market discount is only reported if you submitted a written election to include in income currently.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-INT: Interest Income

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

Date Prepared: January 24, 2025

Recipient's Name and Address

GEORGE A YOUNG
[REDACTED]
PALATKA FL 32177-8186
Taxpayer ID Number: [REDACTED]

Account Number: 6873-4471

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262
Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Proceeds from Broker Transactions — 2024

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part II, with **Box D** checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	**	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
1 ASENSUS SURGICAL INC CLASS 04367G103 / ASXC	M	02/04/16 08/22/24	\$ 0.35	\$ 40.25	-- \$	(39.90) \$	0.00
Security Subtotal			\$ 0.35	\$ 40.25	-- \$	(39.90) \$	0.00

FATCA Filing Requirement

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-B: Proceeds from Broker Transactions

Brokers and barter exchanges must report proceeds from (and in some cases, basis for) transactions to you and the IRS on Form 1099-B. Reporting is also required when your broker knows or has reason to know that a corporation in which you own stock has had a reportable change in control or capital structure. You may be required to recognize gain from the receipt of cash, stock, or other property that was exchanged for the corporation's stock. If your broker reported this type of transaction to you, the corporation is identified in box 1a.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

CUSIP number. Shows the CUSIP (Committee on Uniform Security Identification Procedures) number or other applicable identifying number.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue code. You may also have a filing requirement. See the Instructions for Form 8938.

Applicable checkbox on Form 8949. Indicates where to report this transaction on Form 8949 and Schedule D (Form 1040), and which checkbox is applicable. See the instructions for your Schedule D (Form 1040) and/or Form 8949.

Box 1a. Shows a brief description of the item or service for which amounts are being reported. For a corporation that had a reportable change in control or capital structure, this box may show the class of stock as C (common), P (preferred), or O (other).

Box 1b. This box may be blank if box 5 is checked or if the securities sold were acquired on a variety of dates. For short sales, the date shown is the date you acquired the security delivered to close the short sale.

Box 1c. Shows the trade date of the sale or exchange. For short sales, the date shown is the date the security was delivered to close the short sale. For aggregate reporting in boxes 8 through 11, no entry will be present.

Box 1d. Shows the cash proceeds, reduced by any commissions or transfer taxes related to the sale, for transactions involving stocks, debt, commodities, forward contracts, non-Section 1256 option contracts, or securities futures contracts. May show the proceeds from the disposition of your interest(s) in a widely held fixed investment trust. May also show the aggregate amount of cash and the fair market value of any stock or other property received in a reportable change in control or capital structure arising from the corporate transfer of property to a foreign corporation. Losses on forward contracts or non-Section 1256 option contracts are shown in parentheses. This box does not include proceeds from regulated futures contracts or Section 1256 option contracts. Report this amount on Form 8949 or on Schedule D (Form 1040) (whichever is applicable) as explained in the Instructions for Schedule D (Form 1040).

Box 1e. Shows the cost or other basis of securities sold. If the securities were acquired through the exercise of a noncompensatory option granted or acquired on or after January 1, 2014, the basis has been adjusted to reflect your option premium. If the securities were acquired through the exercise of a noncompensatory option granted or acquired before January 1, 2014, your broker is permitted, but not required, to adjust the basis to

reflect your option premium. If the securities were acquired through the exercise of a compensatory option, the basis has not been adjusted to include any amount related to the option that was reported to you on a Form W-2. If box 5 is checked, box 1e may be blank. See the Instructions for Form 8949, Instructions for Schedule D (Form 1040), or Pub. 550 for details.

Box 1f. Shows the amount of accrued market discount. For details on market discount, see the Schedule D (Form 1040) instructions, the Instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1f may be blank.

Box 1g. Shows the amount of nondeductible loss in a wash sale transaction. For details on wash sales, see the Schedule D (Form 1040) instructions, the Instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1g may be blank.

Box 2. The short-term and long-term boxes pertain to short-term gain or loss and long-term gain or loss. If the "Ordinary" box is checked, your security may be subject to special rules. For example, gain on a contingent payment debt instrument subject to the noncontingent bond method is generally treated as ordinary interest income rather than as capital gain. See the Instructions for Form 8949, Pub. 550, or Pub. 1212 for more details on whether there are any special rules or adjustments that might apply to your security. If box 5 is checked, box 2 may be blank.

Box 3. If checked, proceeds are from a transaction involving collectibles or from a Qualified Opportunity Fund(QOF).

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. If checked, the securities sold were noncovered securities and boxes 1b, 1e, 1f, 1g, and 2 may be blank. Generally, a noncovered security means (a) stock purchased before 2011, (b) stock in most mutual funds purchased before 2012, (c) stock purchased in or transferred to a dividend reinvestment plan before 2012, (d) debt acquired before 2014, (e) options granted or acquired before 2014, and (f) securities futures contracts executed before 2014.

Box 6. If the exercise of a noncompensatory option resulted in a sale of a security, a checked "net proceeds" box indicates whether the amount in box 1d was adjusted for option premium.

Box 7. If checked, you cannot take a loss on your tax return based on gross proceeds from a reportable change in control or capital structure reported in box 1d. See the Form 8949 and Schedule D (Form 1040) instructions. The broker should advise you of any losses on a separate statement.

Box 12. If checked, the basis in box 1e has been reported to the IRS and either the short-term or the long-term gain or loss box in box 2 will be checked. If box 12 is checked on Form(s) 1099-B and NO adjustment is required, see the instructions for your Schedule D (Form 1040) as you may be able to report your transaction directly on Schedule D (Form 1040). If the "Ordinary" box in box 2 is checked, an adjustment may be required.

Boxes 14-16. Show state(s)/local income tax information.

Future developments. For the latest information about any developments related to Form 1099-B and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099B.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099-B

Taxpayer ID Number: [REDACTED]

Date Prepared: January 24, 2025

Proceeds from Broker Transactions — 2024 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part II, with Box D checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	**	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
0.75 SOLVENTUM CORP 83444M101 / SOLV	C	03/17/20	04/01/24	\$ 49.02	\$ 61.88	-- \$	(12.86) \$	0.00
Security Subtotal				\$ 49.02	\$ 61.88	-- \$	(12.86) \$	0.00
Total Long-Term (Cost basis is reported to the IRS)				\$ 49.37	\$ 102.13	-- \$	(52.76) \$	0.00
Total Long-Term Sales Price of Stocks, Bonds, etc.				\$ 49.37	\$ 102.13	-- \$	(52.76) \$	0.00
Total Sales Price of Stocks, Bonds, etc.				\$ 49.37				
Total Federal Income Tax Withheld				\$ 0.00				

FATCA Filing Requirement

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

TAX YEAR 2024
FORM 1099 COMPOSITE

Date Prepared: January 24, 2025

Notes for Your Form 1099-B

Box 1b-Date acquired: If there is more than one lot in a sell transaction, the acquisition date for the individual lot in the transaction can be found in the Realized Gain or (Loss) section of the Year-End Summary.

- (1) If **Box 1b-Date acquired** displays as VARIOUS, your sell transaction included multiple tax lots purchased on different acquisition dates within the same holding period and covered/non-covered status. The lots in the transaction are rolled up into a single sell transaction.
- (2) If the cost basis is missing or not provided, a short-term holding period may have been applied for a position that may have been held long term.

Box 1d-Proceeds/Box 6-Reported to IRS: Gross proceeds (except where indicated):

- (1) Gross proceeds from each of your security transactions are reported individually to the IRS.
- (2) Gross proceeds in aggregate are not reported to the IRS and should not be reported on your tax return.
- (3) Net proceeds will only be displayed if the proceeds on a trade have been adjusted for an option premium.

Box 1e-Cost or other basis: Schwab has provided cost basis information whenever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. When value for the report is unavailable, it is noted as follows:

- Not Provided** Schwab is not providing Cost Basis on this security type.
- Missing**
 - (1) Cost Basis data may not be available for a number of reasons (for example, the security was purchased outside of Schwab and we did not receive cost basis from the transferring firm).
 - (2) The security was purchased more than 10 years ago.

Realized Gain or (Loss): Realized Gain or (Loss) is not reported to the IRS.

Box 2-Short-term gain or loss, Long-term gain or loss, or Ordinary: Only if you have both long-term and short-term transactions will you receive both long-term and short-term sections of the 1099-B:

- Long-term gain or loss** has a holding period greater than one year.
- Short-term gain or loss** has a holding period of one year or less.

Other Cost Basis Notes:

- (1) The cost basis and basis adjustments for covered securities are reported to the IRS.
- (2) If "BASIS IS REPORTED TO THE IRS" appears in the section heading, this indicates **Box 12-If checked, basis reported to IRS** is checked. If "BASIS IS AVAILABLE BUT NOT REPORTED" or "BASIS IS MISSING AND NOT REPORTED" appears, this indicates **Box 5-If checked, noncovered security** is checked. These boxes are not displayed on the 1099-B but the boxes are reported to the IRS and included in the download for TurboTax and H&R Block.
- (3) For non-covered securities appearing in sections of the 1099-B which include the headings "BASIS IS AVAILABLE BUT NOT REPORTED TO THE IRS" or "BASIS IS MISSING AND NOT REPORTED TO THE IRS", **Box 1b-Date acquired**, **1e-Cost or other basis**, **1f-Accrued Market Discount** and **1g-Wash Sale Loss Disallowed** are not reported to the IRS.

****Activity Codes (Not reported to the IRS)**

C = Cash in Lieu	E = Exchange	P = Principal	S = Sale	T = Tender	BC = Buy to Close	X = Expiration
CV = Conversion	M = Cash Merger	MT = Maturity	R = Redemption	SS = Short Sale	SC = Sell to Close	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
 YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

Date Prepared: January 24, 2025

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid in 2024	Paid/Adjusted in 2025 for 2024	Amount
Ordinary Dividends					
Qualified Dividends					
APPLE INC	AAPL	037833100	\$ 4.20	\$ 0.00	\$ 4.20
COLGATE PALMOLIVE CO	CL	194162103	\$ 9.90	\$ 0.00	\$ 9.90
FLOWERS FOODS INC	FLO	343498101	\$ 4.75	\$ 0.00	\$ 4.75
FORD MTR CO DEL	F	345370860	\$ 19.67	\$ 0.00	\$ 19.67
NEWMONT CORP	NEM	651639106	\$ 3.00	\$ 0.00	\$ 3.00
WALT DISNEY CO	DIS	254687106	\$ 3.86	\$ 0.00	\$ 3.86
WELLS FARGO & CO	WFC	949746101	\$ 3.49	\$ 0.00	\$ 3.49
3M CO	MMM	88579Y101	\$ 10.83	\$ 0.00	\$ 10.83
Total Qualified Dividends (Box 1b and included in Box 1a)			\$ 59.70	\$ 0.00	\$ 59.70
Total Ordinary Dividends (Box 1a)			\$ 59.70	\$ 0.00	\$ 59.70
(Total Non-Qualified Dividends, Short-Term Capital Gains and Qualified Dividends)					



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
 YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

Date Prepared: January 24, 2025

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Detail Information of Interest Income

Description	CUSIP Number	Paid in 2024	Paid/Adjusted in 2025 for 2024	Amount
Interest Income				
DEPOSIT INTEREST		\$ 1.17	\$ 0.00	\$ 1.17
Total Interest Income (Included in Box 1)		\$ 1.17	\$ 0.00	\$ 1.17
Total Interest Income (Box 1)		\$ 1.17	\$ 0.00	\$ 1.17

REALIZED GAIN OR (LOSS)

The information in the following sections include all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D. Please consult with your tax advisor or financial advisor regarding specific questions.

Long-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part II, with Box D checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
AENSUS SURGICAL INC EQUITY	CLASS 04367G103	1.00	02/04/16	08/22/24	\$ 0.35	\$ 40.25	--	\$ (39.90)
Security Subtotal					\$ 0.35	\$ 40.25	--	\$ (39.90)
SOLVENTUM CORP	83444M101	0.75	03/17/20	04/01/24	\$ 49.02	\$ 61.88	--	\$ (12.86)
Security Subtotal					\$ 49.02	\$ 61.88	--	\$ (12.86)
Total Long-Term (Cost basis is reported to the IRS)					\$ 49.37	\$ 102.13	--	\$ (52.76)
Total Long-Term					\$ 49.37	\$ 102.13	--	\$ (52.76)



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

Date Prepared: January 24, 2025

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Realized Gain or (Loss) Summary

Total Realized Gain or (Loss)

Description	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Total Long-Term Realized Gain or (Loss) <i>(Cost basis is reported to the IRS. Report on Form 8949, Part II, with Box D checked.)</i>	\$ 49.37	\$ 102.13	-- \$	(52.76)
Total Long-Term Realized Gain or (Loss)	\$ 49.37	\$ 102.13	-- \$	(52.76)
TOTAL REALIZED GAIN OR (LOSS)	\$ 49.37	\$ 102.13	-- \$	(52.76)



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

Date Prepared: January 24, 2025

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Notes for Your Realized Gain or (Loss)

Schwab has provided realized gain and loss information whenever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. See Terms and Conditions.

When value for the report is unavailable, it is noted as follows: "Missing" or "Not Provided"

Not Provided	Schwab is not providing Cost Basis on this security type.
Missing	Cost Basis may be missing due to one of the following reasons: <ul style="list-style-type: none">• Cost basis data may not be available for a number of reasons (for example, the security was purchased outside of Schwab and we did not receive cost basis from the transferring firm).• The security was purchased more than 10 years ago.
Date Acquired	If the cost basis is missing or not provided, a short-term holding period may have been applied for a position that may have been held long term.
Total Proceeds	The amount displayed in this column has been adjusted for option premiums, if applicable.
Cost Basis	The amount displayed in this column may differ from your original cost basis as adjustments may have been made to reflect applicable option premiums, corporate actions and/or wash sales.
Wash Sale Loss Disallowed	The disallowed amount displayed in this column has been added to the cost basis of other share lots with the same CUSIP owned in the same account at the time the loss was disallowed.
Realized Gain or (Loss)	The calculation for gain or (loss) displayed in this column is Total Proceeds - Cost Basis + Wash Sale Loss Disallowed - Market Discount =Realized Gain or (Loss)

For sales of short-term debt issued after January 1, 2014, talk to your tax advisor as to how to report the income.



Schwab One® Account of
GEORGE A YOUNG

Account Number
6873-4471

**TAX YEAR 2024
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: January 24, 2025

TERMS AND CONDITIONS

GENERAL INFORMATION

Form 1099-Composite

For U.S. taxpayers, the information reported to you on Form 1099 is given to the Internal Revenue Service (IRS). Form 1099-Composite is comprised of the following substitute forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-OID, and 1099-B. The form(s) you receive in Form 1099 Composite depends on the income reportable to the IRS.

Year-End Summary

The information in the Year-End Summary is provided to you as a courtesy, should you need additional information when completing your tax return. When relevant, IRS box numbers are referenced to indicate individual items that make up the totals appearing on your Form(s) 1099. With the exception of the totals reported in the IRS box numbers referenced, Charles Schwab does not provide the details of the Year-End Summary to the IRS.

We recommend that all customers consult their investment and tax advisors prior to using this information.

Corrected Form 1099 and Year-End Summary

We are required to send you a corrected form with the revisions clearly marked when we receive updates or revisions to information contained in the form. This generally occurs if one or more of the issuers of the securities in your account reallocated certain income distribution (e.g., dividends or capital gains) after we mailed your original Form 1099. As a result, the supplemental information in Year-End Summary may be updated.

Upon receiving a corrected form, you may want to consider filing an amended return based on the changes in your taxable income as reported on your corrected Form 1099. We suggest that you consult with a qualified tax advisor, CPA, financial planner, or investment manager before you proceed.

Duplicate Form 1099 and Year-End Summary

If you request a duplicate Form 1099, please be aware that Schwab uses the most up-to-date information available at the time of the production. Thus, your duplicate Form 1099 and Year-End Summary may have more up-to-date information than the original Form 1099.

Realized Gain or (Loss) in Year-End Summary

The Realized Gain or (Loss) section provides information for all your realized gain or (loss) transactions during the tax year. It contains all transactions included in the Form 1099-B as well as transactions that are not reported on Form 1099-B (for example; sales and expirations of noncovered option activities, cash in lieu under \$20, bankruptcy, and worthless securities). This supplemental information is believed to be accurate as of the date the data was compiled but they may not be updated for any corrections after the data was initially compiled.

IN CASE OF QUESTIONS: If you have questions about this report or about specific Schwab accounts or Schwab One transactions (other than wire transfers or check transactions), contact Schwab at 1-800-435-4000. If you have a complaint regarding your Schwab statement or our products and services, please write to the Client Advocacy Team at Charles Schwab & Co., Inc., Attention: Client Advocacy Team, 211 Main St., San Francisco, CA 94105. Outside of the U.S., call +1-415-667-5009.





IMPORTANT TAX RETURN DOCUMENT ENCLOSED

064158

Computershare +

Computershare
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada (888) 265-3747
Outside USA, US territories & Canada (781) 575-2653
www.computershare.com/coca-cola

Recipient
GEORGE A YOUNG

PALATKA FL 32177

Control #: 8490 1616 4457

Holder Account Number C0004879040 Co.ID COCA

Recipient's ID No. ***-**-****
Payer's Federal ID No. 58-0628465

001CS0121.DSS.COCA.111915_73267/064158/064412/i

*Uncertified accounts are subject to withholding taxes on dividend payments and sales proceeds.

Instructions for Recipients

Recipient's Taxpayer Identification Number (TIN): For your protection, this form may show only the last four digits of your TIN (SSN, ITN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

Account Number: May show an account or other unique number the payer assigned to distinguish your account.

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also, report it on Schedule B (Form 1040), if required.

Box 1b: Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040 instructions for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a: Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See *How To Report* in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b-2d and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Box 2b: Shows the portion of the amount in box 2a that is unrecovered section 1250 gain from certain depreciable real property. See the *Unrecovered Section 1250 Gain Worksheet* in the Instructions for Schedule D (Form 1040).

Box 2c: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) Instructions.

Box 2d: Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2e: Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f: Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI. Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or

distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3: Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4: Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5: Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6: Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7: Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Form 1040.

Box 8: This box should be left blank if a RIC reported the foreign tax shown in box 7.

Box 9: Shows cash liquidation distributions.

Box 12: Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 13: Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the Instructions for Form 6251.

Nominees: If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current tax year General Instructions for Certain Information Returns.

188UDR

00RT0D (Rev. 9/23)

The Coca-Cola Company

PAYER'S Federal identification number: 58-0628465
PAYER'S name, street address, city, state, and ZIP code
THE COCA-COLA COMPANY
C/O COMPUTERSHARE
PO BOX 43078
PROVIDENCE RI 02940-3078

RECIPIENT'S identification number: ***-**-****
Account number (see instructions): C0004879040
RECIPIENT'S name, street address, city, state, ZIP code
GEORGE A YOUNG
PALATKA FL 32177

CORRECTED (if checked)

Dividends and Distributions

OMB No. 1545-0110

2024

1a Total ordinary dividends \$ 51.00	1b Qualified dividends \$ 51.00	2e Section 897 ordinary dividends \$ 0.00
2a Total capital gain distr. \$ 0.00	2b Unrecap. Sec. 1250 gain \$ 0.00	4 Federal income tax withheld \$ 0.00
2c Section 1202 gain \$ 0.00	2d Collectibles (28%) gain \$ 0.00	
2f Section 897 capital gain \$ 0.00	3 Nondividend distributions \$ 0.00	
5 Section 199A dividends \$ 0.00	6 Investment expenses \$ 0.00	
7 Foreign tax paid \$	8 Foreign country or U.S. possession \$	
9 Cash liquidation distributions \$ 0.00	12 Exempt-interest dividend \$ 0.00	
13 Specified private activity bond interest dividends \$ 0.00		

Form 1099-DIV
**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

The reportable amounts above include the following additional income:

Company Paid Fees \$ 0.00	Company Paid Service Charges \$ 0.00
Discount on Reinvestment \$ 0.00	

Department of the Treasury - Internal Revenue Service

Form 1099-DIV (keep for your records)



P.O. Box 8068 | Virginia Beach, VA 23450 | 1-800-919-5632

IMPORTANT TAX RETURN INFORMATION BELOW

ACCOUNT NUMBER: 0060190998

5-754-12771-0055957-012-2-000-010-000-000

JULIANNE N YOUNG
PALATKA FL 32177-8186

FOR INFORMATION CALL: 1-800-919-5632
CUSTOMER SERVICE HOURS:
Monday - Friday: 8 A.M. to 9 P.M. ET
Saturday: 8 A.M. - 3 P.M. ET

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL TAX AND INTEREST STATEMENT
JULIANNE N YOUNG
AgFirst
YEAR: 2024
ACCT #: 0060190998
SSN:
TIN# 54-1322898
DISBURSEMENTS FROM ESCROW
PROPERTY TAX \$6,277.64
HAZARD INSURANCE \$4,619.00
MORTGAGE INSURANCE \$0.00
ESCROW REFUND \$334.36
ADD'L ASSESSMENTS \$0.00
CURRENT TOTAL PYMT \$2,861.44
CURRENT ESCROW PYMT \$719.56
PRINCIPAL RECONCILIATION
BEG BAL \$475,640.03
APPLIED PRIN \$11,137.29
ENDING BAL \$464,502.74
INTEREST RECONCILIATION
\$0.00 INTEREST PAID
\$14,703.16 *MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWERS(S)
ESCROW RECONCILIATION
BEG BAL \$2,212.63
DEPOSITS \$10,457.40
DISBURSEMENTS \$11,231.00
ENDING BAL \$1,439.03

CORRECTED (if checked)

Form 1098 (Rev. 1-2022)
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
LoanCare, LLC
P.O. Box 8068
Virginia Beach, VA 23450
800-274-6600
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
JULIANNE N YOUNG
PALATKA FL 32177-8186
1 Mortgage interest received from payer(s)/borrower(s) \$ 14,703.16
2 Outstanding mortgage principal \$ 475,640.03
3 Mortgage origination date 08/27/21
4 Refund of overpaid interest \$ 0.00
5 Mortgage insurance premiums \$ 0.00
6 Points paid on purchase of principal residence \$ 0.00
7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.
8 Address or description of property securing mortgage PALATKA FL 32177
9 Number of properties securing the mortgage 01
10 Other Real Estate Taxes Paid \$6,277.64
11 Mortgage acquisition date
Account number (see instructions) 0060190998
RECIPIENT'S/LENDER'S TIN 54-1322898
PAYER'S/BORROWER'S TIN

Form 1098 (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

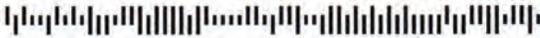
Department of the Treasury - Internal Revenue Service



ANNUAL ESCROW ACCOUNT DISCLOSURE STATEMENT

P.O. BOX 8068 | Virginia Beach, VA 23450 | 1-800-919-5632

2-754-12256-0011323-003-1-000-001-000-000



Statement Date: 12/17/24

JULIANNE N YOUNG
 [REDACTED]
 PALATKA FL 32177-8186

Annual Escrow Account Disclosure Statement	
Loan Number:	0060190998
Property Address:	[REDACTED]
Review Period:	PALATKA FL 32177 02/2024 to 01/2025
Escrow Surplus:	\$334.36

Current Mortgage Payment	
Principal and/or Interest:	\$2,141.88
Escrow (Taxes and/or Insurance):	\$743.43
Prorated Shortage:	\$128.02
Total Monthly Payment:	\$3,013.33

New Mortgage Payment	
Principal and/or Interest:	\$2,141.88
Escrow (Taxes and/or Insurance):	\$719.56
Total New Monthly Payment	\$2,861.44
Effective Due Date:	02/01/2025

Contact Us
Customer Service/Pay-by-Phone 1-800-919-5632* <i>*Calls are randomly monitored and recorded to ensure quality service.</i>
Hours Monday - Friday: 8 A.M. to 9 P.M. ET Saturday: 8 A.M. – 3 P.M. ET
Website: https://agfirst.myloancare.com

Autodraft Customers: If your mortgage payment amount has changed, we'll adjust your payment for you.

Online Bill Payment Customers: If your mortgage payment amount has changed, you will need to contact your financial services provider to adjust your payment.

Account History					
The following statement of activity in your escrow account from 02/2024 through 01/2025 displays actual activity as it occurred in your escrow account during that period. If your loan was transferred by another mortgage servicer, the prior projection information may not be included below.					
Month	Activity	Projected Amount	Actual Amount	Projected Escrow Balance	Actual Escrow Balance
	Starting Balance			\$1,486.86	\$-49.37
February	Deposit	\$743.43	\$871.45*	\$2,230.29	\$822.08
March	Deposit	\$743.43	\$871.45*	\$2,973.72	\$1,693.53
April	Deposit	\$743.43	\$871.45*	\$3,717.15	\$2,564.98
May	Deposit	\$743.43	\$1,742.90*	\$4,460.58	\$4,307.88
June	Deposit	\$743.43	\$0.00*	\$5,204.01	\$4,307.88
July	Deposit	\$743.43	\$871.45*	\$5,947.44	\$5,179.33
August	Deposit	\$743.43	\$1,742.90*	\$6,690.87	\$6,922.23
September	Deposit	\$743.43	\$0.00*	\$7,434.30	\$6,922.23
October	Deposit	\$743.43	\$871.45*	\$8,177.73	\$7,793.68
November	Deposit	\$743.43	\$1,742.90*	\$8,921.16	\$9,536.58
November	County Tax Disbursement	\$6,659.16	\$6,277.64*	\$2,262.00	\$3,258.94
December	Deposit	\$743.43	\$0.00*	\$3,005.43	\$3,258.94
January	Deposit	\$743.43	\$871.45* E	\$3,748.86	\$4,130.39

Account History

Month	Activity	Projected Amount	Actual Amount	Projected Escrow Balance	Actual Escrow Balance
January	Hazard Insurance Disbursement	\$2,262.00	\$2,357.00* E	\$1,486.86	\$1,773.39
	Total Deposits	\$8,921.16	\$10,457.40		
	Total Disbursements	\$8,921.16	\$8,634.64		
Account Balance as of 01/31/2025					\$1,773.39

An asterisk (*) appearing next to the amount indicates a difference from projected activity either in the amount or the date. The letter "E" next to an amount indicates that the payment or disbursement has not yet occurred, but is estimated to occur on the date shown.

Last year we anticipated that Disbursements would be made from your Escrow Account during the period equaling \$8,921.16. Your lowest monthly escrow balance should not have exceeded \$1,486.86, which is either 1/6 (also equal to no more than two months) of the total projected payments from the account as required by federal law or the reasonable amount required by state law or the amount required by your mortgage contract. Your actual lowest monthly balance was \$822.08. The items with an asterisk on your Account History may explain this. For further explanation, call our toll-free number shown under the Contact Us section on this statement.

Total Anticipated Annual Disbursement

We anticipate paying the escrow items listed below on your behalf in the upcoming 12-month period. The dollar amount shown may be the last amount paid for that item, or we may project the amount due as defined by federal law.

Tax			Insurance		
Item	Annual Expense	Anticipated Date(s) of Payment	Item	Annual Expense	Anticipated Date(s) of Payment
County Tax Disbursement	\$6,277.64	November 2025	Hazard Insurance Disbursement	\$2,357.00	January 2026
Total Anticipated Annual Disbursement = \$8,634.64					

Account Projections

The following information covers your projected escrow account activity from 02/2025 to 01/2026. All payments we anticipate receiving as well as disbursements we anticipate making on your behalf are included, along with the Projected Escrow Account Balance, derived by carrying forward your current actual escrow balance. The required Escrow Account Balance displays the amount actually required to be on hand as specified by federal law, state law, or your mortgage documents, and may include a cushion of up to one-sixth of your annual disbursements. Please retain this statement for comparison with the actual activity in your account at the end of the next escrow analysis cycle.

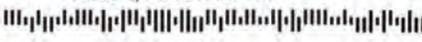
Month	Projected Payments		Disbursements	Description	Projected Escrow		Required Escrow	
	Projected	Projected			Account Balance	Account Balance		
				<i>Beginning Balance</i>	\$1,773.39	\$1,439.03		
February	\$719.56			Deposit	\$2,492.95	\$2,158.59		
March	\$719.56			Deposit	\$3,212.51	\$2,878.15		
April	\$719.56			Deposit	\$3,932.07	\$3,597.71		
May	\$719.56			Deposit	\$4,651.63	\$4,317.27		
June	\$719.56			Deposit	\$5,371.19	\$5,036.83		
July	\$719.56			Deposit	\$6,090.75	\$5,756.39		
August	\$719.56			Deposit	\$6,810.31	\$6,475.95		
September	\$719.56			Deposit	\$7,529.87	\$7,195.51		
October	\$719.56			Deposit	\$8,249.43	\$7,915.07		
November	\$719.56		\$6,277.64	County Tax Disbursement	\$2,691.35	\$2,356.99		
December	\$719.56			Deposit	\$3,410.91	\$3,076.55		
January	\$719.56		\$2,357.00	Hazard Insurance Disbursement	\$1,773.47	\$1,439.11		

Your Projected Escrow Account Balance as of 01/31/25 is \$1,773.39. Your Required Beginning Escrow Balance according to this analysis should be \$1,439.03. This means you have a surplus of \$334.36. This surplus must be returned to you unless it is less than \$50.00, in which case we have the additional option of keeping it and lowering your monthly payments accordingly.

Balance Your Escrow Account

Each year your account is reviewed to make sure there is enough money to pay your property taxes and/or insurance. Federal law allows us to require a minimum balance in your account. This cash reserve helps to cover any increase in taxes and/or insurance. Subject to state law limits, your minimum balance normally equals the amount of your escrow payments for about two months. The payments made to and from your escrow account last year help predict your account activity for next year. Last year's activity also helps predict what your lowest account balance is likely to be. To balance your escrow account, we compare what your lowest account balance will likely be next year with your minimum required balance. The difference between those two numbers tells us if you need to deposit additional funds or if we will provide a refund. Any refund over \$50 will be returned to you.

\$1,439.11	Your minimum required balance
\$1,773.47	Your projected lowest account balance for January
\$334.36	Your escrow account surplus/shortage

RECIPIENT'S/LENDER'S name, address, and telephone no. Dovenmuehle Mortgage, Inc., Servicer for SouthState Bank, N.A. 1 Corporate Drive, Suite 360 Lake Zurich, IL 60047-8945 1-877-592-4003		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2024	<input type="checkbox"/> CORRECTED (if checked) Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 36-2435132	PAYER'S/BORROWER'S TIN [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$ 12,746.77		Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
PAYER'S/BORROWER'S name, street address, city, state, and ZIP + 2361230 000045434 9072 45434  Howard E Young Georgia D Young 224 Bostwick Cemetery Rd Palatka, FL 32177-8184 		2 Outstanding mortgage principal \$ 193,416.93	3 Mortgage origination date 3/31/2023	
		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$0.00	
		6 Points paid on purchase of principal residence \$ 0.00		
		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
9 Number of properties securing the mortgage		8 Address or description of property securing mortgage 224 BOSTWICK CEMETERY RD PALATKA FL 32177		
10 Other PROPERTY TAXES \$5,521.06 PRINCIPAL PAID \$2,236.55 ENDING PRINCIPAL \$191,180.38				
Account number (see instructions) 1486557588				

Form 1098 (Rev. 1-2022) (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

This information is provided for your use in preparing your 2024 tax returns. You are responsible for providing us with your correct SSN/TIN. Please contact our Customer Service Department at the above phone number if this number is wrong. Please review the reverse side for important Internal Revenue Service information.

Account History Statement

Process Date	Transaction Description	Due Date	Total Amount	Principal Amount	Interest Amount	Escrow Amount	Other
02/01	172 PAYMENT	02/24	\$1,615.75				\$1,615.75
02/02	173 PAYMENT	02/24		\$180.79	\$1,067.82	\$367.14	\$-1,615.75
02/15	173 PAYMENT	03/24	\$178.94			\$178.94	
03/01	172 PAYMENT	03/24	\$1,794.69	\$181.79	\$1,066.82	\$546.08	
03/11	351 HAZARD INSURANCE DISBURSEMENT (PRIMARY POLICY)	03/24	\$-3,270.11			\$-3,270.11	
04/01	172 PAYMENT	04/24	\$1,794.69	\$182.79	\$1,065.82	\$546.08	
05/01	172 PAYMENT	05/24	\$1,794.69	\$183.80	\$1,064.81	\$546.08	
05/31	172 PAYMENT	06/24	\$1,794.69	\$184.81	\$1,063.80	\$546.08	
07/01	172 PAYMENT	07/24	\$1,794.69	\$185.83	\$1,062.78	\$546.08	
08/01	172 PAYMENT	08/24	\$1,794.69	\$186.86	\$1,061.75	\$546.08	
08/30	172 PAYMENT	09/24	\$1,794.69	\$187.89	\$1,060.72	\$546.08	
10/01	172 PAYMENT	10/24	\$1,794.69	\$188.93	\$1,059.68	\$546.08	
11/01	172 PAYMENT	11/24	\$1,794.69	\$189.97	\$1,058.64	\$546.08	
11/08	312 COUNTY TAX	11/24	\$-355.76			\$-355.76	
11/08	312 COUNTY TAX	11/24	\$-147.92			\$-147.92	
11/08	312 COUNTY TAX	11/24	\$-5,017.38			\$-5,017.38	
11/08	161 ESCROW ADVANCE	12/24	\$1,074.11			\$1,074.11	
11/29	172 PAYMENT	12/24	\$1,794.69	\$191.02	\$1,057.59	\$546.08	
11/29	168 REPAY OF ESCROW ADVANCE	12/24				\$-546.08	
12/31	172 PAYMENT	01/25	\$1,794.69	\$192.07	\$1,056.54	\$546.08	
12/31	168 REPAY OF ESCROW ADVANCE	01/25				\$-528.03	





P.O. BOX 9500
WILKES BARRE, PA 18773-9500

01/24/25

GEORGE A YOUNG

PALATKA FL 32177

(888) 272-5543

For the 2024 tax season, MOHELA is issuing all tax statements on behalf of Navient and NaviRefi clients serviced by Earnest. If you made eligible interest payments to both MOHELA and Navient in 2024, this Form 1098-E will include all eligible interest payments.

We've attached your Form 1098-E - Student Loan Interest Statement.

Please note, we cannot offer tax advice. If you have questions about filing your taxes, call the IRS at 800-829-1040, visit www.irs.gov, or consult your tax advisor.

Form 1098-E: Instructions for Borrower

A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2024 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, and the Student Loan Interest Deduction Worksheet in the Instructions for Form 1040.

Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender assigned to distinguish your account.

Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2024. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2. If checked, indicates that loan origination fees and/or capitalized interest are **not** included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

Future developments. For the latest information about developments related to Form 1098-E and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098E.

Free File Program Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number MOHELA P.O. Box 9500 Wilkes Barre, PA 18773-9500 888-272-5543		OMB No. 1545-1576 2024 Form 1098-E	Student Loan Interest Statement Copy B For Borrower This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
RECIPIENT'S TIN 43-1261525	BORROWER'S TIN [REDACTED]	1 Student loan interest received by lender \$ 1,450.23	
BORROWER'S name, street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code GEORGE A YOUNG [REDACTED] PALATKA FL 32177			
Account number (see instructions) 9336988577-1		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>	

Form 1098-E

(keep for your records)

www.irs.gov/Form1098e

Department of the Treasury - Internal Revenue Service

9336988577115432099

