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Return of Private Foundation

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

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2014

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or tax year beginning

, and ending

Name of foundation
**OBERLIN CHARITABLE TRUST
C/O FIRST MID-ILLINOIS BANK & TRUST**

Number and street (or P O box number if mail is not delivered to street address)
1515 CHARLESTON AVE.

City or town, state or province, country, and ZIP or foreign postal code
MATTOON, IL 61938

A Employer identification number
36-4323858

B Telephone number
217-258-0494

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply:
 Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ 120,964. (Part I, column (d) must be on cash basis.)

J Accounting method: Cash Accrual
 Other (specify) _____

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	25,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,914.	1,914.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,783.			
	b Gross sales price for all assets on line 6a 63,918.				
	7 Capital gain net income (from Part IV, line 2)		9,783.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	36,697.	11,697.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	1,395.	1,395.		0.
	14 Other employee salaries and wages				
	15 Pension plans; employee benefits				
	16a Legal fees				
	b Accounting fees STMT 2	1,400.	1,400.		0.
	c Other professional fees SEP 9 4 2015				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion PROVEN, UT				
	20 Occupancy				
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 3	1,020.	280.		740.	
24 Total operating and administrative expenses. Add lines 13 through 23	3,815.	3,075.		740.	
25 Contributions, gifts, grants paid	32,500.			32,500.	
26 Total expenses and disbursements. Add lines 24 and 25	36,315.	3,075.		33,240.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	382.				
b Net investment income (if negative, enter -0-)		8,622.			
c Adjusted net income (if negative, enter -0-)			N/A		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		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		61,693.	1,718.	1,718.
	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				
	7	Other notes and loans receivable ▶				
		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				
	b	Investments - corporate stock STMT 4		14,902.	35,870.	36,929.
	c	Investments - corporate bonds STMT 5		12,374.	22,923.	22,625.
	11	Investments - land, buildings, and equipment basis ▶				
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other STMT 6		31,823.	60,663.	59,692.	
14	Land, buildings, and equipment; basis ▶					
	Less: accumulated depreciation ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		120,792.	121,174.	120,964.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> 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		120,792.	121,174.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds		0.	0.	
30	Total net assets or fund balances		120,792.	121,174.		
31	Total liabilities and net assets/fund balances		120,792.	121,174.		

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	120,792.
2	Enter amount from Part I, line 27a	2	382.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	121,174.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	121,174.

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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 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b SEE ATTACHED STATEMENTS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 63,918.		54,135.	9,783.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			9,783.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	9,783.
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). If (loss), enter -0- in Part I, line 8	3	N/A

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 Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	27,456.	98,314.	.279268
2012	21,183.	159,986.	.132405
2011	23,684.	139,509.	.169767
2010	25,338.	71,851.	.352646
2009	27,318.	30,530.	.894792

2 Total of line 1, column (d)	2	1.828878
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.365776
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	109,595.
5 Multiply line 4 by line 3	5	40,087.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	86.
7 Add lines 5 and 6	7	40,173.
8 Enter qualifying distributions from Part XII, line 4	8	33,240.

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.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	172.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (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	172.
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	172.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	158.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	158.	
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	14.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a 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
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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.</i>		X
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: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a 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? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>IL</u>		
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? <i>If "No," attach explanation</i>	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)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> STMT 7	X	

N/A

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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? Website address ► N/A	13	X	
14	The books are in care of ► FIRST MID-ILLINOIS BANK & TRUST Telephone no. ► 217-258-0494 Located at ► 1515 CHARLESTON AVE., P.O. BOX 499, MATTOON, IL ZIP+4 ► 61938			
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	N/A	
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? 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 ►	16	Yes	No
				X

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
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <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)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
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?	1c	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 ► _____, _____, _____, _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____	2b	
3a	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.)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual... (4) Provide a grant to an organization... (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes...

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)?

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?

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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.

Table with 5 columns: (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. Row 1: FIRST MID-ILLINIOS BANK & TRUST, TRUSTEE, 0.50, 1,395., 0., 0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

Table with 5 columns: (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. Row 1: NONE.

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

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
	0.

Total. Add lines 1 through 3 ▶ 0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	92,106.
b	Average of monthly cash balances	1b	19,158.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	111,264.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	111,264.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,669.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	109,595.
6	Minimum investment return. Enter 5% of line 5	6	5,480.

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.)

1	Minimum investment return from Part X, line 6	1	5,480.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	172.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	172.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,308.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,308.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,308.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	33,240.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	33,240.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,240.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				5,308.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009	25,793.			
b From 2010	21,745.			
c From 2011	16,709.			
d From 2012	13,184.			
e From 2013	22,540.			
f Total of lines 3a through e	99,971.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 33,240.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				5,308.
e Remaining amount distributed out of corpus	27,932.			
5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	127,903.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 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)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	25,793.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	102,110.			
10 Analysis of line 9:				
a Excess from 2010	21,745.			
b Excess from 2011	16,709.			
c Excess from 2012	13,184.			
d Excess from 2013	22,540.			
e Excess from 2014	27,932.			

OBERLIN CHARITABLE TRUST

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

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)

	Tax year				(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
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					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
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					
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					

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:

OBERLIN CHARITABLE TRUST C/O FIRST MID-IL BANK, 217-258-0494
 1515 CHARLESTON AVE., MATTOON, IL 61938

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

SEE ATTACHED

c Any submission deadlines:

MARCH 31

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

SEE ATTACHED

OBERLIN CHARITABLE TRUST

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ABBY MARTEN 20325 N 1150TH ST EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
ALYSSA PLATZ 377 CO RD 200E SIGEL, IL 62462	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
AMBER KREKE 16416 E 1900TH AVE EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
AMBER WENTHE 10167 N 1100 ST WATSON, IL 62473	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
ASHTON PORTER 391 DUCK LANE LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				32,500.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash, (2) Other assets, b Other transactions: (1) Sales of assets to a noncharitable exempt organization, (2) Purchases of assets from a noncharitable exempt organization, (3) Rental of facilities, equipment, or other assets, (4) Reimbursement arrangements, (5) Loans or loan guarantees, (6) Performance of services or membership or fundraising solicitations, c Sharing of facilities, equipment, mailing lists, other assets, or paid employees, d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A'.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: Liana M Wall, APR Date: 8/28/15 Title: TRUSTEE

May the IRS discuss this return with the preparer shown below (see instr.)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name: SHANTA WILL Preparer's signature: Shanta Will Date: 8/25/15 Check [] if self-employed PTIN: P01315228 Firm's name: WEST & COMPANY, LLC Firm's EIN: 37-0980065 Firm's address: 406 EAST JEFFERSON EFFINGHAM, IL 62401 Phone no.: (217) 347-5181

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization

OBERLIN CHARITABLE TRUST
C/O FIRST MID-ILLINOIS BANK & TRUST

Employer identification number

36-4323858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year .. . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization OBERLIN CHARITABLE TRUST C/O FIRST MID-ILLINOIS BANK & TRUST	Employer identification number 36-4323858
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLENE OBERLIN 905 PARK HILLS DRIVE EFFINGHAM, IL 62401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OBERLIN CHARITABLE TRUST C/O FIRST MID-ILLINOIS BANK & TRUST	Employer identification number 36-4323858
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization OBERLIN CHARITABLE TRUST C/O FIRST MID-ILLINOIS BANK & TRUST	Employer identification number 36-4323858
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
MOCE & CO	5,400.	3,541.	1,859.	1,859.		
MOCE & CO	55.	0.	55.	55.		
TO PART I, LINE 4	5,455.	3,541.	1,914.	1,914.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
TAX PREPARATION FEE	1,400.	1,400.		0.		
TO FORM 990-PF, PG 1, LN 16B	1,400.	1,400.		0.		

FORM 990-PF	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ADVERTISING FOR SCHOLARSHIPS	1,005.	280.		725.		
ANNUAL FILING FEE IL	15.	0.		15.		
TO FORM 990-PF, PG 1, LN 23	1,020.	280.		740.		

FORM 990-PF	CORPORATE STOCK		STATEMENT	4
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
CLEARBRIDGE APPRECIATION #444	10,186.	11,143.		
EAGLE SMALL CAP GROWTH FUND CLASS I	3,860.	3,785.		
T ROWE PRICE BLUE CHIP GROWTH FUND	11,243.	12,212.		
LOOMIS SAYLES VALUE - Y SHARES	10,581.	9,789.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	35,870.	36,929.		

FORM 990-PF	CORPORATE BONDS	STATEMENT	5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
PRINCIPAL HIGH YIELD	6,209.	5,839.	
METROPOLITAN WEST TOTAL RETURN BOND I	16,694.	16,767.	
PIMCO TOTAL RETURN CLASS I #35	20.	19.	
TOTAL TO FORM 990-PF, PART II, LINE 10C	22,923.	22,625.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMERICAN FUNDS CAPITAL WORLD BND	FMV	3,696.	3,531.
AMERICAN FUNDS EUROPACIFIC GROWTH	FMV	10,079.	10,542.
COLUMBIA ACORN INTERNATIONAL FUND - Z	FMV	4,780.	4,670.
DODGE & COX INCOME FUND #147	FMV	16,750.	16,737.
NEUBERGER BERMAN GENESIS	FMV	6,377.	6,207.
OPPENHEIMER DEV MKT	FMV	5,547.	5,541.
PRINCIPAL REAL ESTATE FUND	FMV	3,370.	4,026.
RS GLOBAL NATURAL RESOURCES	FMV	6,544.	4,818.
VANGUARD GNMA ADMIRAL	FMV	3,520.	3,620.
TOTAL TO FORM 990-PF, PART II, LINE 13		60,663.	59,692.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 7

NAME OF CONTRIBUTOR

ADDRESS

CHARLENE OBERLIN

905 PARK HILLS DRIVE
EFFINGHAM, IL 62401

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 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a AMERICAN CENTURY VALUE		01/27/11	05/19/14
b AMERICAN FUNDS CAPITAL WRLD BND F-2 #631		03/24/10	07/09/14
c COLUMBIA ACORN INTERNATIONAL FUND - Z		01/03/12	07/09/14
d DODGE & COX INCOME FUND		01/03/12	10/02/14
e EAGLE SMALL CAP GROWTH FUND CLASS I		04/11/12	07/09/14
f AMERICAN FUNDS EUROPACIFIC GROWTH F-2		03/17/11	07/09/14
g CLEARBRIDGE APPRECIATION #444		01/27/11	10/02/14
h OPPENHEIMER DEV MKT Y		12/22/10	07/09/14
i PIMCO TOTAL RETURN CLASS		10/23/12	09/29/14
j PRINCIPAL REAL ESTATE FUND INST		03/31/11	05/19/14
k PRINCIPAL HIGH YIELD INST #4585		07/31/10	10/02/14
l T ROWE PRICE BLUE CHIP GROWTH FUND		02/18/11	10/02/14
m RS GLOBAL NATURAL RESOURCES		04/02/12	07/09/14
n VANGUARD GNMA ADMIRAL SHARES		03/17/11	10/02/14
o AMERICAN CENTURY VALUE		06/13/13	07/03/14

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,421.		3,926.	1,495.
b 419.		423.	-4.
c 507.		382.	125.
d 2,021.		1,949.	72.
e 1,854.		1,419.	435.
f 1,129.		936.	193.
g 7,133.		5,820.	1,313.
h 912.		856.	56.
i 7,226.		7,418.	-192.
j 1,707.		1,568.	139.
k 641.		661.	-20.
l 5,075.		3,654.	1,421.
m 4,963.		4,694.	269.
n 342.		346.	-4.
o 8,468.		7,473.	995.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1,495.
b			-4.
c			125.
d			72.
e			435.
f			193.
g			1,313.
h			56.
i			-192.
j			139.
k			-20.
l			1,421.
m			269.
n			-4.
o			995.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2
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). If (loss), enter "-0-" in Part I, line 8 }	3

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 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a LOOMIS SAYLES VALUE - Y SHARES		07/02/14	10/02/14
b NEUBERGER BERMAN GENESIS		12/17/13	07/09/14
c PIMCO TOTAL RETURN CLASS		09/26/13	09/29/14
d PRINCIPAL REAL ESTATE FUND INST		09/30/13	07/09/14
e VANGUARD GNMA ADMIRAL SHARES		02/13/14	07/09/14
f CAPITAL GAINS DIVIDENDS			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 147.		149.	-2.
b 3,757.		3,850.	-93.
c 7,894.		7,914.	-20.
d 664.		599.	65.
e 97.		98.	-1.
f 3,541.			3,541.
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-2.
b			-93.
c			-20.
d			65.
e			-1.
f			3,541.
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	9,783.
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). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

OBERLIN CHARITABLE TRUST
C/O FIRST MID-ILLINOIS BANK & TRUST

36-4323858

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
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	Amount
Name and address (home or business)				
AVA PARULESKI 5600 E STATE HWY 33 SHUMWAY, IL 62461	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
BAILEY HOFFMAN 2350 E US HWY 40 ALTAMONT, IL 62411	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,500.
BRANDY PONTIOUS 8622 N 1200TH ST WATSON, IL 62473	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
CHRISTOPHER MCCAMMON 1109 S. 4TH STREET EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,500.
DAVID MERSMAN 603 W ELM STREET TEUTOPOLIS, IL 62467	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
DERRIAN LEWIS 910 BARBEE AVE LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
ETHAN FITZWILLIAM 4480 N 400TH ST MASON, IL 62443	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
HALEY METTENDORF ROUTE 1 BOX 144 STEWARDSON, IL 62463	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
JACOB DENTON 101 W. 9TH STREET ST. ELMO, IL 62458	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
JASON BECKER 512 S WALNUT STRASBURG, IL 62465	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
Total from continuation sheets				27,000.

OBERLIN CHARITABLE TRUST
C/O FIRST MID-ILLINOIS BANK & TRUST

36-4323858

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JESSE HAARMANN 2503 S RANEY STREET EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
JESSICA BOWLIN 6563 N 1175TH ST MASON, IL 62443	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
KATELYN ESKER 16208 E 1200TH AVE TEUTOPOLIS, IL 62467	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KATILYN MEINHART 10233 N 700TH ST NEWTON, IL 62448	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KATRINA FRAILEY RR1 BOX 98A BEECHER CITY, IL 62414	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KERI UTZ 802 N GLENWOOD STREET EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KIRBY HERRMANN 4926 E 2000TH AVR SHUMWAY, IL 62461	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KODI AVERY 411 S THIRD EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
KRISTEN B. SCHUETTE 515 BENT TREE DR EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KRISTEN SLIFER 7495 N 1700TH STREET EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
Total from continuation sheets				

**OBERLIN CHARITABLE TRUST
C/O FIRST MID-ILLINOIS BANK & TRUST**

36-4323858

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAURA WENTE 222 CO RD 200 E SIGEL, IL 62462	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
LILLIAN WRIGHT 8575 N CAMPGROUND CT ALTAMONT, IL 62411	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
LINDSAY BURTON 205 W SOUTH 1ST ST STRASBURG, IL 62465	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
MACCI M RUETER 800 W EDGAR AVE EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
MEGAN MAXEY 301 NORTH OLIVE ST, ELMO, IL 62458	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
MILES HEALY 575 MALLARD LANE MASON, IL 62443	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
MOLLY HILL 1668 E 2660 BROWNSTOWN, IL 62418	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
NICHOLAS NOSBISCH 2309 S 4TH ST EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
PHILLIP CRAIG KNIGHT 109 E MT, VERNON AVE EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
RACHEL BIERMAN 304 N POINTE DIETERICH, IL 62424	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
Total from continuation sheets				

OBERLIN CHARITABLE TRUST
 C/O FIRST MID-ILLINOIS BANK & TRUST

36-4323858

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RENEE BREER 20517 1670TH AVE TEUTOPOLIS, IL 62467	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
RENEE TILLMAN 8367 N CARDINAL LN EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
SHELBY BURROUGHS 959 PARTRIDGE LANE LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
TIA RINEHART 790 TITANIUM ROAD LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
TORI DANIELS RR1 BOX 182 STRASBURG, IL 62465	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
Total from continuation sheets				

OBERLIN CHARITABLE TRUST

SCHOLARSHIP APPLICATION – YEAR 2014
10 Scholarships to be Awarded for \$4,000 Each

SCHOLARSHIP DEADLINE: April 9, 2014
FIRST MID-ILLINOIS BANK & TRUST
902 KELLER DRIVE
EFFINGHAM, IL 62401

(Application must be received at First Mid no later than 12:00 p.m. on April 9th)

Information must be typed or printed legibly in black ink.

In 200-300 words, write a brief description of your major field(s) of interest and your reason for applying for this scholarship. Please include the financial impact that receiving this scholarship would have on you and your family. This profile must be typed on a separate sheet and double-spaced.

In addition, please include two letters of recommendation and a copy of your high school transcript.

Applicant Name: _____

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ SS#: _____

Contact Phone #: _____ Email: _____

Name of Parents/Guardian: _____

Name of High School: _____

Address: _____

Name of school you plan to attend in the Fall of 2014:

Intended major field of study: _____

Intended minor field of study: _____

Cumulative GPA: _____

Career Goal: _____

Indicate below your high school activities, including club membership, offices held, awards, honors, sports, and/or recognition you have received:

Indicate below your community activities, including civic organizations, church, clubs, volunteer work, etc:

List all work experiences in which you have participated:

<u>Employer</u>	<u>Position/Duties</u>	<u>Start Date</u>	<u>End Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, hereby, certify that all of the above information is true. I understand that falsification of any of the information provided on this scholarship application will result in my disqualification.

Signature of Applicant: _____

Date Completed: _____

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Part I only

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. OBERLIN CHARITABLE TRUST C/O FIRST MID-ILLINOIS BANK & TRUST	Employer identification number (EIN) or 36-4323858
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1515 CHARLESTON AVE.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MATTOON, IL 61938	

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 (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FIRST MID-ILLINOIS BANK & TRUST

• The books are in the care of ▶ **1515 CHARLESTON AVE., P.O. BOX 499 - MATTOON, IL 61938**
Telephone No. ▶ **217-258-0494** 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 **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ calendar year **2014** or

▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	158.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	158.

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. OBERLIN CHARITABLE TRUST C/O FIRST MID-ILLINOIS BANK & TRUST	Employer identification number (EIN) or 36-4323858
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O WEST & COMPANY - 501 E EVERGREEN	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EFFINGHAM, IL 62401	

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

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

FIRST MID-ILLINOIS BANK & TRUST

• The books are in the care of **1515 CHARLESTON AVE., P.O. BOX 499 - MATTOON, IL 61938**
Telephone No. **217-258-0494** 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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	158.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	158.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature *Kim Venz* Title **TAX RETURN PREPARER** Date **8/12/15**