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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 private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning Dec 1, 2011, 2011, and ending Nov 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Dixon Community Trust
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
101 West First St.
 City or town, state or country, and ZIP + 4
Dixon, Il 61021

D Employer identification number 23-7215341
E Telephone number 815-288-2222
G Gross receipts \$ 25,859

F Name and address of principal officer Gary Presley
101 West First St., Dixon, IL. 61021
 H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
 H(c) Group exemption number ▶ _____

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ _____

K Form of organization Corporation Trust Association Other ▶ _____
L Year of formation _____ **M** State of legal domicile _____

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<u>To assist charitable and civic organizations in the Dixon and Lee County, Illinois area</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>6</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>6</u>
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>0.00</u>	<u>500.00</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0.00</u>	<u>0.00</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>23,752.00</u>	<u>25,359.00</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0.00</u>	<u>0.00</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>23,752.00</u>	<u>25,859.00</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>10,888.00</u>	<u>8,463.00</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.00</u>	<u>0.00</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0.00</u>	<u>0.00</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.00</u>	<u>0.00</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>8,884.00</u>	<u>9,229.00</u>
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>19,772.00</u>	<u>17,692.00</u>
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	<u>3,980.00</u>	<u>8,167.00</u>
	20	Total assets (Part X, line 16)	<u>601,874.00</u>	<u>610,041.00</u>
	21	Total liabilities (Part X, line 26)	<u>0.00</u>	<u>0.00</u>
	22	Net assets or fund balances Subtract line 21 from line 20	<u>601,874.00</u>	<u>610,041.00</u>

Part II Signature Block
 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 officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Gary Presley Date 3/17/14
 Gary Presley, President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
To assist charitable and civic organizations in the Dixon and Lee County
IL area.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 17,692 including grants of \$ 8,463) (Revenue \$ 25,859.)
The Dixon Community Trust provides funds for Charitable, Civic,
and Educational Services primarily in the Dixon and Lee County, IL
area.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 17,692.00

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	6		
b	Enter the number of voting members included in line 1a, above, who are independent.		
1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.		X
15a			
b	Other officers or key employees of the organization.		X
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Illinois
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Midland States Bank, Attn. Connie Bontz, VP & Trust Office
815-288-2222, 101 West First St. Dixon, IL. 61021

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Presley President	1.00	x		x			0	0	0	
(2) Dr. Mary Polasick Vice President	.25	x		x			0	0	0	
(3) Cathy Jecklin Secretary	2.00	x		x			0	0	0	
(4) Connie Bontz Treasurer	2.00			x			0	0	0	
(5) Henry Dixon, Sr. Director	.25	x					0	0	0	
(6) Carol Jones Director	.25	x					0	0	0	
(7) David W. Badger Director	.25	x					0	0	0	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0.00	0.00	0.00	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0.00	0.00	0.00	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	500				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		500.00			
Program Service Revenue			Business Code				
	2a	-----					
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue					
g	Total. Add lines 2a-2f		0.00				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,811		16,811	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a			(i) Real	(ii) Personal		
		b	Gross rents				
		c	Less rental expenses				
		d	Net rental income or (loss)	0.00	0.00		
	7a			(i) Securities	(ii) Other		
		b	Gross amount from sales of assets other than inventory	144,727			
		c	Less cost or other basis and sales expenses	136,179			
		d	Net gain or (loss)	8,548.00	0.00		
	8a						
		b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
		c	Less direct expenses	b			
			Net income or (loss) from fundraising events		0.00		
	9a						
		b	Gross income from gaming activities See Part IV, line 19	a			
c		Less direct expenses	b				
		Net income or (loss) from gaming activities		0.00			
10a							
	b	Gross sales of inventory, less returns and allowances	a				
	c	Less cost of goods sold	b				
		Net income or (loss) from sales of inventory		0.00			
		Miscellaneous Revenue	Business Code				
11a	-----						
b	-----						
c	-----						
d	All other revenue						
e	Total. Add lines 11a-11d		0.00				
12	Total revenue. See instructions		25,859.00			25,359.00	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	8,463	8,463		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	1,180		1,180	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,820		7,820	
g	Other				
12	Advertising and promotion				
13	Office expenses	214		214	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	fees	15		15	
b				
c				
d				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,692.00	8,463.00	9,229.00	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	19,125	2	18,608
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b	Less accumulated depreciation	10b	10c	0.00
	11	Investments—publicly traded securities	582,749	11	591,433
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	601,874.00	16	610,041.00	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	524,879	27	533,046
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	76,995	29	76,995
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	601,874.00	33	610,041.00
	34	Total liabilities and net assets/fund balances	601,874.00	34	610,041.00

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,859.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,692.00
3	Revenue less expenses Subtract line 2 from line 1	3	8,167.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	601,874.00
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	610,041.00

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Dixon Community Trust	Employer identification number 23-7215341
--	---

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 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 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0.00

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	500	500.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	0.00	0.00	0.00	0.00	500.00	500.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						500.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0.00	0.00	0.00	0.00	500.00	500.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,538	15,063	34,366	23,752	25,359	115,078.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						115,578.00
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.43%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	5.66%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <i>See Attached</i> ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12 Other income Do not include gain or loss from the sale of capital 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Report Date: *March 20, 2013*
 Time Prepared: *02:09:54 PM*
 Requested By: *Nicole Jones*
 Includes: *Account: 23 00 0526 4 04 DIXON COMMUNITY TRUST*

MIDLAND STATES BANK

Account Holdings as of 11/30/2012

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
00078H316	ASTON/FAIRPOINTE	448.9830	10,616.62	33.60	15,085.83	11/30/2012
001413178	INVESCO DIV	2,485.5440	30,976.88	13.61	33,828.26	11/30/2012
00141V838	INVESCO DEL MARKETS	488.2760	13,623.81	32.98	16,443.74	11/30/2012
02388A408	AMER BEACON INTL EQ	768.2800	12,680.27	16.35	12,628.66	11/30/2012
116291833	BROWN CAP MGT SM CO	309.3980	12,474.00	60.04	16,482.18	11/30/2012
23337F888	DWS FLOATING RATE	1,602.7630	13,971.27	9.37	14,080.89	11/30/2012
314172382	FEDERATED INTL STRAT	3,079.5880	10,601.40	3.88	11,948.81	11/30/2012
314172560	FEDERATED STR VAL IN	6,414.1810	24,859.46	5.04	32,327.52	11/30/2012
31428Q101	FEDERATED TOTAL FD	8,812.7650	85,622.71	11.04	87,680.47	11/30/2012
31428Q747	FEDERATED ULT BOND	909.5630	8,333.70	9.23	8,398.27	11/30/2012
316910802	FIDELITY DIV. INT'L	626.7370	12,612.61	29.78	16,668.46	11/30/2012
411611504	HARBOR CAPITAL APP	847.2880	28,661.29	42.42	35,942.38	11/30/2012
471023564	PERKINS SM CAP	688.5870	11,885.37	22.07	15,196.67	11/30/2012
471023598	PERKINS MID CAP	685.3090	12,248.76	21.81	14,948.69	11/30/2012
589509108	MERGER FUND	702.8150	11,023.62	15.93	11,195.84	11/30/2012
686182889	NORTHERN HIGH YIELD	2,278.0880	16,731.82	7.48	17,040.10	11/30/2012
693390700	PIMCO TOT RET INST	4,891.1140	53,633.25	11.82	58,834.74	11/30/2012
72201F516	PIMCO EMERGING	1,044.8230	11,302.69	10.90	11,388.67	11/30/2012
779548100	T ROWE DIV GROWTH	1,033.5980	22,170.68	28.28	27,182.88	11/30/2012
77954P108	TROWE CAPITAL	2,162.2740	27,892.41	16.62	35,938.99	11/30/2012
880208400	TEMPLETON BD FD	1,083.5930	13,287.32	13.57	14,432.88	11/30/2012
880210877	TEMPLETON FOREIGN	519.1180	7,478.64	18.00	9,344.09	11/30/2012
921908838	VANGUARD REIT IND	474.8220	8,708.69	24.28	11,533.43	11/30/2012
921937850	VANGUARD SH7 TERM	4,988.3790	52,596.85	10.67	53,204.66	11/30/2012
922031869	VANGUARD INFLA PROT	952.0380	11,371.38	15.02	14,289.68	11/30/2012
97717W218	WISDOMTREE AUST & NZ	619.0000	14,001.60	22.8094	14,060.69	11/30/2012

Total Securities

516012

584949

Report Date: March 21, 2013

MIDLAND STATES BANK

Time Prepared: 08:53:28 AM

Requested By: Nicole Jones

Includes: Account: 23 00 0518 4 04 DIXON COMMUNITY TRUST - PUBLIC LIBRARY

Account Holdings as of 11/30/2011

Cuslp No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
00078H316	ASTON/FAIRPOINTE	73.9990	1,660.78	29.50	2,182.97	11/30/2011
001413178	INVESCO DIV	393.7010	4,912.00	11.89	4,881.10	11/30/2011
02386A408	AMER BEACON INTL EQ	198.9160	3,287.59	14.87	2,957.87	11/30/2011
23337F888	DWS FLOATING RATE	169.3080	1,577.99	9.04	1,630.63	11/30/2011
277807808	EATON VANCE TAX	46.0830	1,634.85	43.32	1,995.46	11/30/2011
314172680	FEDERATED STR VAL IN	988.1840	3,716.54	4.73	4,579.51	11/30/2011
31428Q101	FEDERATED TOTAL FD	899.6490	10,164.90	11.28	10,148.91	11/30/2011
316910802	FIDELITY DIV. INT'L	91.3970	2,091.55	28.71	2,440.15	11/30/2011
411611604	HARBOR CAPITAL APP	118.2710	3,877.28	37.71	4,460.00	11/30/2011
471023564	PERKINS SM CAP	91.8250	1,612.72	23.36	2,146.03	11/30/2011
471023598	PERKINS MID CAP	84.8170	1,826.18	22.09	2,094.51	11/30/2011
589509108	MERGER FUND	72.7210	1,141.00	15.99	1,182.81	11/30/2011
665162699	NORTHERN HIGH YIELD	327.0140	2,245.98	8.91	2,269.87	11/30/2011
66976M409	BROWN CAP SM CO	47.8610	1,922.97	45.03	2,164.73	11/30/2011
693390700	PIMCO TOT RET INST	866.9080	9,535.99	10.78	9,345.27	11/30/2011
72201F618	PIMCO EMERGING	147.3110	1,608.27	10.24	1,608.46	11/30/2011
779546100	T ROWE DIV GROWTH	169.8370	3,843.00	23.21	3,941.92	11/30/2011
77954P108	TROWE CAPITAL	348.6270	4,430.12	14.48	5,048.87	11/30/2011
860208400	TEMPLETON BD FD	145.6700	1,812.79	12.69	1,848.55	11/30/2011
880210877	TEMPLETON FOREIGN	100.3220	1,418.49	18.01	1,808.18	11/30/2011
921908838	VANGUARD REIT IND	78.7020	1,471.84	21.19	1,826.32	11/30/2011
921937850	VANGUARD SHT TERM	745.7000	7,859.27	10.64	7,934.26	11/30/2011
922031869	VANGUARD INFLA PROT	133.6170	1,568.37	14.31	1,912.06	11/30/2011

Total Securities

74515.96

79559.90

Report Date: *March 21, 2013*

MIDLAND STATES BANK

Time Prepared: *08:54:05 AM*

Requested By: *Nicole Jones*

Includes: *Account: 23 00 0518 4 04 DIXON COMMUNITY TRUST - PUBLIC LIBRARY*

Account Holdings as of 11/30/2012

Cuslp No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
00078H318	ASTON/FAIRPOINTE	65.8220	1,513.74	33.60	2,211.62	11/30/2012
001413178	INVESCO DIV	364.3970	4,539.84	13.61	4,969.44	11/30/2012
00141V838	INVESCO DEL MARKETS	68.6360	1,982.21	32.98	2,263.62	11/30/2012
02368A408	AMER BEACON INTL EQ	112.3520	1,839.38	16.35	1,838.88	11/30/2012
116291833	BROWN CAP MGT SM CO	45.3500	1,822.58	60.04	2,269.31	11/30/2012
23337F888	DWS FLOATING RATE	220.6130	2,046.61	9.37	2,068.21	11/30/2012
314172382	FEDERATED INTL STRAT	451.3370	1,539.06	3.88	1,751.19	11/30/2012
314172580	FEDERATED STR VAL IN	940.4010	3,627.01	6.04	4,739.62	11/30/2012
31428Q101	FEDERATED TOTAL FD	852.5490	9,639.56	11.64	9,923.67	11/30/2012
31428Q747	FEDERATED ULT BOND	133.2580	1,220.88	9.23	1,229.97	11/30/2012
315910802	FIDELITY DIV. INT'L	77.0780	1,772.27	29.78	2,295.38	11/30/2012
411511504	HARBOR CAPITAL APP	124.2080	3,931.37	42.42	6,268.90	11/30/2012
471023884	PERKINS SM CAP	100.9330	1,707.08	22.07	2,227.59	11/30/2012
471023598	PERKINS MID CAP	100.4590	1,782.27	21.81	2,191.01	11/30/2012
689509108	MERGER FUND	103.5340	1,623.82	15.93	1,649.30	11/30/2012
685162699	NORTHERN HIGH YIELD	334.3860	2,299.04	7.48	2,501.21	11/30/2012
693390700	PIMCO TOT RET INST	717.0580	7,887.84	11.02	8,332.21	11/30/2012
72201F516	PIMCO EMERGING	153.1830	1,663.02	10.90	1,669.48	11/30/2012
779546100	T ROWE DIV GROWTH	151.5380	3,250.45	28.28	3,982.37	11/30/2012
77954P108	T ROWE CAPITAL	316.9710	4,028.52	18.62	5,268.08	11/30/2012
880208400	TEMPLETON BD FD	155.9440	1,938.29	13.57	2,116.16	11/30/2012
880210877	TEMPLETON FOREIGN	78.0860	1,081.08	18.00	1,389.55	11/30/2012
921908838	VANGUARD REIT IND	69.8240	1,291.50	24.29	1,691.17	11/30/2012
921937850	VANGUARD SHT TERM	731.0210	7,711.42	10.87	7,799.99	11/30/2012
922031869	VANGUARD INFLA PROT	139.8170	1,658.75	15.02	2,097.05	11/30/2012
97717W216	WISDOMTREE AUST & NZ	80.0000	2,046.67	22.8094	2,052.85	11/30/2012

Total Securities

75421.82

85763.89

Report Date: *March 20, 2013*
 Time Prepared: *02:11:42 PM*
 Requested By: *Nicole Jones*
 Includes: *Account: 23 00 0526 4 04 DIXON COMMUNITY TRUST*

MIDLAND STATES BANK

Account Holdings as of 11/30/2011

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
00078H315	ASTON/FAIRPOINTE	502.3850	12,159.42	29.50	14,819.77	11/30/2011
001413178	INVESCO DIV	2,872.6930	33,352.40	11.89	31,777.13	11/30/2011
02388A408	AMER BEACON INTL EQ	1,350.4170	22,332.88	14.87	20,080.70	11/30/2011
23337F888	DWS FLOATING RATE	1,149.1280	10,720.23	9.04	10,388.13	11/30/2011
277907608	EATON VANCE TAX	312.7310	11,253.89	43.32	13,647.61	11/30/2011
3141172680	FEDERATED STR VAL IN	8,572.7780	26,387.62	4.73	31,089.24	11/30/2011
31428Q101	FEDERATED TOTAL FD	8,108.7650	68,894.27	11.28	88,884.20	11/30/2011
316910802	FIDELITY DIV. INT'L	820.1290	14,723.22	26.71	18,563.85	11/30/2011
411511504	HARBOR CAPITAL APP	802.9180	24,810.34	37.71	30,278.04	11/30/2011
471023584	PERKINS SM CAP	823.1880	10,504.49	23.38	14,557.67	11/30/2011
471023598	PERKINS MID CAP	643.8090	11,281.09	22.09	14,217.32	11/30/2011
589509108	MERGER FUND	493.8180	7,748.00	15.99	7,898.16	11/30/2011
666182899	NORTHERN HIGH YIELD	2,219.5080	15,308.50	6.91	15,338.80	11/30/2011
66978M409	BROWN CAP SM CO	324.8730	13,098.24	45.03	14,829.03	11/30/2011
693390700	PIMCO TOT RET INST	5,884.9900	64,585.56	10.78	63,439.87	11/30/2011
72201F516	PIMCO EMERGING	1,000.0190	10,871.40	10.24	10,240.19	11/30/2011
779546100	T ROWE DIV GROWTH	1,152.8670	24,729.00	23.21	26,758.04	11/30/2011
77954P108	T ROWE CAPITAL	2,385.8900	30,498.53	14.48	34,257.94	11/30/2011
880208400	TEMPLETON BD FD	888.8660	12,373.00	12.69	12,548.71	11/30/2011
880210877	TEMPLETON FOREIGN	880.9840	9,718.79	16.01	10,902.55	11/30/2011
921908838	VANGUARD REIT IND	520.8860	9,887.59	21.19	11,033.34	11/30/2011
921937860	VANGUARD SHT TERM	6,062.3280	53,355.83	10.64	63,863.14	11/30/2011
922031889	VANGUARD INFLA PROT	907.0380	10,708.53	14.31	12,978.69	11/30/2011

Total Securities

508233.32

54008.81

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open To Public Inspection

Name of the organization: **Dixon Community Trust** Employer identification number: **23-7215341**

Part I 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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter 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 organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$ _____											

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Connie Bontz	Treasurer	7,820.	Trustee fees to employer		X
(2) Cathy Jecklin	Secretary		Trustee fees to employer		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Schedule L. Part IV

Connie Bontz is the Treasurer of the Dixon Community Trust and is a Vice-President and Trust Officer of Midland States Bank, the trust company at which the Dixon Community Trust Assets are held. Trustee fees of \$7,820 were paid to Midland States Bank during the reporting period.

Cathy Jecklin is the Secretary of the Dixon Community Trust. Cathy Jecklin is employed by Midland States Bank, the trust company at which the Dixon Community Trust Assets are held.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Dixon Community Trust

Employer identification number

23-7215341

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Dixon Main Street 115 S Hennepin, Dixon, IL	36-4068737	Public	1,000				General Purposes
(2) Ronald Reagan Boyhood Home 816 S Hennepin St Dixon, IL	36-3136460	Public	1,500				General Purposes
(3) Dixon Family YMCA 110 N Galena, Dixon, IL	36-2487927	Public	1,500				General Purposes
(4) Rock River Libraries 221 S Hennepin, Dixon, IL		Govt	1,300				General Purposes
(5) Dixon Public Library 221 S Hennepin Ave, Dixon, IL		Govt	1,163				General Purposes
(6) Lee County Casa 113 S Peoria Ave, Dixon, IL	36-3641086	Govt	1,500				General Purposes
(7) Dixon Petunia Festival 101 W 2nd St Dixon, IL		Govt	500				General Purposes
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table 0

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open To Public Inspection

Name of the organization Dixon Community Trust	Employer identification number 23-7215341
--	---

Part I 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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter 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 organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$ _____										

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Connie Bontz	Treasurer	7,820.	Trustee fees to employer		X
(2) Cathy Jecklin	Secretary		Trustee fees to employer		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Schedule L. Part IV

Connie Bontz is the Treasurer of the Dixon Community Trust and is a Vice-President and Trust Officer of Midland States Bank, the trust company at which the Dixon Community Trust Assets are held. Trustee fees of \$7,820 were paid to Midland States Bank during the reporting period.

Cathy Jecklin is the Secretary of the Dixon Community Trust. Cathy Jecklin is employed by Midland States Bank, the trust company at which the Dixon Community Trust Assets are held.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Dixon Community Trust

Employer identification number

23-7215341

Form 990, Part VI, Section B, Line 11: The form 990 is made available to and reviewed
by the members at a board meeting before it is filed.

Form 990, Part VI, Section B, Line 15: The organizations by-laws state there will be no
remuneration for serving on the board.

Form 990, Part VI, Section C, Line 19: The Organization makes its governing
documents, and financial statements available to the public upon request. There is also
a published notice in the local papers that the information is available.

Amended Form 990: This amended form 990 is filed solely for the purpose
of including this Schedule O, which was inadvertently omitted from the original filing.

Name of the organization

Employer identification number

Dixon Community Trust

23-7215341

Area with horizontal dashed lines for supplemental information.

Dixon Community Trust
EIN: 23-7215341
101 West First St.
Dixon, IL. 61021

Statement Re Qualification as a Public Charity

The Dixon Community Trust was originally granted public charity status. The Dixon Community Trust is submitting this return as a public charity claiming qualification as a public charity pursuant to §170 (b)(1)(A)(vi) as a community trust which normally receives, under all the facts and circumstances applicable to the Dixon Community Trust, a substantial part of its support from direct or indirect contributions from the general public.

Background:

The Dixon Community Trust was established in 1973 for the purpose of attracting large capital contributions of a capital or endowment nature for the benefit of the Dixon, Illinois community and its vicinity for the purpose of encouraging and assisting charitable enterprises.

Dixon, Illinois, is a community of approximately 16,000 residents located in Lee County, Illinois which has about 36,000 residents. Dixon is the county seat of Lee County, Illinois. (See <http://www.discoverdixon.org/general/about-dixon.html> for general information about Dixon)

The Dixon Community Trust has over the years received gifts, predominantly bequests at the death of individuals, but also lifetime gifts from a wide variety of donors. The Dixon Community Trust continuously solicits funds from the Dixon community and vicinity in a variety of ways

(a) Press releases and photos are provided annually to local newspapers and news media in regard to the Community Trust and its contributions to various community programs. The press article includes mention of the availability of grants to recognized charitable organizations in the community and solicits contributions from the community;

(b) Contributions are solicited from the community and information as to the availability of the Dixon Community Trust as a potential recipient for gifts and bequests benefiting the Dixon area is disseminated, especially through personal contacts by board members with attorneys, accountants, bankers, insurance agents and other professional individuals who are working with potential donors of gifts, particularly the capital or endowment type of gifts;

(c) Organizations receiving support from the Dixon Community Trust communicate the source of the support and the ability to make gifts through the Dixon Community Trust.

The Dixon Community Trust, while continuously soliciting support (primarily of the endowment or capital nature), intentionally tries not to compete for donor dollars against the annual appeals of the

Dixon United Way and the various other charities serving the Dixon Community and vicinity who are soliciting funds for their annual operations. This has been particularly true since 2007 during the recent national recession and economic downturn when the local charities were having difficulty (and sometimes failing) in meeting the annual funding objectives.

The Dixon Community Trust has a governing body which represents the broad interests of the public and not the personal or private interests of a limited number of donors. The members of the Board serve without compensation.

Power of Attorney and Declaration of Representative

OMB No 1545-0150

For IRS Use Only

Received by _____

Name _____

Telephone _____

Function _____

Date / /

▶ Type or print. ▶ See the separate instructions.

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7

Taxpayer name and address Dixon Community Trust 101 West First St Dixon, IL. 61021	Identifying number <p style="text-align: center;">23-7215341</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Daytime telephone number 815-288-2222</td> <td style="width: 40%;">Plan number (if applicable)</td> </tr> </table>	Daytime telephone number 815-288-2222	Plan number (if applicable)
Daytime telephone number 815-288-2222	Plan number (if applicable)		

hereby appoints the following representative(s) as attorney(s)-in-fact

2 Representative(s) must sign and date this form on page 2, Part II

Name and address David W Badger, Esq. 215 E First St., Ste 100 Dixon, IL. 61021 Check if to be sent notices and communications <input checked="" type="checkbox"/>	CAF No 4000-42644R PTIN P01315451 Telephone No 815-288-4949 Fax No 815-288-3068 Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address Check if to be sent notices and communications <input type="checkbox"/>	CAF No _____ PTIN _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address Check if to be sent notices and communications <input type="checkbox"/>	CAF No _____ PTIN _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters

3 Matters

Description of Matter (Income, Employment, Excise, Whistleblower, PLR, FOIA, Civil Penalty, etc.) (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see the instructions for line 3)
Return of Organization Exempt from Tax	990	2011

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for Line 4 **Specific Uses Not Recorded on CAF**

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) are not authorized to substitute another representative or add additional representatives, to sign certain returns, or to execute a request for disclosure of tax returns or return, information to a third party. See the line 5 instructions for more information.

- Disclosure to third parties,
 Signing a return,
 Substitute or add representatives,
 Other _____ (see instructions for more information)

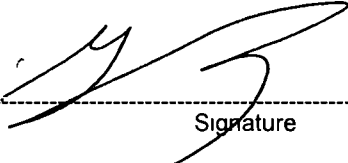
Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10 3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.



 Signature

 Gary Presley
 Print Name

 PIN Number

 3/17/14
 Date

 President
 Title (if applicable)

 Dixon Community Trust
 Print name of taxpayer from line 1 if other than individual

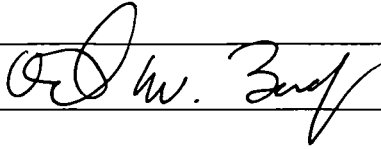
Part II Declaration of Representative

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice before the Internal Revenue Service,
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there, and
- I am one of the following
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230
 - d Officer—a bona fide officer of the taxpayer's organization
 - e Full-Time Employee—a full-time employee of the taxpayer
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister)
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)
 - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10 4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10 7(d) of Circular 230. See instructions for Part II for additional information and requirements
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information

Designation—Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	License/Bar or Enrollment Number (if applicable)	Signature	Date
a	IL	3123987		3/17/2014