2949122602514

FILLIOHA

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Do not enter social security numbers on this form as it may be made public.
 ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

	For	calen	dar year 2019 or tax year beginning ,	and ending		•		
		me of for		0.00		A Empl	oyer identification number	
		HE JASON T. DICKERSON FAMILY (7)						
			DATION				-0890771 √	
			d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		hone number (see instructions	5)
			RIVERSIDE DRIVE SW Is state or province, country, and ZIP or foreign postal code			40	4-862-5514	
-			ERSVILLE GA 30120			C If exe	mption application is pending,	check here
	. —			urn of a former public cl	harity	D 4 54	oreign organizations, check he	
	٠, ٠	JIIECK .	Final return Amended	,	ilanty		-	رسا
							preign organizations meeting to 1% test, check here and attach	
							70 test, Glock flore and attack	Comparation
			type of organization 🗶 Section 501(c)(3) exempt privat		O_{Σ}		ate foundation status was term	ninated under
				ole private foundation	<u> </u>	sectio	n 507(b)(1)(A), check here	
			ket value of all assets at J Accounting method	'X Cash Acc	rual		foundation is in a 60-month te	
		-	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere
		ne 16)	·	st be on cash basis)				(d) Dishumania
~	Ρ,	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
			the amounts in column (a) (see instructions))	books	incon	ne	Income	purposes (cash basis only)
	m	1	Contributions, gifts, grants, etc , received (attach schedule)	757,100			, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·
	<i></i>	2	Check ▶ ☐ If the foundation is not required to attach Sch. B			,	}	
	e é	3	Interest on savings and temporary cash investments	90,870	Ŭ,	0,870	90,870	
	Č	4	Dividends and interest from securities	,				·
	≥	5a	Gross rents			-		
	. 5	b	Net rental income or (loss)	900 mm (25 x 27 5 4 x			***************************************	····
	Ē	6a	Net gain or (loss) from sale of assets not on line 10	KEULTIED	mar h		, ,	······································
	SCANNEGO-NAN	ь	Gross sales price for all assets on line 6a	,	2	·,······	· ·	
	8	7	Capital gain net income (from Part IV, line 2)	MOV 2.0 2020	131	0		· · · · · · · · · · · · · · · · · · ·
	Ž	8	Net short-term capital gain		1 m	-	. 0	/
	. 👄	9	Income modifications	ACCIONAL LIT		****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	್ರಲಾ	10a	Gross sales less returns and allowances	OOD CONTRACT				,
	23	b	Less Cost of goods sold		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	,
	2022	C	Gross profit or (loss) (attach schedule)	,	ĺ			
		11	Other income (attach schedule)					
		12	Total. Add lines 1 through 11	847,970	9	0,870	90,870	•
	S	13	Compensation of officers, directors, trustees, etc	0				
(Se (14	Other employee salaries and wages	53,482				53,482
-	Pens Pens	15	Pension plans, employee benefits					
,	_א ר	16a	Legal fees (attach schedule) SEE STMT 1	6,185				6,185
		b	Accounting fees (attach schedule) STMT 2	4,045				4,045
′_	Ž ,	С	Other professional fees (attach schedule)					
	ā	17	Interest					
	2 4 6 AUG 0 5 2028 / - Coperating and Administrative	18	Taxes (attach schedule) (see instructions) STMT 3	669				
•		19	Depreciation (attach schedule) and depletion					
	E S	20	Occupancy					
\	D G	21	Travel, conferences, and meetings					
(a a	22	Printing and publications					
	∑ 8	23	Other expenses (att. sch.) STMT 4	43				43
		24	Total operating and administrative expenses.	}				
,	₩ 0	1	Add lines 13 through 23	64,424		0	Ō	63,755
; (್ದಿದ್ದ	25	Contributions, gifts, grants paid	12,536				12,536
(PU	26	Total expenses and disbursements. Add lines 24 and 25	76,960		0	0	76,291
	M	27	Subtract line 26 from line 12.					
	N	а	Excess of revenue over expenses and disbursements	771,010				
	~	b	Net investment income (if negative, enter -0-)		9	0,870		
		C	Adjusted net income (if negative, enter -0-)	<u> </u>			90,870	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	-,
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash – non-interest-bearing	179,958	952,291	952,191
2 Savings and temporary cash investments	5,000	5,000	5,000
3 Accounts receivable ▶			• • • • • • • • • • • • • • • • • • • •
Less allowance for doubtful accounts ▶			
4 Pledges receivable ▶			
Less allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons (attach schedule) (see			
instructions)			
7 Other notes and loans receivable (att schedule) ► SEE WRK 2,200,00	00		1000
Less allowance for doubtful accounts	0 2,200,000	2,200,000	2,200,000
9 Prepaid expenses and deferred charges			,
ν Ι			
The involutions of the state great and the state great great great and the state great g			

11 Investments – land, buildings, and equipment basis	1 1	İ	
Less accumulated depreciation (attach sch.)			
12 Investments – mortgage loans			
13 Investments – other (attach schedule)		-	
14 Land, buildings, and equipment basis	†	İ	
Less accumulated depreciation (attach sch.)	\ \ 	-,	
15 Other assets (describe ►)		
16 Total assets (to be completed by all filers – see the	2,384,958	3,157,291	3,157,191
instructions Also, see page 1, item I)	2,301,330	1,323	3/13//131
17 Accounts payable and accrued expenses		1,323	
18 Grants payable			
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule)			
20 Loans from officers, directors, trustees, and other disqualified persons			
			
22 Other liabilities (describe) 0	1,323	
23 Total liabilities (add lines 17 through 22)		1,323	
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	└		
91	1		
24 Net assets without donor restrictions			
25 Net assets with donor restrictions Equipolations that do not follow FASB ASC 958, check here	X	·	
Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
and complete lines 20 through 30.			
26 Capital stock, trust principal, or current funds			······································
27 Paid-in or capital surplus, or land, bldg, and equipment fund	2,384,958	3,155,968	····
28 Retained earnings, accumulated income, endowment, or other funds	2,384,958	3,155,968	······································
29 Total net assets or fund balances (see instructions)	2,301,330	3,133,300	,,,,,
Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	2,384,958	3,157,291	
modulono)		3,131,231	
Part III Analysis of Changes in Net Assets or Fund Balance		<u> </u>	
1 Total net assets or fund balances at beginning of year – Part II, column (a), line 2	a (iliusi agiee with	1	2,384,958
end-of-year figure reported on prior year's return)		2	771,010
2 Enter amount from Part I, line 27a		3	.,,,,,,,,
3 Other increases not included in line 2 (itemize) ►		4	3,155,968
4 Add lines 1, 2, and 3		5	3,133,300
5 Decreases not included in line 2 (itemize) 5 Total not accept or fund balances at end of year (line 4 minus line 5) — Part II, col	umn (h) line 20	6	3,155,968
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (D), mile 29	101	Form 990-PF (2019)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income	# # # # # # # # # # # # # # # # # # #		
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,	
1a N/A					
b					
С					
d		, ————————————————————————————————————	<u> </u>	,	
е			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	or other basis ense of sale	(((h) Gain or (loss) (e) plus (f) minus (g))
a					<u> </u>
		 			
d				-	
e					
Complete only for assets showin	g gain in column (h) and owned by the fo	oundation on 12/31/	/69	(II) G	ains (Col. (h) gain minus
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ss of col (i)	col (k	c), but not less than -0-) or cosses (from col (h))
a					
b					
С			·		
<u>d</u>					
		Dort Line 7			
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in	.		2	
, , ,	ss) as defined in sections 1222(5) and (6	· _	[
	, column (c) See instructions. If (loss), e	enter -0- in			
Part V Qualification U	nder Section 4940(e) for Reduc	od Tay on Not	Investment Inco	3	
	tion 4942 tax on the distributable amoun y under section 4940(e) Do not complet		base period?		Yes X No
	each column for each year, see the instr	uctions before mak	ing any entries		
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net valu	(c) se of noncharitable-use asset	s	(d) Distribution ratio (col (b) divided by col (c))
2018		,531	2,335,		0.055460
2017		,941	1,687,		0.043813
2016		,298	876,		0.028874
2015			740,	20	
2014					
2 Total of line 1, column (d)				2	0.128147
• • • •	5-year base period – divide the total on I	ine 2 by 5 0, or by			
the number of years the foundation	on has been in existence if less than 5 y	ears		3	0.032037
4 Enter the net value of noncharital	ble-use assets for 2019 from Part X, line	5		4	2,391,623
5 Multiply line 4 by line 3				5	76,620
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	909
7 Add lines 5 and 6	•			7	77,529
8 Enter qualifying distributions from	n Part XII, line 4 n line 7, check the box in Part VI, line 1b	and complete that	nartueina a 40/ tour-	8 8ee the	76,291
Part VI instructions	Time 1, oneon the box in Part VI, line 10	, and complete that	pair using a 170 tax fi	16 OEE (IIB	

Forr	n 990-PF (2019) THE JASON T. DICKERSON FAMILY 81-0890771				age 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see ins	tructi	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	* -	1		1,	817
	here ▶ ☐ and enter 1% of Part I, line 27b			. >	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
-	Part I, line 12, col (b)				
2		2			0
3	Add lines 1 and 2	3		1,	817
4		4			0
5	· · · · · · · · · · · · · · · · · · ·	5		1,	817
6	Credits/Payments			······	,
а	2019 estimated tax payments and 2018 overpayment credited to 2019				
b	Exempt foreign organizations – tax withheld at source				
c	Tax paid with application for extension of time to file (Form 8868)				
ď	Backup withholding erroneously withheld 6d 6d				
7		7			
8	— · · · · · · · · · · · · · · · · · · ·	8		•	38
9		9		1,	855
10		10			-3
11		11			
P	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				•
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		.,		
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			•	
	on foundation managers 🕨 \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			l	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ST /-	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	 ,	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or By class localistics that effectively amonds the government as that as mandatory directions that				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
_	conflict with the state law remain in the governing instrument?	^/	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	· ·	7		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		- 00	***	
•	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"			ı	
	complete Part XIV		9	x	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
-	names and addresses		10	1	x
		,910 F	om 99	0-PF	

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P	art VII-A Statements Regarding Activities (continued)			,	·	,
-					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica-	ation?		13	X	
	Website address ► N/A					•
14	The books are in care of ▶ JASON T. DICKERSON Telep	hone no. 🕨	404-8	62-	551	4
	123 RIVERSIDE DRIVE SW					
	Located at ▶ CARTERSVILLE GA	ZIP+4 ▶	30120)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶□
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 1	5			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	the foreign country ▶			L		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					ĺ
	disqualified person?	Yes	X No			l
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for					ĺ
	the benefit or use of a disqualified person)?	Yes	X No			ĺ
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					ĺ
	foundation agreed to make a grant to or to employ the official for a period after		_			
	termination of government service, if terminating within 90 days)	Yes	X No			ĺ
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in					ĺ
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ 🗌			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_			ĺ
	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	_	_			
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		/-			
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					1
	▶ 20 , 20 , 20 , 20					ĺ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	—				
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					ĺ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					ĺ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		37 / 3			i
	foundation had excess business holdings in 2019)	-0	N/A	3b		v
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose:			4a		Х
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			.		v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2	U197		4b		_X_

	990-PF (2019) THE JASON :	. DICKERSON FAMILUI		890771		Page 6
P	# VI-B Statements Regar	ding Activities for Which Form	<u>4720 May Be R</u>	equired (con	tinued)	
5a	During the year did the foundation pay	or incur any amount to:			_	Yes No
		e attempt to influence legislation (section	1945(e))?	🔲 '	Yes 🗶 No	
		cific public election (see section 4955); or				
	directly or indirectly, any voter reg			🔲 '	Yes 🗓 No	
		r travel, study, or other similar purposes?		¨΄΄ □ '	Yes 🔀 No	
		other than a charitable, etc., organization	described in	· · · · · —	_	
	section 4945(d)(4)(A)? See instruc				Yes X No	
		n religious, charitable, scientific, literary, o	r educational			
	purposes, or for the prevention of				Yes X No	
b		any of the transactions fail to qualify und	er the exceptions d	escribed		
		current notice regarding disaster assistan			N/A	5b
	Organizations relying on a current not	ice regarding disaster assistance, check h	ere			
С	• •), does the foundation claim exemption fro	••	•		
	because it maintained expenditure res			N/A 🗌	Yes No	
	If "Yes," attach the statement required	· -				
6a	•	ceive any funds, directly or indirectly, to p	ay premiums			
•-	on a personal benefit contract?		••	\Box	Yes X No	
ь	•	ay premiums, directly or indirectly, on a pe	rsonal benefit contr	act?		6b X
_	If "Yes" to 6b, file Form 8870.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	
7a	•	ne foundation a party to a prohibited tax st	elter transaction?	□ ·	Yes X No	
ь	•	y proceeds or have any net income attribu		🗀	N/A	7b
8	•	n 4960 tax on payment(s) of more than \$1				
•	remuneration or excess parachute pay	, , , , ,		n	Yes X No	
D,	Information About	Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees.
X/W//W	and Contractors	,, ,,		-3, 3,		,
1 L		nd foundation managers and their com	pensation. See ins	structions.		
					a n Orabib dans to	T
			(h) Tillo and mames	(a) Componenties	(d) Contributions to	
	(a) Neme er	ad address	(b) Tille, and average hours per week	(c) Compensation (if not paid,	employee benefit	(e) Expense account,
	(a) Name ar	id address				(e) Expense account, other allowances
JA			hours per week	(if not paid,	employee benefit plans and deferred	
	SON T. DICKERSON	CARTERSVILLE	hours per week devoted to position CHAIRMAN	(if not paid,	employee benefit plans and deferred	
12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW	CARTERSVILLE GA 30120	hours per week devoted to position	(if not paid,	employee benefit plans and deferred	
12 CA	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON	CARTERSVILLE GA 30120 CARTERSVILLE	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE	(if not paid,	employee benefit plans and deferred	other allowances
12 CA 12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON 3 RIVERSIDE DRIVE SW	CARTERSVILLE GA 30120 CARTERSVILLE GA 30120	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE 2.00	(if not paid,	employee benefit plans and deferred compensation	other allowances
12 CA 12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON 3 RIVERSIDE DRIVE SW DY DICKERSON	CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE 2.00 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances O
12 CA 12 JU 12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON 3 RIVERSIDE DRIVE SW DY DICKERSON 3 RIVERSIDE DRIVE SW	CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE GA 30120	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE 2.00 TRUSTEE 2.00	(if not paid,	employee benefit plans and deferred compensation	other allowances O
12 CA 12 J0 12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON 3 RIVERSIDE DRIVE SW DY DICKERSON 3 RIVERSIDE DRIVE SW SHUA DICKERSON	CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances O O
12 CA 12 J0 12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON 3 RIVERSIDE DRIVE SW DY DICKERSON 3 RIVERSIDE DRIVE SW SHUA DICKERSON 3 RIVERSIDE DRIVE SW	CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE GA 30120	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE 2.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances O O
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12 CA 12 J0 12	SON T. DICKERSON 3 RIVERSIDE DRIVE SW REY DICKERSON 3 RIVERSIDE DRIVE SW DY DICKERSON 3 RIVERSIDE DRIVE SW SHUA DICKERSON 3 RIVERSIDE DRIVE SW Compensation of five highest-paid	CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE GA 30120 CARTERSVILLE GA 30120	hours per week devoted to position CHAIRMAN 2.00 TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE 2.00 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances 0 0
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Form 990-PF (2019) THE JASON T. DICKERSON FAMILY 81-0890771	Page <u>7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	Employees,
and Contractors (continued)	<u> </u>
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ASHTON E. BANKS	
	53,482
otal number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE BRIAN CENTER FOR HEALTH & REHABILITATION, CANTON,	
GEORGIA:	
HOLIDAY GIFT BAGS AND VARSITY FOOD CATERING.	5,366
2 PICKENS COUNTY ANIMAL SHELTER, JASPER, GEORGIA: DOG AND	
CAT FOOD DONATIONS.	2 215
3 ACES YOUTH HOME, JASPER, GEORGIA: FOOD, SUPPLIES, AND	2,215
3 ACES YOUTH HOME, JASPER, GEORGIA: FOOD, SUPPLIES, AND GIFTS.	
GIF15.	1,786
4 THE HARVEST HOUSE, CARTERSVILLE, GEORGIA: FOOD DONATIONS	
FOR THE FOOD BANK.	
	566
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years.

Forn	n 990-PF (2019) THE JASON T. DICKERSON FAMILY 81-08907/1		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign four	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc	16.	
	purposes:	1 1	•
а	Average monthly fair market value of securities	1a	000 044
þ	Average of monthly cash balances	1b	228,044
С	Fair market value of all other assets (see instructions)	1c	2,200,000
d	Total (add lines 1a, b, and c)	1d	2,428,044
е	Reduction claimed for blockage or other factors reported on lines 1a and	ا ا	
	1c (attach detailed explanation)	<u>이</u>	•
2	Acquisition indebtedness applicable to line 1 assets	2	0 400 044
3	Subtract line 2 from line 1d	3	2,428,044
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	36,421
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,391,623
6	Minimum investment return. Enter 5% of line 5	6	119,581
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g found	ations
	and certain foreign organizations, check here ▶ X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5	_	
b	Income tax for 2019 (This does not include the tax from Part VI)	_	
С	Add lines 2a and 2b	2c	/
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	76,291
b	Program-related investments total from Part IX-B	1b	• •
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		•
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	76,291
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	[T	
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,291
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ndation	• • • •

Form 990-PF (2019)

Form	990-PF (2019) THE JASON T. D	ICKERSON	FAMILY	81-08907	71	Page 9
*******	art XIII Undistributed Income (se					
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,		Corpus	Years prior to 2018	2018	2019
- · -	line 7	•			,	
2	Undistributed income, if any, as of the end of	2019.			•	
а	Enter amount for 2018 only					
b	Total for prior years. 20 , 20 ,	20				
3	Excess distributions carryover, if any, to 2019		,		/	
а	From 2014				Í	
b	From 2015				/	
С	From 2016				/	
d	From 2017				/	
е	From 2018					
f	Total of lines 3a through e				/ / / / / / / / / / / / / / / / / / / 	——————————————————————————————————————
4	Qualifying distributions for 2019 from Part XII,			/		
	line 4 ▶ \$0			/		
а	Applied to 2018, but not more than line 2a		***************************************			
b	Applied to undistributed income of prior years					
	(Election required – see instructions)			/		,
c	Treated as distributions out of corpus (Election	n		/		
	required – see instructions)			<i>f</i>		
d	Applied to 2019 distributable amount			<i></i>	* ************************************	<u> </u>
е	Remaining amount distributed out of corpus				······································	
5	Excess distributions carryover applied to 2019	•				
	(If an amount appears in column (d), the same	e				
	amount must be shown in column (a))				***************************************	
6	Enter the net total of each column as					,
	indicated below:					
	Corpus Add lines 3f, 4c, and 4e Subtract line	9 5				,
b	Prior years' undistributed income Subtract		1			
	line 4b from line 2b		^	-	***************************************	 ,,
С	Enter the amount of prior years' undistributed					
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)				<u>:</u>	
	tax has been previously assessed		,			
a	Subtract line 6c from line 6b Taxable					
_	amount – see instructions		······		,	<u> </u>
е	Undistributed income for 2018 Subtract line					
	4a from line 2a Taxable amount – see					
	unstructions Undistributed income for 2019 Subtract/lines					
f	4d and 5 from line 1. This amount must be					
	distributed in 2020					
7	Amounts treated as distributions but of corpus	2			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
•	to satisfy requirements imposed by section	•				
	170(b)(1)(F) or 4942(g)(3) (Election may be					
	required—see instructions.					
8	Excess distributions carryover from 2014 not			· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2020.				······································	
-	Subtract lines 7 and 8 from line 6a					
10	Analysis of line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	
a	Excess from 2015					
b	Excess from 2016	7				
c	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019		_		L .	

D	4	c
Page	7	U

P	art XIV Private Operating For	undations (see in	structions and Par	t VII-A, question 9)	
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2019, enter the date of	of the ruling	_▶		N/2
b	Check box to indicate whether the found	ation is a private opera	ting foundation descri	bed in section_X 49	(42(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(0) 1000
	investment return from Part X for				·	
	each year listed	90,870				197,792
b	85% of line 2a	77,240	81,638	9,245		168,123
С	Qualifying distributions from Part XII,				_	
	line 4, for each year listed	76,291	130,491	74,050	25,298	306,130
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	64,425	101,483	56,256	22,698	244,862
е	Qualifying distributions made directly					
	for active conduct of exempt activities	11 055		15 504	2 622	61.066
_	Subtract line 2d from line 2c	11,866	29,008	17,794	2,600	61,268
3	Complete 3a, b, or c for the				ĺ	
	alternative test relied upon:					
а	"Assets" alternative test – enter:	1				1
	(1) Value of all assets	· · · · · · · · · · · · · · · · · · ·				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			,		
b	"Endowment" alternative test – enter 2/3				İ	
	of minimum investment return shown in	50 501	55 OF 0	56 055	20 207	042 025
	Part X, line 6, for each year listed	79,721	77,852	56,255	29,207	243,035
С	"Support" alternative test – enter			İ		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income			<u></u>		
Pe	rt XV Supplementary Inforn	•		the foundation ha	ıd \$5,000 or more	in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	-				
а	List any managers of the foundation who				-	
	before the close of any tax year (but only JASON T. DICKERSON	if they have contribute	ed more than \$5,000)	(See section 507(d)(2)		2,957,000
b	List any managers of the foundation who ownership of a partnership or other entity		· · · · · · · · · · · · · · · · · · ·		portion of the	
	N/A					
2	Information Regarding Contribution, G					
	Check here ► X if the foundation only			_		
	unsolicited requests for funds If the foun		ants, etc , to individuals	s or organizations unde	er other conditions,	
	complete items 2a, b, c, and d See instru					
а	The name, address, and telephone numb \mathbf{N}/\mathbf{A}	er or email address of	f the person to whom a	applications should be a	addressed.	
b	The form in which applications should be	submitted and informa	ation and materials the	y should include.		
С	N/A Any submission deadlines					
d	N/A Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fie	elds, kinds of institution	s, or other	
	factors					
	_N/A					- 000 DE

Form 990-PF (2019) THE JASON T. DICKERSON FAMILY

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient show any relationship to **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year BRIAN CENTER FOR HEALTH A 150 HOSPITAL CIR. PROVIDE GIFT BAGS FOR THE ELDERLY RE 5,366 CANTON GA 30114 PICKENS COUNTY HUMANE SOCIETY PC 500 FIVE FORKS ROAD LIBERTY SC 29657 PROVIDE FOOD FOR THE ANIMALS IN THE 2,215 CHEROKEE COUNTY SENIOR CE 1001 UNIVETER ROAD NC PROVIDE GIFT BAGS FOR THE ELDERLY RE 162 CANTON GA 30015 MUST MINISTRIES P.O. BOX 1717 PC 509 ASSEMBLE AND DELIVER 20 THANKSGIVING MARIETTA GA 30061 ETOWAH VALLEY HUMANE SOCIETY 36 LADD'S MOUNTAIN ROAD PC ANIMAL SHELTER / ADOPTION 343 CARTERSVILLE GA 30120 ACES YOUTH HOME PC 133 CARES DRIVE TEMPORARY AND LONG-TERM RESIDENTIAL 1,786 JASPER GA 30143 CHEROKEE SANTA C/O CHEROKEE CODFCS GOV 105 LAMAR HALEY PARKWAY TOYS AND PRESENTS - FOSTER CHILDREN 420 CANTON GA 30114 DEPLOYED MILITARY CARE PACKAGES PC 1634 COBB INTERNATIONAL B FOOD AND SUNDRY ITEMS FOR MILITARY 419 KENNESAW GA 30152 THE HARVEST HOUSE 2001 LIBERTY SQUARE DRIVE PC FOOD BANK 566 CARTERSVILLE GA 30121 PEANUT DURR NC 1033 DORNELL ROAD ANIMAL HOSPITAL CARE 500 BALL GROUND GA 30107 ▶ 3a 12,536 **Total** b Approved for future payment N/A 3b Total

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During	the Year or Approved for	Future Payment		
Recipiont	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipierii	<u> </u>	
a Paid during the year				
ROTARY CLUB OF CANTON			1	
1130 BLUFFS PARKWAY		NC	1	
CANTON GA 30114	SPONSORSH	P OF PRAYER	BREAKFAST	250
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Total			▶ 3a	
b Approved for future payment	,			
N/A				
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			1	
			1	
			<u> </u>	
Total			> 3b	

Part XVI-A	Analysis of Income-Producing A	ctivities				
7	ounts unless otherwise indicated		d business income (b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program se	ervice revenue			code		(See instructions)
a						
b		_	· · · · · ·	<u> </u>		
c		_		 		
d		-	***	 		
е		_		+	PI-	
f		_				
-	nd contracts from government agencies					
· ·	p dues and assessments	 		+ 11	00 070	
	savings and temporary cash investments			14	90,870	
	and interest from securities		·····			
	ncome or (loss) from real estate			+		······································
	nanced property		 	+		
	ot-financed property ncome or (loss) from personal property		·		· · · · · · · · · · · · · · · · · · ·	
7 Other inves		····		- -		
	s) from sales of assets other than inventory			 		
•	or (loss) from special events	-		+ +		
	or (loss) from sales of inventory			 		
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2 Subtotal Ad	dd columns (b), (d), and (e)			0	90,870	(
3 Total. Add	line 12, columns (b), (d), and (e)				13	90,870
	in line 13 instructions to verify calculations)	_				
Part XVI-B	· · · · · · · · · · · · · · · · · · ·					
Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt put					ns.)
N/A			·	 		
 						
			 			
 					· · ·	•
						
· · · · · · · · · · · · · · · · · · ·						

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Form 990-PF (2019) THE JASON T. DICKERSON FAMILY 81-0890771 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt **Organizations** No Did the organization directly or indirectly engage in any of the following with any other organization described Yes in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of X 1a(1) (1) Cash 1a(2) (2) Other assets b Other transactions. (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (c) Description of relationship (a) Name of organization (b) Type of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? Sign See instructions X Yes Here **CHAIRMAN** are of officer or truste Punt/Type preparer's name Preparer's signature Date Check X Paid 1-12-20

P00979751

58-1474049

404-223-5900

PTIN

Firm's EIN

Phone no

Preparer

Use Only

DAVID L. WATSON

Firm's name ▶

Firm's address ▶

GOMEL, DAVIS & WATSON, LLP

ATLANTA, GA

245 PEACHTREE CENTER AVE STE 2400

30303

G0207PF.

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

THE JASON T. DICKERSON FAMILY FOUNDATION

81-0890771

TOURDATION	
Organization type (chec	cone).
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one gethe year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III
contributor, during contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one go the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the plies to this organization because it received nonexclusively religious, charitable, etc., contributions are more during the year.
990-EZ, or 990-PF), but if	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, that is must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

PAGE 1 OF 1

age 2

Name of organization
THE JASON T. DICKERSON FAMILY

Employer identification number 81-0890771

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.							
(a) No.		b) s, and ZiP + 4	(c) Total contributions	(d) Type of contribution				
1	JASON T. DICKERSO 123 RIVERSIDE DRI CARTERSVILLE		\$ 750,000	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.		b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	JENA A. SCOTT 220 WATKINS ROAD CANTON	GA 30115	\$ 3,000	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	•	b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	ROBERT A. BANKS 140 JUNALUSKA DRI WOODSTOCK	VE GA 30188	\$ 4,100	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No	-	b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(Name, addres	b) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No	Name, addres	o) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)				

60207PI	F. ,									
For	m 990-PF			er Notes a		oans Recei				2019
		For c	calendar year 2019, o	or tax year beginn	ning		, and ending	T		
	e HE JASON T. DUNDATION	DICK	ERSON FAMI	LY					er Identii 08907	fication Number .
	ORM 990-PF,	ייםגם	TT LINE	7 - ADDT	TTON	IAI. TNEOR	MATTON	•		
FC	JRM 990-FF,			i - ADDI	1101	IALL THE ON				
			ne of borrower			NONE	Relationship to dis	qualified p	erson	
(1)	BELWIN INVE					NONE				
(2)	BELWIN INVE	SIME	INT GROUP,	LLC		NONE				
(3)					-		4.1-4			·
<u>(4)</u>										
<u>(5)</u>					-		· ·			<u>.</u>
<u>(6)</u>			<u></u>				· - ·			
<u>(7)</u>					-				<u> </u>	
(8) (8)							. =			
(9) (40)					-					
(10)										
	Original amount			Maturity		,		•		Interest
	borrowed		Date of loan	date	-	1/01/2017 17	Repayment terms	DATE	O 3 T	rate 4.140
(1)	1,500,00		11/19/17	11/01/2		MONTHLY	INTEREST /	BALL		4.110
(2)	700,00	00	12/05/17	12/01/2	1	MONTHLY	INTEREST /	BALL	OON	4.110
(3)						 .				
(4)							"		-	
(5)										
<u>(6)</u>					-					
(7) (2)				· · · ·						. .
(8)		 						-		· · · · · · · · · · · · · · · · · · ·
(9) (10)		~ ~			_	·····	p			
(10)			 	ļ,,	, , ,			YT // II/ /		
	Secu	irity prov	vided by borrower			•	Purpose	of loan		,
(1)	NONE	nity prov	naca by borrower	,,	- 1	BUSINESS				
(2)	NONE				-	BUSINESS				
(3)				-			<u> </u>			
(4)										
(5)				<u></u>						
(6)										
(7)										•
(8)										
(9)										
(10)				······································				······		
************						lance due at	Balance due		Fair n	narket value
<u></u>			ished by lender			ginning of year . , 500 , 000	end of year 1,500,		1	,500,000
(<u>1)</u>	INTEREST PA					700,000			- +	700,000
<u>(2)</u>	INTEREST PA	תדי				700,000	700,	000		100,000

. }

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value
(1) INTEREST PAID	1,500,000	1,500,000	1,500,000
(2) INTEREST PAID	700,000	700,000	700,000
(3)			
(4)		177.	
5)			<u> </u>
6)			
7)			
8)			
9)			
(10)	2 200 000	2 200 000	2,200,000
Totals	2,200,000	2,200,000	2,200,0

		Charitable Purpose \$ 6,185		Charitable Purpose \$ 4,045		Charitable Purpose		Charitable Purpose	\$ \$	4
	Legal Fees	Adjusted Net	counting Fees	Adjusted Net	- Taxes	Adjusted Net	her Expenses	Adjusted Net	w w	
Federal Statements	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees	Investment	P. Part I, Line 16b - Accounting Fees	Investment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	Investment \$ \$ 0	PF, Part I, Line 23 - Otl	Net Investment	\$ & &	
	Statement 1 - Form 99	\$ 6,185	Statement 2 - Form 990-PF,	**************************************	Statement 3 - Form	Total	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	\$ \$	
G0207PF THE JASON T. DICKERSON FAMILY 81-0890771 FYE: 12/31/2019		Description LEGAL FEES TOTAL	15 	Description ACCOUNTING FEES TOTAL		Description FEDERAL EXCISE TAX TOTAL	(V)	Description	EXPENSES OFFICE SUPPLIES TOTAL	

- 1

G0207PF THE JASON T. DICKERSON FAMILY

81-0890771

Federal Statements

FYE: 12/31/2019

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount		
JASON T. DICKERSON	\$ 2,957,000		
TOTAL	\$ 2,957,000		