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SCANNED AUG 1 2 2010

Form **990-EZ** Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

OMB No. 1545-1150

Open to Public Inspection

private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All the organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if D Employer identification number C Name of organization Please use IRS Address label of Name change 20-8421281 Dix Visionaries print or type Number and street (or P O box, if mail is not delivered to street address)]initial return Room/suite E Telephone number Specific PO Box 469 919-836-4402 Termin-ated Instruc-Amende City or town, state or country, and ZIP + 4 F Group Exemption tions Raleigh, NC 27602 Number > G Accounting method X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) Website: ► N/A H Check ▶ L J if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light fithe organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 9612. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 7600. Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 2012. 4 4 Investment income 5a 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5с Gain or (loss) from sale of assets other than inventor V Subir ct line b from line 5a) Special events and activities (complete path If any amount is from gaming, check here donbutions a Gross revenue (not including \$ reported on line 1) 6a Less direct expenses other than the raising expenses 6h 60 Net income or (loss) from special eve ots and activities 7a Gross sales of inventory, less returns and affordate 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe 9612 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 60374 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 112. 15 15 Printing, publications, postage, and shipping 1150. See Statement 1) 16 Other expenses (describe 16 61636. 17 17 Total expenses. Add lines 10 through 16 -52024. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 94235. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 4221121 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II) (A) Beginning of year (B) End of year 40972. 92604. 22 22 Cash, savings, and investments 23 Land and buildings 23 5131 4739. See Statement 2) 24 24 Other assets (describe 45711. 97735 25 25 3500. 3500. Total liabilities (describe > Loan From Officer 26 42211. 94235 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

	m 990-EZ (2009) Dix Visionaries			20-	84212	81 ' Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		Ex	penses
Wh	at is the organization's primary exempt purpose? See Statement	5			(Required for	section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		se manner, descri	 he		organizations and
the	services provided, the number of persons benefited, and other relevan	nt information for each prod	ram title.	.	for others)	(a)(1) trusts, optional
28	See Statement 4	<u></u>			T	
					1	
					1 1	
	(Our - A - C			7		61636.
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	28a	01030.
29						
				 -	1 1	
	(Grants \$) If this amount includes foreign	grants, check here			29a	
30]]	
					1 1	
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)	·			32	61636.
	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	ren if not compensated	(See the		
				T	ntributions	
		(b) Title and average hours	(c) Compensation	, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0-)	I .	eferred	other allowances
	C Poolo Ir	President		COIT	pensation	
5	G. Poole, Jr.		_		^	_
	Box 469, Raleigh, NC 27602	5.00	0.	-	0.	0.
	narles Neely, Jr.	Treasurer			•	
	Box 469, Raleigh, NC 27602	3.00	0.	<u> </u>	0.	0.
	ames F. Goodmon	Director	_	1		
	Box 469, Raleigh, NC 27602	1.00	0.	ļ	0.	0.
	ıcy Bode		retary	ĺ		
	Box 469, Raleigh, NC 27602	1.00	0.	<u> </u>	0.	0.
	cott Custer	Director				1
P) Box 469, Raleigh, NC 27602	1.00	0.		0.	0.
Ro	obert Ingram	Director				
P	Box 469, Raleigh, NC 27602	1.00	0.	1	0.	0.
	cank B. Holding, Sr.	Director				
\overline{P}	D Box 469, Raleigh, NC 27602	1.00	0.	.)	0.	0.
	ill McNeal	Executive Dir	ector			-
	Box 469, Raleigh, NC 27602	3.00	0.		0.	0.
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932	172		·		Enrm	990-F7 (2000

17.0	TY, Other Information (Note the statement requirements in the instructions for Part V)	\neg	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	163	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1 1		
	complete applicable parts of Sch N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	In a prior year and still outstanding at the end of the period covered by this return?	38a	Х	ļ
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 3500.			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► O . , section 4912 ► O . , section 4955 ► O .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		}	\ v
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	1		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		Х
	transaction? If "Yes," complete Form 8886-T	40e	l	<u> </u>
41	List the states with which a copy of this return is filed ► NC The organization's books are in care of ► Amanda Riale Telephone no ► 919-89	0-4	223	
423	The organization's books are in care of ► Amanda Riale Telephone no ► 919-89 Located at ► PO Box 469, Raleigh, NC ZIP+4 ► 2	760	2	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	72.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
٠	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	. 🗀
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and only the amount of tax exempt interest received of accorded during the tax year.			
			Yes	s No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	1	1	1
	completed instead of Form 990-EZ	45		X
		Form 6	aan-F7	(2009

Form 990-E	Z(2009) Dix Visionaries			20-8421	281	<u>, 1</u>	Page 4
Part VI	Section 501(c)(3) organizations and section 49 organizations and section 4947(a)(1) nonexempt charitable t and 51.	947(a)(1) nonexempt rusts must answer question	charitable tru ns 46-49b and cor	sts only. All implete the table	sections for l	n 501 ines 5	(c)(3) . 0
46 Did th	ne organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to	candidates for public			Yes	No
	? If "Yes," complete Schedule C, Part I	.,			46		X
47 Did th	ne organization engage in lobbying activities? If "Yes," complete Sche	edule C, Part II			47		Х
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,				48		X
49a Did th	ne organization make any transfers to an exempt non-charitable related o	rganization?			49a		X
b If "Yes	s," was the related organization a section 527 organization?				49b		Ĺ
	olete this table for the organization's five highest compensated employee \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key e	mployees) who e	ach rec	eived	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e ac othe	e) Expe count er allow	
51 Comp	number of other employees paid over \$100,000 olete this table for the organization's five highest compensated independ nization. If there is none, enter "None"	ent contractors who each rece	ived more than \$100	0,000 of compens	ation fo	rom th	e
Ulyan	NONE						
	(a) Name and address of each independent contractor paid more t	than \$100,000	(b) Type of se	rvice (c) Com	ipensa ———	.ion
d Total	number of other independent contractors each receiving over \$100,000)	<u> </u>				
Sign Here	Under penalties of penury. I declare that I have examined this return, including accorrect, and principle pectar troubly preparer (other than officer) is based on all in Segmature of officer Type or print name and title	companying schedules and statement of which preparer has an	ents, and to the best of n y knowledge	ny knowledge and b Date	21-10	true,	
Paid Preparer's Use Only	Preparer's signature Konny My His	(A/A)	nployed 🕨 🔲	parer's identifying in		See ins	x)
	Firm's name (or yours of self-employed). address, and ZIP+4 Stancil' & Company 4909 Windy Hill Drive Raleigh, NC 27609		EIN Pho no	ne ► 919-8			0_
May the IR:	S discuss this return with the preparer shown above? See instructions				X Y		No V2000
					Form 9	aan-E2	(2009

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Reason for Public Charity Status (All organizations must complete this part) See instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Dix Visionaries Employer identification number 20-8421281

The organ	iization is not a	private foundation i	because it is (For lines 1	through 1	1, check o	only one b	ox)			·
1 🗔	A church, co	nvention of churches	s, or association of churc	ches descr	ibed in se d	ction 170(b)(1)(A)(i).			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)						
3	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(A)(iii).			
4 🗔	A medical res	search organization of	operated in conjunction	with a hosp	oital descri	bed in se	ction 170(b)(1)(A)(iii)). Enter t	he hospital's name,
	city, and stat									
5 🗀	An organizati	on operated for the	benefit of a college or un	iversity ov	ned or op	erated by	a governn	nental unit	describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗀	A federal, sta	te, or local governme	ent or governmental unit	described	l ın sectio	n 170(b)(1)(A)(v).			
7 X			eives a substantial part o					r from the	general r	oublic described in
		b)(1)(A)(vi). (Comple				-				
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)					
9 🗀			eives: (1) more than 33 1			om contril	outions, m	embership	fees. ar	nd aross receipts from
		· ·	nctions · subject to certa							•
		·	axable income (less sect							
See section 509(a)(2). (Complete Part III)										
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpos								purposes of one or		
			ations described in section							
		• • •	organization and comple		-		,		,,-,-	
	a Type		_	: П Тур			egrated		d 🗀	Type III · Other
е 🗔			t the organization is not			-	-	more disc	ıualıfied ı	• •
			han one or more publicly							
f			ten determination from t							· · · · ·
	_	rganization, check th				•				
g	,	•	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	ons?	
J	•		lirectly controls, either al			=				Yes No
	•	•	upported organization?	·		•		`,		11g(i)
	-	• •	n described in (i) above?							11g(ii)
		•	person described in (i) o		9?					11g(iii)
h			about the supported or							
		· ·								
(i) Name	of supported	(iı) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amount of
	anization	(, =	organization	in col (i) his	(i) listed in your Torganization in co		ion in col	organizatio (i) organiza	on in col (ed in the l	support
ν.9			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organize U S	2	
			(see instructions))	Yes	No	Yes	No	Yes	No	
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							1			
Total									1	

932021 02-08-10

Form 990 or 990-EZ.

	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I.)				
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")			212857.	127356.	7600.	347813.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					,	
	furnished by a governmental unit to			1		ľ	
	the organization without charge	·					
4	Total. Add lines 1 through 3			212857.	127356.	7600.	347813.
5	The portion of total contributions						
	by each person (other than a	Ĺ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						60545
	column (f)						62545.
	Public support. Subtract line 5 from line 4						285268.
Se	ction B. Total Support	r == ·					
	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 347813.
7	Amounts from line 4			212857.	127356.	7600.	34/813.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1				2012.	2012.
	and income from similar sources					2012.	2012.
9	Net income from unrelated business					Ì	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	İ					
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)						349825.
11	•••		1	1	L	12	3130231
12	•	•	•	and founds or fifth to			
13	First five years. If the Form 990 is fo		s nrst, second, tr	iira, fourtii, or iiitii ta	ix year as a section	11 30 1 (0)(3)	$\triangleright X$
Se	organization, check this box and stoction C. Computation of Pub		rcentage				
	Public support percentage for 2009 (column (fl)	 	14	%
15	Public support percentage from 2008			, 00,07,117 (1))		15	%
	a 33 1/3% support test - 2009. If the c			on line 13, and line 1	14 is 33 1/3% or m		c and
100	stop here. The organization qualifies					,	▶□
	33 1/3% support test - 2008.If the c				line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qua						ightharpoons
17:	a 10% -facts-and-circumstances tes				13, 16a, or 16b. a	and line 14 is 10%	or more,
.,,	and if the organization meets the "fa						
	meets the "facts-and-circumstances"					, , , , , , , , , , , , , , , , , , ,	▶□
	10% -facts-and-circumstances tes					17a, and line 15 is 1	0% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶ □
18							s •
	The state of the s						or 990-EZ\ 2000

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2000	19/200	307200	10/200	19 1014
membership fees received (Do not				ļ		
include any "unusual grants.")						
2 Gross receipts from admissions,		 			<u> </u>	
merchandise sold or services per-						
formed, or facilities furnished in				}		
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that			ľ	ĺ	1	
are not an unrelated trade or bus-				1		
Iness under section 513				J		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		}	}	1]
5 The value of services or facilities					 	
furnished by a governmental unit to						i
the organization without charge			ļ — ··-	 	 	
6 Total. Add lines 1 through 5		 		 -		
7a Amounts included on lines 1, 2, and						ļ
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			l	l		l
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						j
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		1	ł	<u> </u>		1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	<u> </u>	10/2000	10) 2001	(0, 2000	(0) 2005	(i) Total
10a Gross income from interest,			 		 	f
dividends, payments received on					1	1
securities loans, rents, royalties			İ			
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975	 			ļ		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on					1	1
12 Other income. Do not include gain			1	<u> </u>	†	
or loss from the sale of capital					1	1
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t						
	ne organization	s iirst, second, trii	ra, lourth, or lifth t	ax year as a sect	ion sor(c)(s) organi.	zation,
check this box and stop here Section C. Computation of Public	Support Do	reentage				
			l (6)		J.E.	
15 Public support percentage for 2009 (Im			column (i))		15	
16 Public support percentage from 2008 Section D. Computation of Invest					16	
Section D. Computation of Invest	·				T.= 1	
17 Investment income percentage for 200			ne 13, column (1))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2009. If the o	rganization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	d stop here. The	e organization qual	rfies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2008. If the c	rganization did	not check a box o	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	_					▶□
·						
20 Private foundation. If the organization	did not check a	ı box on line 14. 19	a, or 19b, check t	hıs bo <u>x a</u> nd see ı	<u>nstructions</u>	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

organization

Dix Visionaries

Employer identification number 20-8421281

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

	Complete if the organization answered "Yes" on Form	990, Part IV, line 25a or 25b, or Form 990-EZ, Part V,	line 40b		
1	(a) Name of disqualified person	(h) Description of transaction		(c) Cor	rected?
	(a) Name of disqualified person	(b) Description of transaction		Yes_	No
				 -	ļ
					<u> </u>
					
2 Ent	er the amount of tax imposed on the organization managers	s or disqualified persons during the year under			
sec	tion 4958		> \$		
3 Ent	er the amount of tax, if any, on line 2, above, reimbursed by	the organization	▶ \$		

Part II Loans to and/or From Interested Persons.

	Complete if the organic	anization an	swered "Yes	on Form 990, Part IV, I	ine 26. or Form 990-E2	Z. Part \	/. line 38	Ва.			
	(a) Name of interested person and purpose	(b) Loa	n to or from janization?	(c) Original principal amount	(d) Balance due	(e)	In ault?	(f) App	proved ard or attee?	(g) W agreer	ritten ment?
		То	From] [Yes	No	Yes	No	Yes	No
J.	Gregory Poole	, X		3806.	3500.		X	X		X	
		-	-								
Tota				▶ \$	3500.						

Part III Grants or Assistance Benefiting Interested Persons.

	ed "Yes" on Form 990, Part IV, line 27	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation'
				Yes	No
]		
				1	
				 	<u> </u>
				 	-

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

See General Explanation for Schedule L Continuations

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
Fees, Supplies Amortization			758. 392.
Total to Form 990-EZ, line 16			1150.
Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
Organization Costs Accumulated Amortization		5883. -752.	5883. -1144.
Total to Form 990-EZ, line 24		5131.	4739.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		Stater	ment	3
directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No
B) Did the org directly or	ganization, during the year, pay premiums, indirectly, on a personal benefit contract? .	. [Yes	[X]	No

4

990-EZ Pg 2

Statement

Planned and held educational meetings with local residents and their representatives to describe the Organization's mission and its plans to convert public land to a park district in perpetuity.

990-EZ Pq 2

Statement

5'

The Organization was formed exclusively for charitable, scientific, and educational purposes. It supports the acquisition, development, conservation, maintenance, and operation of public parkland in Wake County, North Carolina.

General Explanation Overflow

Name of the organization	Employer identification number
Dix Visionaries	20-8421281
Schedule L, Part II, Loans To and From Interested Persons	:
(a) Name of Person: J. Gregory Poole, Jr.	
(a) Purpose of Loan: Legal costs	
	·
	<u>.</u>
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