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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

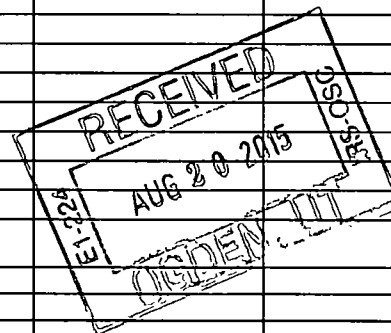
**2014**

Open to Public Inspection

For calendar year 2014, or tax year beginning , 2014, and ending

|                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>Alice R. Mies Scholarship Fund</b>                                                                                                                                                                                              |                                                                                                                             | <b>A</b> Employer identification number<br><b>35-6771809</b>                                                                                                                                              |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>First Financial Bank, 223 N MILL ST</b>                                                                                                                           |                                                                                                                             | <b>B</b> Telephone number (see instructions)<br><b>(815) 842-8188</b>                                                                                                                                     |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Pontiac IL 61764</b>                                                                                                                                                      |                                                                                                                             | <b>C</b> If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                                       |
| <b>G</b> Check all that apply                                                                                                                                                                                                                            | <input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change | <b>D</b> 1 Foreign organizations, check here . . . . . ▶ <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                                                                                                                             | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . ▶ <input type="checkbox"/>                                                                            |
| <b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16)<br>▶ \$ <b>938,504.</b>                                                                                                                                      |                                                                                                                             | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . ▶ <input type="checkbox"/>                                                                         |
| <b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)                                                        |                                                                                                                             |                                                                                                                                                                                                           |

| <b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |                                                                                                 | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>REVENUE</b>                                                                                                                                                            | <b>1</b> Contributions, gifts, grants, etc. (attach schedule) . . . . .                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>2</b> Ck ▶ <input checked="" type="checkbox"/> If the foundn is not required to attach Sch B |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>3</b> Interest on savings and temporary cash investments . . . . .                           | 29.                                | 29.                       |                         |                                                             |
|                                                                                                                                                                           | <b>4</b> Dividends and interest from securities . . . . .                                       | 12,292.                            | 12,292.                   |                         |                                                             |
|                                                                                                                                                                           | <b>5a</b> Gross rents . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>b</b> Net rental income or (loss) . . . . .                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>b</b> Gross sales price for all assets on line 6a . . . . .                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>7</b> Capital gain net income (from Part IV, line 2) . . . . .                               |                                    | 16,965.                   |                         |                                                             |
|                                                                                                                                                                           | <b>8</b> Net short-term capital gain . . . . .                                                  |                                    |                           | 390.                    |                                                             |
|                                                                                                                                                                           | <b>9</b> Income modifications . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>10a</b> Gross sales less returns and allowances . . . . .                                    |                                    |                           |                         |                                                             |
| <b>b</b> Less Cost of goods sold . . . . .                                                                                                                                |                                                                                                 |                                    |                           |                         |                                                             |
| <b>c</b> Gross profit or (loss) (attach schedule) . . . . .                                                                                                               |                                                                                                 |                                    |                           |                         |                                                             |
| <b>11</b> Other income (attach schedule) . . . . .                                                                                                                        |                                                                                                 |                                    |                           |                         |                                                             |
| <b>12</b> Total. Add lines 1 through 11. . . . .                                                                                                                          | 12,321.                                                                                         | 29,286.                            | 390.                      |                         |                                                             |
| <b>ADMINISTRATIVE EXPENSES</b>                                                                                                                                            | <b>13</b> Compensation of officers, directors, trustees, etc. . . . .                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>14</b> Other employee salaries and wages . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>15</b> Pension plans, employee benefits . . . . .                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>16a</b> Legal fees (attach schedule) . . L-16a Stmt.                                         | 200.                               |                           |                         |                                                             |
|                                                                                                                                                                           | <b>b</b> Accounting fees (attach sch) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>c</b> Other prof fees (attach sch) . . L-16c Stmt.                                           | 8,314.                             |                           |                         |                                                             |
|                                                                                                                                                                           | <b>17</b> Interest . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>18</b> Taxes (attach schedule)(see instrs) See Line 18 Stmt                                  | 486.                               |                           |                         |                                                             |
|                                                                                                                                                                           | <b>19</b> Depreciation (attach sch) and depletion . . . . .                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>20</b> Occupancy . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>21</b> Travel, conferences, and meetings . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | <b>22</b> Printing and publications . . . . .                                                   |                                    |                           |                         |                                                             |
| <b>23</b> Other expenses (attach schedule)                                                                                                                                |                                                                                                 |                                    |                           |                         |                                                             |
| <b>LICENSE &amp; FEES</b>                                                                                                                                                 | 15.                                                                                             |                                    |                           |                         |                                                             |
| <b>24</b> Total operating and administrative expenses. Add lines 13 through 23 . . . . .                                                                                  | 9,015.                                                                                          |                                    |                           |                         |                                                             |
| <b>25</b> Contributions, gifts, grants paid . . . . .                                                                                                                     | 90,000.                                                                                         |                                    |                           | 90,000.                 |                                                             |
| <b>26</b> Total expenses and disbursements. Add lines 24 and 25 . . . . .                                                                                                 | 99,015.                                                                                         |                                    |                           | 90,000.                 |                                                             |
| <b>27</b> Subtract line 26 from line 12:                                                                                                                                  |                                                                                                 |                                    |                           |                         |                                                             |
| <b>a</b> Excess of revenue over expenses and disbursements . . . . .                                                                                                      | -86,694.                                                                                        |                                    |                           |                         |                                                             |
| <b>b</b> Net Investment Income (if negative, enter -0-). . . . .                                                                                                          |                                                                                                 | 29,286.                            |                           |                         |                                                             |
| <b>c</b> Adjusted net income (if negative, enter -0-). . . . .                                                                                                            |                                                                                                 |                                    | 390.                      |                         |                                                             |

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ADMINISTRATIVE EXPENSES

| Part II Balance Sheets      |                                                                                                                | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                |          | Beginning of year | End of year    |                       |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|----------------|-----------------------|
|                             |                                                                                                                |                                                                                                                                   |          | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| ASSETS                      | 1                                                                                                              | Cash — non-interest-bearing . . . . .                                                                                             |          |                   |                |                       |
|                             | 2                                                                                                              | Savings and temporary cash investments . . . . .                                                                                  |          | 24,144.           | 151,365.       | 151,365.              |
|                             | 3                                                                                                              | Accounts receivable . . . . . ▶                                                                                                   |          |                   |                |                       |
|                             |                                                                                                                | Less: allowance for doubtful accounts . . . . . ▶                                                                                 |          |                   |                |                       |
|                             | 4                                                                                                              | Pledges receivable . . . . . ▶                                                                                                    |          |                   |                |                       |
|                             |                                                                                                                | Less: allowance for doubtful accounts . . . . . ▶                                                                                 |          |                   |                |                       |
|                             | 5                                                                                                              | Grants receivable . . . . .                                                                                                       |          |                   |                |                       |
|                             | 6                                                                                                              | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |          |                   |                |                       |
|                             | 7                                                                                                              | Other notes and loans receivable (attach sch) . . . . . ▶                                                                         |          |                   |                |                       |
|                             |                                                                                                                | Less: allowance for doubtful accounts . . . . . ▶                                                                                 |          |                   |                |                       |
|                             | 8                                                                                                              | Inventories for sale or use . . . . .                                                                                             |          |                   |                |                       |
|                             | 9                                                                                                              | Prepaid expenses and deferred charges . . . . .                                                                                   |          |                   |                |                       |
|                             | 10a                                                                                                            | Investments — U S and state government obligations (attach schedule) . . . . .                                                    |          |                   |                |                       |
|                             | b                                                                                                              | Investments — corporate stock (attach schedule) . L-10b. Stmt . . . . .                                                           |          | 448,267.          | 655,439.       | 787,139.              |
|                             | c                                                                                                              | Investments — corporate bonds (attach schedule) . . . . .                                                                         |          | 392,366.          |                |                       |
|                             | 11                                                                                                             | Investments — land, buildings, and equipment basis . . . . . ▶                                                                    |          |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) . . . . . ▶                                                   |                                                                                                                                   |          |                   |                |                       |
| 12                          | Investments — mortgage loans . . . . .                                                                         |                                                                                                                                   |          |                   |                |                       |
| 13                          | Investments — other (attach schedule) . . . . .                                                                |                                                                                                                                   |          |                   |                |                       |
| 14                          | Land, buildings, and equipment basis . . . . . ▶                                                               |                                                                                                                                   |          |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) . . . . . ▶                                                   |                                                                                                                                   |          |                   |                |                       |
| 15                          | Other assets (describe . . . . . )                                                                             |                                                                                                                                   |          |                   |                |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I) . . . . . |                                                                                                                                   | 864,777. | 806,804.          | 938,504.       |                       |
| LIABILITIES                 | 17                                                                                                             | Accounts payable and accrued expenses . . . . .                                                                                   |          |                   |                |                       |
|                             | 18                                                                                                             | Grants payable . . . . .                                                                                                          |          |                   |                |                       |
|                             | 19                                                                                                             | Deferred revenue . . . . .                                                                                                        |          |                   |                |                       |
|                             | 20                                                                                                             | Loans from officers, directors, trustees, & other disqualified persons . . . . .                                                  |          |                   |                |                       |
|                             | 21                                                                                                             | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |          |                   |                |                       |
|                             | 22                                                                                                             | Other liabilities (describe . . . . . )                                                                                           |          |                   |                |                       |
|                             | 23                                                                                                             | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      |          |                   |                |                       |
| NET ASSETS OR FUND BALANCES | Foundations that follow SFAS 117, check here . . . . . ▶                                                       |                                                                                                                                   |          |                   |                |                       |
|                             | and complete lines 24 through 26 and lines 30 and 31.                                                          |                                                                                                                                   |          |                   |                |                       |
|                             | 24                                                                                                             | Unrestricted . . . . .                                                                                                            |          |                   |                |                       |
|                             | 25                                                                                                             | Temporarily restricted . . . . .                                                                                                  |          |                   |                |                       |
|                             | 26                                                                                                             | Permanently restricted . . . . .                                                                                                  |          |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here . . . . . ▶ <input checked="" type="checkbox"/>            |                                                                                                                                   |          |                   |                |                       |
|                             | and complete lines 27 through 31.                                                                              |                                                                                                                                   |          |                   |                |                       |
|                             | 27                                                                                                             | Capital stock, trust principal, or current funds . . . . .                                                                        |          | 864,777.          | 806,804.       |                       |
|                             | 28                                                                                                             | Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .                                                           |          |                   |                |                       |
|                             | 29                                                                                                             | Retained earnings, accumulated income, endowment, or other funds . . . . .                                                        |          |                   |                |                       |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                          |                                                                                                                                   | 864,777. | 806,804.          |                |                       |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .                             |                                                                                                                                   | 864,777. | 806,804.          |                |                       |

## Part III Analysis of Changes in Net Assets or Fund Balances

|   |                                                                                                                                                                      |   |          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 864,777. |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                                         | 2 | -86,694. |
| 3 | Other increases not included in line 2 (itemize) . . . . . ▶ <u>Change in market value</u>                                                                           | 3 | 28,721.  |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                      | 4 | 806,804. |
| 5 | Decreases not included in line 2 (itemize) . . . . . ▶                                                                                                               | 5 |          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 . . . . .                                                      | 6 | 806,804. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

|                                          | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a I Shares Tr. 1-3 yr Treasury Bond    | P                                                | 07/07/11                                | 05/07/14                            |
| b I Shares Tr. MSCI EAFE                 | P                                                | 07/07/11                                | 12/23/14                            |
| c Powershares DB Commodity Ind Ex Tr Fd  | P                                                | 07/07/11                                | 05/07/14                            |
| d Spdr Barclays International Treas Bond | P                                                | 07/07/11                                | 05/07/14                            |
| e See Columns (a) thru (d)               |                                                  |                                         |                                     |

| (e) Gross sales price      | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|----------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a 21,105.                  |                                            | 21,072.                                         | 33.                                          |
| b 24,376.                  |                                            | 23,921.                                         | 455.                                         |
| c 30,237.                  |                                            | 34,568.                                         | -4,331.                                      |
| d 33,122.                  |                                            | 33,828.                                         | -706.                                        |
| e See Columns (e) thru (h) |                                            | 71,803.                                         | 21,514.                                      |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) Fair Market Value<br>as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any | (l) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|-----------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| a                                       |                                      |                                                     | 33.                                                                                                   |
| b                                       |                                      |                                                     | 455.                                                                                                  |
| c                                       |                                      |                                                     | -4,331.                                                                                               |
| d                                       |                                      |                                                     | -706.                                                                                                 |
| e See Columns (i) thru (l)              |                                      |                                                     | 21,514.                                                                                               |

|                                                                                                                          |                                                                                               |   |         |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---|---------|
| 2 Capital gain net income or (net capital loss) . . . . .                                                                | [ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 ] . . . . . | 2 | 16,965. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)                                           |                                                                                               |   |         |
| If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 . . . . . | [ ] . . . . .                                                                                 | 3 |         |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . . ☐ Yes ☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

| (a) Base period years<br>Calendar year (or tax year<br>beginning in) | (b) Adjusted qualifying distributions | (c) Net value of<br>noncharitable-use assets | (d) Distribution ratio<br>(column (b) divided by column (c)) |
|----------------------------------------------------------------------|---------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| 2013                                                                 | 0.                                    | 0.                                           | 0.000000                                                     |
| 2012                                                                 | 26,409.                               | 0.                                           | 0.000000                                                     |
| 2011                                                                 | 37,109.                               | 0.                                           | 0.000000                                                     |
| 2010                                                                 | 40,933.                               | 0.                                           | 0.000000                                                     |
| 2009                                                                 |                                       | 0.                                           | 0.000000                                                     |

|                                                                                                                                                                                             |   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 2 Total of line 1, column (d) . . . . .                                                                                                                                                     | 2 | 0.000000 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years . . . . . | 3 | 0.000000 |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .                                                                                                     | 4 | 0.       |
| 5 Multiply line 4 by line 3 . . . . .                                                                                                                                                       | 5 | 0.       |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .                                                                                                                      | 6 | 293.     |
| 7 Add lines 5 and 6. . . . .                                                                                                                                                                | 7 | 293.     |
| 8 Enter qualifying distributions from Part XII, line 4 . . . . .                                                                                                                            | 8 |          |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see instructions)**

|                                                                                                                                                                                                                                   |     |      |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary — see Instrs) |     |      |      |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                      |     | 1    | 293. |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                        |     |      |      |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       |     | 2    | 0.   |
| 3 Add lines 1 and 2                                                                                                                                                                                                               |     | 3    | 293. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                     |     | 4    | 0.   |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                         |     | 5    | 293. |
| 6 Credits/Payments                                                                                                                                                                                                                |     |      |      |
| a 2014 estimated tax pmts and 2013 overpayment credited to 2014                                                                                                                                                                   | 6 a | 280. |      |
| b Exempt foreign organizations — tax withheld at source                                                                                                                                                                           | 6 b |      |      |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                             | 6 c | 0.   |      |
| d Backup withholding erroneously withheld                                                                                                                                                                                         | 6 d |      |      |
| 7 Total credits and payments Add lines 6a through 6d                                                                                                                                                                              | 7   | 280. |      |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                               | 8   |      |      |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                   | 9   | 13.  |      |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                       | 10  | 0.   |      |
| 11 Enter the amount of line 10 to be Credited to 2015 estimated tax 0. Refunded                                                                                                                                                   | 11  |      |      |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                            |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?                                                                                                                                                                                        |     | X  |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.                                                                                                                                       |     |    |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                              |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation \$ (2) On foundation managers \$                                                                                                                                                                      |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$                                                                                                                                                                                           |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If 'Yes,' attach a detailed description of the activities                                                                                                                                                                      |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes                                                                                                        |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                     |     | X  |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                  |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If 'Yes,' attach the statement required by General Instruction T.                                                                                                                                                               |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.                                                                                                                                                                                              | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions)<br>IL - Illinois                                                                                                                                                                                                             |     |    |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation                                                                                                                       | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV                                                                              | X   |    |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                               |     | X  |

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**Part VII-A Statements Regarding Activities (continued)**

|                                                                                                                                                                    |                                                                                                                                                                                           |    |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 11                                                                                                                                                                 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)   | 11 |     | X  |
| 12                                                                                                                                                                 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)  | 12 |     | X  |
| 13                                                                                                                                                                 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                       | 13 | X   |    |
| Website address . . . . . N/A                                                                                                                                      |                                                                                                                                                                                           |    |     |    |
| 14                                                                                                                                                                 | The books are in care of . . . . . FIRST FINANCIAL BANK . . . . . Telephone no . . . . . (815) 842-8188                                                                                   |    |     |    |
| Located at . . . . . 223 N MILL ST . . . . . Pontiac, IL . . . . . ZIP + 4 . . . . . 61764                                                                         |                                                                                                                                                                                           |    |     |    |
| 15                                                                                                                                                                 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . .                                                                             |    |     |    |
| and enter the amount of tax-exempt interest received or accrued during the year . . . . . 15                                                                       |                                                                                                                                                                                           |    |     |    |
| 16                                                                                                                                                                 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If 'Yes,' enter the name of the foreign country . . . . . |                                                                                                                                                                                           |    |     |    |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the year did the foundation (either directly or indirectly).                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                       |     |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                               |     |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                   |     |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                         |     |    |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                |     |    |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |     |    |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .                                                                                                                                                                                                                                                                           | 1 b |    |
| Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? . . . . .                                                                                                                                                                                                                                                                                                        | 1 c | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                           |     |    |
| a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                          |     |    |
| If 'Yes,' list the years . . . . . 20 __ , 20 __ , 20 __ , 20 __ .                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions) . . . . .                                                                                                                                                                                       | 2 b |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. . . . .                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| . . . . . 20 __ , 20 __ , 20 __ , 20 __ .                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                               |     |    |
| b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014) . . . . . | 3 b |    |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .                                                                                                                                                                                                                                                                                                                                                                              | 4 a | X  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? . . . . .                                                                                                                                                                                                                                                              | 4 b | X  |

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b

Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

**6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

If 'Yes' to 6b, file Form 8870

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

7 b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                 |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| None                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

None

**Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------------------|---------------------|------------------|
| None                                                                     |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
| Total number of others receiving over \$50,000 for professional services |                     | None             |

**Part IX-A. Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|                                                                                                                                                               | Expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1 The Alice R. Mies Scholarship Fund awards college scholarships to area students. This year 17 \$5,000 scholarships and 2 \$2,500 scholarships were awarded. | 90,000.  |
| 2                                                                                                                                                             |          |
| 3                                                                                                                                                             |          |
| 4                                                                                                                                                             |          |

**Part IX-B. Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
| 2                                                                                                                |        |
| All other program-related investments See instructions.                                                          |        |
| 3                                                                                                                |        |
| Total. Add lines 1 through 3                                                                                     |        |

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|                                                                                                                                 |            |    |
|---------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes             |            |    |
| <b>a</b> Average monthly fair market value of securities . . . . .                                                              | <b>1 a</b> |    |
| <b>b</b> Average of monthly cash balances . . . . .                                                                             | <b>1 b</b> |    |
| <b>c</b> Fair market value of all other assets (see instructions) . . . . .                                                     | <b>1 c</b> |    |
| <b>d</b> Total (add lines 1a, b, and c) . . . . .                                                                               | <b>1 d</b> |    |
| <b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c<br>(attach detailed explanation) . . . . . | <b>1 e</b> |    |
| <b>2</b> Acquisition indebtedness applicable to line 1 assets . . . . .                                                         | <b>2</b>   |    |
| <b>3</b> Subtract line 2 from line 1d . . . . .                                                                                 | <b>3</b>   | 0. |
| <b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3<br>(for greater amount, see instructions) . . . . . | <b>4</b>   | 0. |
| <b>5</b> Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .         | <b>5</b>   | 0. |
| <b>6</b> Minimum investment return. Enter 5% of line 5 . . . . .                                                                | <b>6</b>   | 0. |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

|                                                                                                                     |            |  |
|---------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>1</b> Minimum investment return from Part X, line 6 . . . . .                                                    | <b>1</b>   |  |
| <b>2 a</b> Tax on investment income for 2014 from Part VI, line 5 . . . . .                                         | <b>2 a</b> |  |
| <b>b</b> Income tax for 2014 (This does not include the tax from Part VI) . . . . .                                 | <b>2 b</b> |  |
| <b>c</b> Add lines 2a and 2b . . . . .                                                                              | <b>2 c</b> |  |
| <b>3</b> Distributable amount before adjustments Subtract line 2c from line 1 . . . . .                             | <b>3</b>   |  |
| <b>4</b> Recoveries of amounts treated as qualifying distributions . . . . .                                        | <b>4</b>   |  |
| <b>5</b> Add lines 3 and 4 . . . . .                                                                                | <b>5</b>   |  |
| <b>6</b> Deduction from distributable amount (see instructions) . . . . .                                           | <b>6</b>   |  |
| <b>7</b> Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 . . . . . | <b>7</b>   |  |

**Part XII Qualifying Distributions** (see instructions)

|                                                                                                                                                                           |            |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                                        |            |    |
| <b>a</b> Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 . . . . .                                                                          | <b>1 a</b> |    |
| <b>b</b> Program-related investments — total from Part IX-B . . . . .                                                                                                     | <b>1 b</b> |    |
| <b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .                                              | <b>2</b>   |    |
| <b>3</b> Amounts set aside for specific charitable projects that satisfy the                                                                                              |            |    |
| <b>a</b> Suitability test (prior IRS approval required) . . . . .                                                                                                         | <b>3 a</b> |    |
| <b>b</b> Cash distribution test (attach the required schedule) . . . . .                                                                                                  | <b>3 b</b> |    |
| <b>4</b> Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .                                              | <b>4</b>   |    |
| <b>5</b> Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income<br>Enter 1% of Part I, line 27b (see instructions) . . . . . | <b>5</b>   | 0. |
| <b>6</b> Adjusted qualifying distributions. Subtract line 5 from line 4 . . . . .                                                                                         | <b>6</b>   | 0. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                                             | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2014 from Part XI, line 7 . . . . .                                                                                                                       |               |                            |             |             |
| <b>2</b> Undistributed income, if any, as of the end of 2014                                                                                                                                |               |                            |             |             |
| <b>a</b> Enter amount for 2013 only . . . . .                                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Total for prior years 20 __, 20 __, 20 __                                                                                                                                          |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2014                                                                                                                                    |               |                            |             |             |
| <b>a</b> From 2009 . . . . .                                                                                                                                                                | 39,352.       |                            |             |             |
| <b>b</b> From 2010 . . . . .                                                                                                                                                                | 41,150.       |                            |             |             |
| <b>c</b> From 2011 . . . . .                                                                                                                                                                | 37,352.       |                            |             |             |
| <b>d</b> From 2012 . . . . .                                                                                                                                                                | 26,645.       |                            |             |             |
| <b>e</b> From 2013 . . . . .                                                                                                                                                                | 0.            |                            |             |             |
| <b>f</b> Total of lines 3a through e . . . . .                                                                                                                                              | 144,499.      |                            |             |             |
| <b>4</b> Qualifying distributions for 2014 from Part XII, line 4: \$ _____                                                                                                                  |               |                            |             |             |
| <b>a</b> Applied to 2013, but not more than line 2a . . . . .                                                                                                                               |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required — see instructions) . . . . .                                                                                    |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required — see instructions) . . . . .                                                                                            |               |                            |             |             |
| <b>d</b> Applied to 2014 distributable amount . . . . .                                                                                                                                     |               |                            |             |             |
| <b>e</b> Remaining amount distributed out of corpus . . . . .                                                                                                                               | 0.            |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)                                                  |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                             |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .                                                                                                                          | 144,499.      |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0.                         |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions . . . . .                                                                                                         |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount — see instructions . . . . .                                                                            |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 . . . . .                                                              |               |                            |             | 0.          |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) . . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .                                                                              | 39,352.       |                            |             |             |
| <b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .                                                                                              | 105,147.      |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2010 . . . . .                                                                                                                                                         | 41,150.       |                            |             |             |
| <b>b</b> Excess from 2011 . . . . .                                                                                                                                                         | 37,352.       |                            |             |             |
| <b>c</b> Excess from 2012 . . . . .                                                                                                                                                         | 26,645.       |                            |             |             |
| <b>d</b> Excess from 2013 . . . . .                                                                                                                                                         | 0.            |                            |             |             |
| <b>e</b> Excess from 2014 . . . . .                                                                                                                                                         | 0.            |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

☒ 4942(j)(3) or

☐ 4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year | Prior 3 years |          |          | (e) Total |
|----------|---------------|----------|----------|-----------|
| (a) 2014 | (b) 2013      | (c) 2012 | (d) 2011 |           |
| 0.       | 0.            | 0.       | 0.       | N/A       |

**b** 85% of line 2a . . . . .

|    |    |    |    |     |
|----|----|----|----|-----|
| 0. | 0. | 0. | 0. | N/A |
|----|----|----|----|-----|

**c** Qualifying distributions from Part XII, line 4 for each year listed . . . . .

|  |  |         |         |         |
|--|--|---------|---------|---------|
|  |  | 26,645. | 37,352. | 63,997. |
|--|--|---------|---------|---------|

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

|    |    |         |         |         |
|----|----|---------|---------|---------|
| 0. | 0. | 26,645. | 37,352. | 63,997. |
|----|----|---------|---------|---------|

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** 'Assets' alternative test — enter:

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

**b** 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .

**c** 'Support' alternative test — enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .

(3) Largest amount of support from an exempt organization . . . . .

(4) Gross investment income . . . . .

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

None

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

See Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)                            | If recipient is an individual,<br>show any relationship to any<br>foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| <b>a Paid during the year</b>                                               |                                                                                                                    |                                      |                                     |         |
| Bradley University<br>FBO Garrison E. Green<br>Peoria IL 61625              | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| Illinois State University<br>FBO Caley M. Roahrig<br>Normal IL 61761        | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| University of Illinois<br>FBO Brett T. Dunlap,<br>Urbana IL 61801           | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| University of Illinois<br>FBO Brianna L. Mueller<br>Urbana IL 61801         | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| Western Illinois University<br>FBO Gracen E. Giordano<br>Macomb IL 61455    | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| Western Illinois University<br>FBO Maureen A. Doran<br>Macomb IL 61455      | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| University of Illinois<br>FBO Jordan N. Johns<br>Urban IL 61801             | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| Eureka College<br>FBO Austin E. Bristow II<br>Eureka IL 61530               | none                                                                                                               | none                                 | Scholarship                         | 5,000.  |
| Heartland Community College<br>FBO Ashley M. Fitzsimmons<br>Normal IL 61761 | none                                                                                                               | none                                 | Scholarship                         | 2,500.  |
| See Line 3a statement                                                       |                                                                                                                    |                                      |                                     | 47,500. |
| <b>Total</b>                                                                |                                                                                                                    |                                      | <b>3 a</b>                          | 90,000. |
| <b>b Approved for future payment</b>                                        |                                                                                                                    |                                      |                                     |         |
|                                                                             |                                                                                                                    |                                      |                                     |         |
| <b>Total</b>                                                                |                                                                                                                    |                                      | <b>3 b</b>                          |         |

## Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated |                                                                | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------|----------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                |                                                                | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                                                    |
| 1                                              | Program service revenue:                                       |                           |               |                                      |               |                                                                    |
| a                                              |                                                                |                           |               |                                      |               |                                                                    |
| b                                              |                                                                |                           |               |                                      |               |                                                                    |
| c                                              |                                                                |                           |               |                                      |               |                                                                    |
| d                                              |                                                                |                           |               |                                      |               |                                                                    |
| e                                              |                                                                |                           |               |                                      |               |                                                                    |
| f                                              |                                                                |                           |               |                                      |               |                                                                    |
| g                                              | Fees and contracts from government agencies . .                |                           |               |                                      |               |                                                                    |
| 2                                              | Membership dues and assessments . . . . .                      |                           |               |                                      |               |                                                                    |
| 3                                              | Interest on savings and temporary cash investments . . . .     | 29                        | 29.           |                                      |               |                                                                    |
| 4                                              | Dividends and interest from securities . . . . .               | 12292                     | 12,292.       |                                      |               |                                                                    |
| 5                                              | Net rental income or (loss) from real estate                   |                           |               |                                      |               |                                                                    |
| a                                              | Debt-financed property . . . . .                               |                           |               |                                      |               |                                                                    |
| b                                              | Not debt-financed property . . . . .                           |                           |               |                                      |               |                                                                    |
| 6                                              | Net rental income or (loss) from personal property . . . .     |                           |               |                                      |               |                                                                    |
| 7                                              | Other investment income . . . . .                              | 706                       | 706.          |                                      |               |                                                                    |
| 8                                              | Gain or (loss) from sales of assets other than inventory . . . |                           |               |                                      |               |                                                                    |
| 9                                              | Net income or (loss) from special events . . . . .             | 0                         |               |                                      |               |                                                                    |
| 10                                             | Gross profit or (loss) from sales of inventory . . .           | 0                         |               |                                      |               |                                                                    |
| 11                                             | Other revenue                                                  |                           |               |                                      |               |                                                                    |
| a                                              |                                                                |                           |               |                                      |               |                                                                    |
| b                                              |                                                                |                           |               |                                      |               |                                                                    |
| c                                              |                                                                |                           |               |                                      |               |                                                                    |
| d                                              |                                                                |                           |               |                                      |               |                                                                    |
| e                                              |                                                                |                           |               |                                      |               |                                                                    |
| 12                                             | Subtotal Add columns (b), (d), and (e) . . . . .               |                           | 13,027.       |                                      |               |                                                                    |
| 13                                             | Total. Add line 12, columns (b), (d), and (e) . . . . .        |                           |               |                                      |               | 13,027.                                                            |

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



## Form 990-PF, Page 1, Part I, Line 18

## Line 18 Stmt

| Taxes                    | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|--------------------------|--------------|-------------|-------------|--------------|
| 2013 Estimates           | 280.         |             |             |              |
| Foreign Tax On dividends | 206.         |             |             |              |
| Total                    | 486.         |             |             |              |

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

## Columns (a) thru (d)

| (a)<br>List and describe the kind(s) of property sold<br>(e.g., real estate, 2-story brick warehouse; or<br>common stock, 200 shares MLC Company) | (b)<br>How acquired<br>P – Purchase<br>D – Donation | (c)<br>Date acquired<br>(month,<br>day, year) | (d)<br>Date sold<br>(month,<br>day, year) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Spdr S&P Dividend                                                                                                                                 | P                                                   | 07/07/11                                      | 12/23/14                                  |
| I Shares Tr. MSCI EAFE                                                                                                                            | P                                                   | 09/14/07                                      | 12/23/14                                  |
| I Shares Tr. Russell 2000                                                                                                                         | P                                                   | 09/14/07                                      | 12/23/14                                  |

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

## Columns (e) thru (h)

| (e)<br>Gross sales<br>price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| 49,361.                     |                                               | 34,311.                                            | 15,050.                                         |
| 14,502.                     |                                               | 18,408.                                            | -3,906.                                         |
| 29,454.                     |                                               | 19,084.                                            | 10,370.                                         |
| Total                       |                                               | 71,803.                                            | 21,514.                                         |

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

## Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned  
by the foundation on 12/31/69

| (i)<br>Fair Market Value<br>as of 12/31/69 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of column (i)<br>over column (j), if any | (l)<br>Gains (column (h)<br>gain minus column (k),<br>but not less than -0-)<br>or losses (from<br>column (h)) |
|--------------------------------------------|-----------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|                                            |                                         |                                                        | 15,050.                                                                                                        |
|                                            |                                         |                                                        | -3,906.                                                                                                        |
|                                            |                                         |                                                        | 10,370.                                                                                                        |
| Total                                      |                                         |                                                        | 21,514.                                                                                                        |

Form 990-PF, Page 10, Part XV, Line 2

**Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs**Name . Alice R. Mies Scholarship FundAddress First Financial Bank, 223 N Mill StreetCity, St, Zip, Phone. Pontiac IL 61764 (815) 842-8188

E-mail \_\_\_\_\_

The form in which applications should be submitted and information and materials they should include:

Name of student, Students qualifications to receive scholarship.

Any submission deadlines:

None

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Must be a graduating Senior of Pontiac Township High School. Applicant must rank in upper 1/3 of graduating class.

Name . \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip, Phone. \_\_\_\_\_

E-mail First Financial Bank

The form in which applications should be submitted and information and materials they should include.

Pontiac IL 61764 (815) 842-8188

Any submission deadlines:

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

None

Form 990-PF, Page 11, Part XV, line 3a

**Line 3a statement**

| Recipient<br><br>Name and address<br>(home or business) | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution | Person or<br>Business<br>Checkbox             |               |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-----------------------------------------------|---------------|
|                                                         |                                                                                                                                |                                                |                                     | Amount                                        |               |
| <b>a Paid during the year</b>                           |                                                                                                                                |                                                |                                     |                                               |               |
| <u>Heartland Community College</u>                      | <u>none</u>                                                                                                                    | <u>-----</u>                                   | <u>-----</u>                        | Person or <input checked="" type="checkbox"/> |               |
| <u>FBO Trevor M. Runyon</u>                             | <u>-----</u>                                                                                                                   | <u>-----</u>                                   | <u>-----</u>                        | Business <input type="checkbox"/>             |               |
| <u>Normal IL 61761</u>                                  |                                                                                                                                | <u>none</u>                                    | <u>Scholarship</u>                  |                                               | <u>2,500.</u> |
| <u>University of Illinois</u>                           | <u>none</u>                                                                                                                    | <u>-----</u>                                   | <u>-----</u>                        | Person or <input checked="" type="checkbox"/> |               |
| <u>FBO Jack B. Rich</u>                                 | <u>-----</u>                                                                                                                   | <u>-----</u>                                   | <u>-----</u>                        | Business <input type="checkbox"/>             |               |
| <u>Urbana IL 61801</u>                                  |                                                                                                                                | <u>none</u>                                    | <u>Scholarship</u>                  |                                               | <u>5,000.</u> |
| <u>Illinois Wesleyan University</u>                     | <u>none</u>                                                                                                                    | <u>-----</u>                                   | <u>-----</u>                        | Person or <input checked="" type="checkbox"/> |               |
| <u>FBO Alexandra M. Brown</u>                           | <u>-----</u>                                                                                                                   | <u>-----</u>                                   | <u>-----</u>                        | Business <input type="checkbox"/>             |               |
| <u>Bloomington IL 61761</u>                             |                                                                                                                                | <u>none</u>                                    | <u>Scholarship</u>                  |                                               | <u>5,000.</u> |
| <u>Lewis University</u>                                 | <u>none</u>                                                                                                                    | <u>-----</u>                                   | <u>-----</u>                        | Person or <input checked="" type="checkbox"/> |               |
| <u>FBO Trenton A. Smith</u>                             | <u>-----</u>                                                                                                                   | <u>-----</u>                                   | <u>-----</u>                        | Business <input type="checkbox"/>             |               |
| <u>Romeoville IL 60446</u>                              |                                                                                                                                | <u>none</u>                                    | <u>Scholarship</u>                  |                                               | <u>5,000.</u> |
| <u>Loras College</u>                                    | <u>none</u>                                                                                                                    | <u>-----</u>                                   | <u>-----</u>                        | Person or <input checked="" type="checkbox"/> |               |
| <u>FBO Michaela R. Dohleman</u>                         | <u>-----</u>                                                                                                                   | <u>-----</u>                                   | <u>-----</u>                        | Business <input type="checkbox"/>             |               |
| <u>Dubuque IA 52001</u>                                 |                                                                                                                                | <u>none</u>                                    | <u>Scholarship</u>                  |                                               | <u>5,000.</u> |
| <u>North Central College</u>                            | <u>none</u>                                                                                                                    | <u>-----</u>                                   | <u>-----</u>                        | Person or <input checked="" type="checkbox"/> |               |
| <u>FBO Alex T. Kohlmeier</u>                            | <u>-----</u>                                                                                                                   | <u>-----</u>                                   | <u>-----</u>                        | Business <input type="checkbox"/>             |               |
| <u>Naperville IL 60540</u>                              |                                                                                                                                | <u>none</u>                                    | <u>Scholarship</u>                  |                                               | <u>5,000.</u> |



Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

| Recipient                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Person or Business<br>Checkbox                         |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------------------------------------------------------|
| Name and address<br>(home or business) |                                                                                                           |                                |                                  | Amount                                                 |
| <b>a Paid during the year</b>          |                                                                                                           |                                |                                  |                                                        |
| Northern Illinois University           | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Kylee E. Bier                      |                                                                                                           |                                |                                  |                                                        |
| DeKalb IL 60115                        |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Olivet Nazarene University             | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Sarah E. Albertson                 |                                                                                                           |                                |                                  |                                                        |
| Bourbonnais IL 60914                   |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Olivet Nazarene University             | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Julie M. Hogan                     |                                                                                                           |                                |                                  |                                                        |
| Bourbonnais IL 60914                   |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| University of Illinois                 | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Rachel E. Lauritsen                |                                                                                                           |                                |                                  |                                                        |
| Urbana IL 61801                        |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |

Total

47,500.

Form 990-PF, Page 1, Part I

**Line 16a - Legal Fees**

| Name of Provider    | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| Fellheimer Law Firm | Tax Preparation          | 200.                  |                       |                     |                                       |

Total

200.

Form 990-PF, Page 1, Part I

**Line 16c - Other Professional Fees**

| Name of Provider     | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| First Financial Bank | Trust Fee                | 8,314.                |                       |                     |                                       |

Total

8,314.

Form 990-PF, Page 2, Part II, Line 10b

**L-10b Stmt**

| Line 10b - Investments - Corporate Stock:        | End of Year |                   |
|--------------------------------------------------|-------------|-------------------|
|                                                  | Book Value  | Fair Market Value |
| 640 Shares MSCI EAFE                             | 50,133.     | 38,938.           |
| 104.400 Shares Russell 1000 value Index Fund     | 114,819.    | 145,116.          |
| 95.610 Shares Russell 1000 Growth Fund           | 103,340.    | 165,883.          |
| 119.620 Shares Russell 2000 Index Fund           | 15,189.     | 23,326.           |
| 263.970 Spdr S&P Midcap 400 ETF Trust            | 34,492.     | 58,073.           |
| 110.12 I Shares Tr. Core Total US Bond Mkt       | 206,083.    | 227,398.          |
| 109.71 I Shares J.P. Morgan USD Emerging Mkts Bd | 33,833.     | 34,010.           |
| 105.18 I Shares 1-3 Yr. Credit Bond              | 20,946.     | 21,036.           |
| 38.61 Spdr Barclays High Yield Bond              | 76,604.     | 73,359.           |
| Total                                            | 655,439.    | 787,139.          |

## Form 990-PF, Page 11, Part XV, line 3a

## Line 3a statement

| Recipient                           | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Person or Business                                     |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------------------------------------------------------|
| Name and address (home or business) |                                                                                                           |                                |                                  | Checkbox<br>Amount                                     |
| <b>a Paid during the year</b>       |                                                                                                           |                                |                                  |                                                        |
| Heartland Community College         | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Trevor M. Runyon                |                                                                                                           |                                |                                  |                                                        |
| Normal IL 61761                     |                                                                                                           | none                           | Scholarship                      | 2,500.                                                 |
| University of Illinois              | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Jack B. Rich                    |                                                                                                           |                                |                                  |                                                        |
| Urbana IL 61801                     |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Illinois Wesleyan University        | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Alexandra M. Brown              |                                                                                                           |                                |                                  |                                                        |
| Bloomington IL 61761                |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Lewis University                    | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Trenton A. Smith                |                                                                                                           |                                |                                  |                                                        |
| Romeoville IL 60446                 |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Loras College                       | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Michaela R. Dohleman            |                                                                                                           |                                |                                  |                                                        |
| Dubuque IA 52001                    |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| North Central College               | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Alex T. Kohlmeier               |                                                                                                           |                                |                                  |                                                        |
| Naperville IL 60540                 |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Northern Illinois University        | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Kylee E. Bier                   |                                                                                                           |                                |                                  |                                                        |
| DeKalb IL 60115                     |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Olivet Nazarene University          | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Sarah E. Albertson              |                                                                                                           |                                |                                  |                                                        |
| Bourbonnais IL 60914                |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| Olivet Nazarene University          | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Julie M. Hogan                  |                                                                                                           |                                |                                  |                                                        |
| Bourbonnais IL 60914                |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |
| University of Illinois              | none                                                                                                      |                                |                                  | Person or <input checked="" type="checkbox"/> Business |
| FBO Rachel E. Lauritsen             |                                                                                                           |                                |                                  |                                                        |
| Urbana IL 61801                     |                                                                                                           | none                           | Scholarship                      | 5,000.                                                 |

Total

47,500.

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
- 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](http://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

|                                                                |                                                                                          |  |                                         |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions                             |  | Employer identification number (EIN) or |
|                                                                | Alice R. Mies Scholarship Fund                                                           |  | 35-6771809                              |
|                                                                | Number, street, and room or suite number. If a P.O. box, see instructions                |  | Social security number (SSN)            |
|                                                                | First Financial Bank, 223 N MILL ST                                                      |  |                                         |
| 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. |  |                                         |
|                                                                | Pontiac                                                                                  |  | IL 61764                                |

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 04

| 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 (section 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 ► FIRST FINANCIAL BANK

Telephone No. ► (815) 842-8188 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 Aug 17 , 20 15 , to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☒ calendar year 20 14 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

|                                                                                                                                                                                                |        |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
| 3 a 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. . . . .                                  | 3 a \$ | 0. |
| 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. . . . . | 3 b \$ | 0. |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . .       | 3 c \$ | 0. |

**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.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 1-2014)

FIF20501 12/31/13