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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)

2012

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 2012 calendar year, or tax year beginning December 1, 2012, and ending Nov. 30, 2013

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, town or post office, state, and ZIP code
Dixon, IL 61021

D Employer identification number
23-7215341

E Telephone number
815-288-2222

G Gross receipts \$ 44,215.98

F Name and address of principal officer Gary Presley, President
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)

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 1973

M State of legal domicile IL

Part I Summary

SCANNED SEP 30 2014

1 Briefly describe the organization's mission or most significant activities: <u>To assist charitable and civic organizations in the Dixon, Illinois 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 2012 (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>		
	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)	<u>500.00</u>	<u>10,000.00</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>25,359.00</u>	<u>34,215.98</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>25,859.00</u>	<u>44,215.98</u>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>8,463.00</u>	<u>9,740.27</u>	
14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.00</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>0.00</u>	
16a Professional fundraising fees (Part IX, column (A), line 11e)		<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>9,229.00</u>	<u>10,208.40</u>	
18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	<u>17,692.00</u>	<u>19,948.67</u>	
19 Revenue less expenses—subtract line 18 from line 12	<u>8,167.00</u>	<u>24,267.31</u>	
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	<u>610,041.00</u>	<u>772,242.72</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>610,041.00</u>	<u>772,242.72</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: [Signature] Date: 8/27/14

Type or print name and title: Pres

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
To assist charitable and civic organizations in the Dixon, Illinois and Lee County, Illinois 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 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 \$ 19,948.67 including grants of \$ 9,740.27) (Revenue \$ 44,215.98)
The Dixon Community Trust provides funds for Charitable, Civic and Education Services primarily in the Dixon and Lee County, Illinois 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 ▶ 19,948.67

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, for escrow or custodial account liability, 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 and XII</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 and XII 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, highest 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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 11b 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
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.		
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: 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 as charitable contributions?		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.		
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.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
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.		
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.		
c	Enter the amount of reserves on hand.		
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.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
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
16b	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?		

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 Other (explain in Schedule O)
- 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 Officer 815-288-2222, 101 W First, 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 (list any hours for related organizations below dotted line)	(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			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							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 (list any hours for related organizations below dotted line)	(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 **0**

	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

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

			(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	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,000.00			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		10,000.00			
Program Service Revenue	2a	Business Code					
	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)		16,468.63		16,468.63	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)	0.00	0.00			
	d	Net rental income or (loss)		0.00			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				107,438.79			
	b	Less cost or other basis and sales expenses		89,691.44			
	c	Gain or (loss)	17,747.35	0.00			
d	Net gain or (loss)		17,747.35		17,747.35		
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events		0.00				
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0.00				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	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		44,215.98		34,215.98		

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)

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	9,740.27	9,740.27		
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	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,445.00		1,445.00	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,570.72		8,570.42	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	77.68		77.68	
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 State Filing Fees	115.00		115.00	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,948.67	9,740.27	10,208.10	
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	18,608	2	46,706.59
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		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	591,433.00	11	725,536.13
	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)	610,041.00	16	772,242.72	
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 Loans and other 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 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	533,046.00	27	674,142.18
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	76,995.00	29	98,100.54
	Organizations that do not follow SFAS 117 (ASC 958), 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	610,041.00	33	772,242.72
34 Total liabilities and net assets/fund balances	610,041.00	34	772,242.72	

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	44,215.98
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,948.67
3	Revenue less expenses. Subtract line 2 from line 1	3	24,267.31
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	610,041.00
5	Net unrealized gains (losses) on investments	5	137,934.41
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	772,242.72

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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		
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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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
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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—Non-functionally integrated
- 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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	500	10,000	10,500.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0.00
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	500.00	10,000.00	10,500.00
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.						10,500.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0.00	0.00	0.00	500.00	10,000.00	10,500.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,349	12,947	16,599	16,811	16,648.63	77,354.63
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						87,854.63
12 Gross receipts from related activities, etc. (see instructions)					12	0
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 2012 (line 6, column (f) divided by line 11, column (f))	14	11.95%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	.43%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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 checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. 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	<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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2012.** 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—2011.** 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 ►

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Dixon Community Trust

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. 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 Public Library 221 S Hennepin Ave, Dixon, IL		Govt	1,240.27				
(2) The Next Picture Show 113 W First St Dixon, IL	37-1487281	Public	2,000.00				
(3) Dixon Family YMCA 110 N Galena, Dixon, IL	36-2487927	Public	1,500.00				
(4) United Way of Lee Cty 101 W First St, Dixon, IL	36-6009288	Public	1,000.00				
(5) Reagan Home Foundation 816 S Hennepin Ave Dixon, IL	36-3136460	Public	1,000.00				
(6) Dixon PADS Shelter 46-1946757	46-1946757	Public	1,500.00				
(7) Lee County CASA 113 S Peoria, Dixon, IL	36-3641086	Public	1,500.00				
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

7

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2012)

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

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) 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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

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	8,570.72	Trustee Fees to Employer		X
(2) Cathy Jecklin	Secretary	0	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 \$8,570.72 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

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 paper that the information is available.

Name of the organization

Employer identification number

Dixon Community Trust

23-7215341

Area with horizontal dashed lines for supplemental information.

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Dixon Community Trust	Employer identification number (EIN) or 23-7215341
	Number, street, and room or suite no. If a P O box, see instructions 101 West First St.	Social security number (SSN)
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions Dixon, IL 61021	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Midland States Bank

Telephone No. ▶ 815-288-2222 Fax No ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20____ or

▶ tax year beginning December 1, 2012, and ending November 30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.00
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.00

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

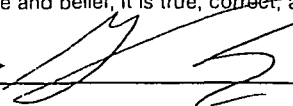
- The books are in the care of ▶ _____
 Telephone No. ▶ _____ Fax No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ President Date ▶ 03/17/2014

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

OMB No 1545-1709

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions. <u>Dixon Community Trust</u>	Employer identification number (EIN) or <u>23-7215341</u>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions <u>101 West First St</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions <u>Dixon, IL. 61021</u>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ _____

Telephone No. ▶ _____ Fax No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20____ or

▶ tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions Dixon Community Trust	Employer identification number (EIN) or 23-7215341
	Number, street, and room or suite no. If a P.O. box, see instructions. 101 West First St	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Dixon, IL. 61021	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Midland States Bank, Trustee 101 West First St. Dixon, IL.**
Telephone No. **815-288-2222** Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until October 15, 2014.
- For calendar year _____, or other tax year beginning December 1, 2012, and ending November 30, 2013.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension To have the Board review the return at its scheduled meeting before submission.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

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.

For the Account of:
DIXON COMMUNITY TRUST

Account Number: 000526

Date: DECEMBER 1, 2012 - NOVEMBER 30, 2013



Portfolio Review

Shares	Description	Estimated Unit Price	Cost	Market Value	Estimated Annual Income	Yield %	Total Assets %	Unrealized Gain/Loss	Accrued Income
Cash									
	Income Cash		\$0.00	\$143.23			0.02		\$0.00
	Principal Cash		\$0.00	\$0.00			0.00		\$0.00
	Total Cash		\$0.00	\$143.23			0.02		\$0.00
Alternative Investments									
	Absolute Return								
654.0080	Merger Fund	\$16.29	\$10,257.84	\$10,653.79	\$169.58	1.59	1.58	\$395.95	\$0.00
	Total Absolute Return		\$10,257.84	\$10,653.79	\$169.58	1.59	1.58	\$395.95	\$0.00
Total Alternative Investments									
			\$10,257.84	\$10,653.79	\$169.58	1.59	1.58	\$395.95	\$0.00
Cash Equivalents									
Money Market Funds Taxable									
41,192.4100	MSB Money Market	\$1.00	\$41,192.41	\$41,192.41	\$94.75	0.23	6.11	\$0.00	\$6.30
	Total Money Market Funds Taxable		\$41,192.41	\$41,192.41	\$94.75	0.23	6.11	\$0.00	\$6.30
Total Cash Equivalents									
			\$41,192.41	\$41,192.41	\$94.75	0.23	6.11	\$0.00	\$6.30
Equity									
Large Cap Domestic Equities									
5,384.3090	Federated Strategic Value Dividend Instl	\$5.81	\$20,924.52	\$31,282.84	\$1,046.71	3.35	4.64	\$10,358.32	\$0.00
856.2600	Harbor Capital Appreciation Instl	\$56.52	\$27,072.22	\$48,395.82	\$145.05	0.30	7.18	\$21,323.60	\$0.00
2,499.4890	Invesco Diversified Dividend R5	\$16.82	\$31,192.05	\$42,041.40	\$759.09	1.81	6.24	\$10,849.35	\$0.00
2,667.5490	T Rowe Price Capital Opportunity	\$21.39	\$37,416.85	\$57,058.87	\$613.54	1.08	8.46	\$19,642.02	\$0.00
1,038.2060	T. Rowe Price Dividend Growth	\$33.23	\$22,308.14	\$34,499.59	\$477.57	1.38	5.12	\$12,191.45	\$0.00
	Total Large Cap Domestic Equities		\$138,913.78	\$213,278.52	\$3,041.96	1.43	31.64	\$74,364.74	\$0.00
Mid Cap Domestic Equities									
404.4580	ASTON/Fairpointe Mid Cap N	\$46.24	\$9,258.39	\$18,702.14	\$123.28	0.66	2.77	\$9,443.75	\$0.00
672.4610	Vanguard Selected Value Inv	\$28.96	\$15,002.60	\$19,474.47	\$295.88	1.52	2.89	\$4,471.87	\$0.00
	Total Mid Cap Domestic Equities		\$24,260.99	\$38,176.61	\$419.16	1.10	5.66	\$13,915.62	\$0.00
	Small Cap Domestic Equities								



For the Account of:
DIXON COMMUNITY TRUST

Account Number: 000526

Date: DECEMBER 1, 2012 - NOVEMBER 30, 2013

Portfolio Review (Continued)

Shares	Description	Estimated Unit Price	Cost	Market Value	Estimated Annual Income	Yield %	Total Assets %	Unrealized Gain/Loss	Accrued Income
282 8920	Brown Capital Management Small Company Inv	\$74.15	\$11,410.13	\$20,976.44	\$0.00	0.00	3.11	\$9,566.31	\$0.00
823 4770	DFA US Targeted Value I	\$23.61	\$17,523.60	\$19,442.29	\$206.69	1.06	2.88	\$1,918.69	\$0.00
	Total Small Cap Domestic Equities		\$28,933.73	\$40,418.73	\$206.69	0.51	6.00	\$11,485.00	\$0.00
773 6670	Developed Market Foreign Equities American Beacon International Equity Instl	\$20.32	\$12,687.62	\$15,720.91	\$320.14	2.04	2.33	\$3,033.29	\$0.00
3,040 6850	Federated Intl Strategic Value Dividend Instl	\$4.22	\$10,368.74	\$12,831.69	\$443.64	3.46	1.90	\$2,462.95	\$0.00
474 2150	Fidelity Diversified International	\$36.56	\$11,460.58	\$17,337.30	\$216.24	1.25	2.57	\$5,876.72	\$0.00
514 3480	Templeton Ins Foreign Smaller Company Ser Adv	\$21.92	\$7,410.55	\$11,274.51	\$148.44	1.32	1.67	\$3,863.96	\$0.00
	Total Developed Market Foreign Equities		\$41,927.49	\$57,164.41	\$1,128.46	1.97	8.48	\$15,236.92	\$0.00
517,4460	Emerging Market Foreign Equities Invesco Developing Markets Y	\$33.28	\$15,679.54	\$17,220.60	\$167.50	0.97	2.55	\$1,541.06	\$0.00
	Total Emerging Market Foreign Equities		\$15,679.54	\$17,220.60	\$167.50	0.97	2.55	\$1,541.06	\$0.00
453 0180	Real Estate Vanguard REIT Index Signal	\$24.76	\$8,125.33	\$11,216.73	\$442.60	3.95	1.66	\$3,091.40	\$0.00
	Total Real Estate		\$8,125.33	\$11,216.73	\$442.60	3.95	1.66	\$3,091.40	\$0.00
	Total Equity Fixed Income		\$257,840.86	\$377,475.60	\$5,406.37	1.43	55.99	\$119,634.74	\$0.00
5,681 0310	Investment Grade Fixed Income Federated Total Return Bond Instl	\$111.01	\$64,134.23	\$62,548.15	\$2,372.97	3.79	9.28	-\$1,586.08	\$194.51
1,704 9920	Federated Ultrashort Bond Instl	\$9.16	\$15,619.83	\$15,617.73	\$215.34	1.38	2.32	-\$2.10	\$18.00
4,830,9540	PIMCO Total Return Instl	\$10.88	\$52,971.49	\$52,560.78	\$1,046.38	1.99	7.80	-\$410.71	\$97.21
5,822 2680	Vanguard Short-Term Bond Index Signal	\$10.56	\$61,373.48	\$61,483.15	\$687.61	1.12	9.12	\$109.67	\$56.61
	Total Investment Grade Fixed Income High Yield Fixed Income		\$194,099.03	\$192,209.81	\$4,322.30	2.25	28.51	-\$1,889.22	\$366.33
1,939 3050	DWS Floating Rate S	\$9.45	\$18,070.40	\$18,326.43	\$813.34	4.44	2.72	\$256.03	\$0.00

For the Account of:
DIXON COMMUNITY TRUST

Account Number: 000526

Date: DECEMBER 1, 2012 - NOVEMBER 30, 2013



Portfolio Review (Continued)

Shares	Description	Estimated Unit Price	Cost	Market Value	Estimated Annual Income	Yield %	Total Assets %	Unrealized Gain/Loss	Accrued Income
2,092.3090	Northern High Yield Fixed Income	\$7.63	\$14,546.55	\$15,964.32	\$967.07	6.06	2.37	\$1,417.77	\$0.00
	Total High Yield Fixed Income		\$32,616.95	\$34,290.75	\$1,780.41	5.19	5.09	\$1,673.80	\$0.00
349.8910	International Fixed Income								
	MFS Emerging Markets Debt I	\$14.57	\$5,202.88	\$5,097.91	\$251.05	4.92	0.76	-\$104.97	\$20.70
1,004.5070	Templeton Global Bond	\$13.02	\$12,553.47	\$13,078.68	\$730.78	5.59	1.94	\$525.21	\$0.00
	Total International Fixed Income		\$17,756.35	\$18,176.59	\$981.83	5.40	2.70	\$420.24	\$20.70
	Total Fixed Income		\$244,472.33	\$244,677.15	\$7,084.54	2.90	36.29	\$204.82	\$387.03
	Total Investments		\$553,763.44	\$674,142.18	\$12,755.24	1.89	100.00	\$120,235.51	\$393.33

For the Account of:
DIXON COMMUNITY TRUST
DESIGNATED FOR DIXON PUBLIC LIBRARY
 Account Number: 000518



Date: DECEMBER 1, 2012 - NOVEMBER 30, 2013

Portfolio Review

Shares	Description	Estimated Unit Price	Cost	Market Value	Estimated Annual Income	Yield %	Total Assets %	Unrealized Gain/Loss	Accrued Income
	Cash								
	Income Cash		\$0.00	\$20.96			0.02		\$0.00
	Principal Cash		\$0.00	\$0.00			0.00		\$0.00
	Total Cash		\$0.00	\$20.96			0.02		\$0.00
	Alternative Investments								
	Absolute Return								
	95 6660 Merger Fund	\$16.29	\$1,500.37	\$1,558.40	\$24.81	1.59	1.59	\$58.03	\$0.00
	Total Absolute Return		\$1,500.37	\$1,558.40	\$24.81	1.59	1.59	\$58.03	\$0.00
	Total Alternative Investments		\$1,500.37	\$1,558.40	\$24.81	1.59	1.59	\$58.03	\$0.00
	Cash Equivalents								
	Money Market Funds Taxable								
	5,514,1800 MSB Money Market	\$1.00	\$5,514.18	\$5,514.18	\$12.68	0.23	5.62	\$0.00	\$0.90
	Total Money Market Funds Taxable		\$5,514.18	\$5,514.18	\$12.68	0.23	5.62	\$0.00	\$0.90
	Total Cash Equivalents		\$5,514.18	\$5,514.18	\$12.68	0.23	5.62	\$0.00	\$0.90
	Equity								
	Large Cap Domestic Equities								
	787.6050 Federated Strategic Value Dividend Instl	\$5.81	\$3,041.80	\$4,575.99	\$153.11	3.35	4.66	\$1,534.19	\$0.00
	125.2510 Harbor Capital Appreciation Instl	\$66.52	\$3,980.38	\$7,079.19	\$21.22	0.30	7.22	\$3,098.81	\$0.00
	365 6190 Invesco Diversified Dividend R5	\$16.82	\$4,558.70	\$6,149.71	\$111.04	1.81	6.27	\$1,591.01	\$0.00
	390 2030 T. Rowe Price Capital Opportunity	\$21.39	\$5,406.94	\$8,346.44	\$89.75	1.08	8.51	\$2,939.50	\$0.00
	151 8660 T. Rowe Price Dividend Growth	\$33.23	\$3,260.28	\$5,046.51	\$69.86	1.38	5.14	\$1,786.23	\$0.00
	Total Large Cap Domestic Equities		\$20,248.10	\$31,197.84	\$444.98	1.43	31.80	\$10,949.74	\$0.00
	Mid Cap Domestic Equities								
	59.1630 ASTON/Fairpointe Mid Cap N	\$46.24	\$1,346.94	\$2,735.70	\$18.03	0.66	2.79	\$1,388.76	\$0.00
	98 3650 Vanguard Selected Value Inv	\$28.96	\$2,194.53	\$2,848.65	\$43.28	1.52	2.90	\$654.12	\$0.00
	Total Mid Cap Domestic Equities		\$3,541.47	\$5,584.35	\$61.31	1.10	5.69	\$2,042.88	\$0.00



For the Account of:
DIXON COMMUNITY TRUST
DESIGNATED FOR DIXON PUBLIC LIBRARY

Account Number: 000518

Date: DECEMBER 1, 2012 - NOVEMBER 30, 2013

Portfolio Review (Continued)

Shares	Description	Estimated Unit Price	Cost	Market Value	Estimated Annual Income	Yield %	Total Assets %	Unrealized Gain/Loss	Accrued Income
41 3810	Small Cap Domestic Equities Brown Capital Management Small Company Inv	\$74 15	\$1,663 26	\$3,068 40	\$0 00	0 00	3 13	\$1,405.14	\$0.00
120 4560	DFA US Targeted Value I	\$23 61	\$2,563 31	\$2,843 97	\$30 23	1 06	2 90	\$280.66	\$0.00
	Total Small Cap Domestic Equities		\$4,226.57	\$5,912.37	\$30.23	0.51	6.03	\$1,685.80	\$0.00
113 1690	Developed Market Foreign Equities American Beacon International Equity Instl	\$20 32	\$1,853 44	\$2,299 59	\$46 83	2.04	2 34	\$446 15	\$0 00
444 7800	Federated Intl Strategic Value Dividend Instl	\$4.22	\$1,516 70	\$1,876 97	\$64.89	3 46	1 91	\$360.27	\$0 00
69 3670	Fidelity Diversified International	\$36 56	\$1,599 85	\$2,536 06	\$31.63	1 25	2 59	\$936 21	\$0 00
75 2370	Templeton Ins Foreign Smaller Company Ser Adv	\$21 92	\$1,069.31	\$1,649 20	\$21 71	1 32	1 68	\$579.89	\$0 00
	Total Developed Market Foreign Equities		\$6,039.30	\$8,361.82	\$165.06	1.97	8.52	\$2,322.52	\$0.00
75 6900	Emerging Market Foreign Equities Invesco Developing Markets Y	\$33.28	\$2,293 29	\$2,518.96	\$24.50	0 97	2 57	\$225.67	\$0 00
	Total Emerging Market Foreign Equities		\$2,293.29	\$2,518.96	\$24.50	0.97	2 57	\$225.67	\$0.00
66 2690	Real Estate Vanguard REIT Index Signal	\$24.76	\$1,201 79	\$1,640 82	\$64.74	3.95	1 67	\$439.03	\$0.00
	Total Real Estate		\$1,201.79	\$1,640.82	\$64.74	3.95	1 67	\$439.03	\$0.00
	Total Equity		\$37,550.52	\$55,216.16	\$790.82	1.43	56.29	\$17,665.64	\$0.00
	Fixed Income								
831 0090	Investment Grade Fixed Income Federated Total Return Bond Instl	\$11 01	\$9,396.16	\$9,149.41	\$347.11	3.79	9 33	-\$246.75	\$28.43
249 4020	Federated Ultrashort Bond Instl	\$9 16	\$2,284 76	\$2,284.52	\$31.50	1.38	2 33	-\$0 24	\$2.70
706 6630	PIMCO Total Return Instl	\$10 88	\$7,773 29	\$7,688 49	\$153.06	1.99	7 84	-\$84 80	\$14 21
851 6680	Vanguard Short-Term Bond Index Signal	\$10 56	\$8,978.21	\$8,993 61	\$100 58	1 12	9 17	\$15 40	\$8 36
	Total Investment Grade Fixed Income		\$28,432.42	\$28,116.03	\$632.25	2.25	28 66	-\$316.39	\$53.70
	High Yield Fixed Income								

For the Account of:
DIXON COMMUNITY TRUST
DESIGNATED FOR DIXON PUBLIC LIBRARY
 Account Number: 000518



Date: DECEMBER 1, 2012 - NOVEMBER 30, 2013

Portfolio Review (Continued)

Shares	Description	Estimated Unit Price	Cost	Market Value	Estimated Annual Income	Yield %	Total Assets %	Unrealized Gain/Loss	Accrued Income
283.6770	DWS Floating Rate S	\$9.45	\$2,641.72	\$2,680.75	\$118.97	4.44	2.73	\$39.03	\$0.00
306.0580	Northern High Yield Fixed Income	\$7.63	\$2,118.31	\$2,335.22	\$141.46	6.06	2.38	\$216.91	\$0.00
	Total High Yield Fixed Income		\$4,760.03	\$5,015.97	\$260.43	5.19	5.11	\$255.94	\$0.00
	International Fixed Income								
51.1810	MFS Emerging Markets Debt I	\$14.57	\$761.06	\$745.71	\$36.72	4.92	0.76	-\$15.35	\$3.00
146.9380	Templeton Global Bond	\$13.02	\$1,826.43	\$1,913.13	\$106.90	5.59	1.95	\$86.70	\$0.00
	Total International Fixed Income		\$2,587.49	\$2,658.84	\$143.62	5.40	2.71	\$71.35	\$3.00
	Total Fixed Income		\$35,779.94	\$35,790.84	\$1,036.30	2.90	36.48	\$10.90	\$56.70
	Total Investments		\$80,345.01	\$98,100.54	\$1,864.61	1.90	100.00	\$17,734.57	\$57.60