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Return of Private Foundation

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

Form 990-PF

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 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) Room/suite
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)
\$ **113,492.** (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	35,000.		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	1,407.	1,407.		STATEMENT 1	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	3,668.				
	b Gross sales price for all assets on line 6a	64,690.				
	7 Capital gain net income (from Part IV, line 2)		3,668.			
	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		534.		STATEMENT 2		
12 Total Add lines 1 through 11		40,609.	5,609.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	1,174.	1,174.		0.	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees	STMT 3	1,450.	1,450.		0.
	c Other professional fees					
	17 Interest					
	18 Taxes	STMT 4	172.	0.		0.
	19 Depreciation and depletion					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses	STMT 5	15.	0.		15.
	24 Total operating and administrative expenses. Add lines 13 through 23		2,811.	2,624.		15.
	25 Contributions, gifts, grants paid		40,000.			40,000.
26 Total expenses and disbursements. Add lines 24 and 25		42,811.	2,624.		40,015.	
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements		-2,202.				
b Net investment income (if negative, enter -0-)			2,985.			
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		0.	25,000.	25,000.
	2	Savings and temporary cash investments		1,718.	11,160.	11,160.
	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				
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other	STMT 6		119,456.	82,812.	77,332.
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)			121,174.	118,972.	113,492.
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			121,174.	118,972.	
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			121,174.	118,972.	
31	Total liabilities and net assets/fund balances			121,174.	118,972.	

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	121,174.
2	Enter amount from Part I, line 27a	2	-2,202.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	118,972.
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	118,972.

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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 64,690.		61,022.	3,668.

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			3,668.

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	3,668.
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))
2014	33,240.	109,595.	.303299
2013	27,456.	98,314.	.279268
2012	21,183.	159,986.	.132405
2011	23,684.	139,509.	.169767
2010	25,338.	71,851.	.352646

2 Total of line 1, column (d)	2	1.237385
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	.247477
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	93,222.
5 Multiply line 4 by line 3	5	23,070.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	30.
7 Add lines 5 and 6	7	23,100.
8 Enter qualifying distributions from Part XII, line 4	8	40,015.

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	30.
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	30.
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	30.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	200.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	200.	
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		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	170.	
11 Enter the amount of line 10 to be Credited to 2016 estimated tax <input type="checkbox"/> 170. Refunded <input type="checkbox"/>	11	0.	

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
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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		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? 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
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?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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: • 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? If "Yes," complete Part II, col. (c), and Part XV		X
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IL		
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 2015 or the taxable year beginning in 2015 (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	STMT 7	X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
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)		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)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	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		
16 At any time during calendar year 2015, 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. If "Yes," enter the name of the foreign country ►		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		
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 2015?		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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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. ► _____, _____, _____, _____		
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 2015 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 2015.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2015?		X

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, 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)? Organizations relying on a current notice regarding disaster assistance check here **5b**

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? **N/A** Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a 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? **6b**
If "Yes" to 6b, file Form 8870.

7a 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? **7b** Yes No **N/A**

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.

(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
FIRST MID-ILLINIOS BANK & TRUST 1515 CHARLESTON AVE. MATTOON, IL 61938	TRUSTEE 0.50	1,174.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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 **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		

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	
All other program-related investments. See instructions.	
3	
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	91,111.
b Average of monthly cash balances	1b	3,531.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	94,642.
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	94,642.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,420.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	93,222.
6 Minimum investment return. Enter 5% of line 5	6	4,661.

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	4,661.
2a Tax on investment income for 2015 from Part VI, line 5	2a	30.	
b Income tax for 2015. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b	2c		30.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3		4,631.
4 Recoveries of amounts treated as qualifying distributions	4		0.
5 Add lines 3 and 4	5		4,631.
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		4,631.

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	40,015.
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	40,015.
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	30.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,985.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				4,631.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	21,745.			
b From 2011	16,709.			
c From 2012	13,184.			
d From 2013	22,540.			
e From 2014	27,932.			
f Total of lines 3a through e	102,110.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 40,015.				
a Applied to 2014, 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 2015 distributable amount				4,631.
e Remaining amount distributed out of corpus	35,384.			
5 Excess distributions carryover applied to 2015 (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:	137,494.			
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				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 2010 not applied on line 5 or line 7	21,745.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	115,749.			
10 Analysis of line 9:				
a Excess from 2011	16,709.			
b Excess from 2012	13,184.			
c Excess from 2013	22,540.			
d Excess from 2014	27,932.			
e Excess from 2015	35,384.			

OBERLIN CHARITABLE TRUST

Form 990-PF (2015)

C/O FIRST MID-ILLINOIS BANK & TRUST

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Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
ABBY HAGEN 100 NORTH WEST ST WATSON, IL 62473	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
ABBY MARTEN 20325 N 1150TH ST EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
ADAM WARFEL 403 E SECTION ST DIETERICH, IL 62424	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	500.
AMBER KREKE 16416 E 1900TH AVE EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
Total	SEE CONTINUATION SHEET(S)			40,000.
b Approved for future payment				
NONE				
Total				0.

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

2015

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 foundationCheck 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) (2015)

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	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	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

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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 AMERICAN FUNDS CAPITAL WORLD BOND FUND	P	03/17/11	02/23/15
b COLUMBIA ACORN INTL FUND	P	01/03/12	07/07/15
c DODGE & COX INCOME FUND	P	01/03/12	08/26/15
d EAGLE SMALL CAP GROWTH	P	09/14/12	08/26/15
e AMERICAN FUNDS EUROPACIFIC GROWTH	P	09/14/12	08/26/15
f CLEARBRIDGE APPRECIATION	P	09/14/12	07/07/15
g LOOMIS SAYLES VALUE	P	07/02/14	07/07/15
h NEUBERGER BERMAN GENESIS	P	12/17/13	08/26/15
i OPPENHEIMER DEV MKT	P	12/22/10	07/07/15
j PRINCIPAL REAL ESTATE FUND	P	09/30/13	07/07/15
k PRINCIPAL HIGH YIELD INST	P	03/17/11	08/26/15
l RS GLOBAL NATURAL RESOURCES	P	03/17/11	02/23/15
m T ROWE PRICE BLUE CHIP	P	09/14/12	08/26/15
n VANGUARD GNMA ADMIRAL SHARES	P	03/17/11	08/26/15
o AMERICAN FUNDS CAPITAL WORLD BOND FUND	P	03/27/14	02/23/15

(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 1,759.		1,852.	-93.
b 1,688.		1,504.	184.
c 9,377.		9,324.	53.
d 1,499.		1,452.	47.
e 3,830.		3,112.	718.
f 4,541.		3,923.	618.
g 1,662.		1,788.	-126.
h 2,514.		2,508.	6.
i 2,074.		1,993.	81.
j 2,809.		2,119.	690.
k 3,045.		3,252.	-207.
l 2,921.		4,218.	-1,297.
m 5,143.		4,217.	926.
n 2,701.		2,635.	66.
o 1,775.		1,844.	-69.

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			-93.
b			184.
c			53.
d			47.
e			718.
f			618.
g			-126.
h			6.
i			81.
j			690.
k			-207.
l			-1,297.
m			926.
n			66.
o			-69.

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 GOTHOM ABSOLUTE RETURN INST	P	02/23/15	07/07/15
b LOOMIS SAYLES VALUE	P	07/02/14	01/22/15
c METROPOLITAN WEST TOTAL RETURN	P	10/01/14	08/26/15
d PIMCO TOTAL RETURN CLASS I	P	09/30/14	05/13/15
e RS GLOBAL NATURAL RESOURCES	P	07/02/14	02/23/15
f TEMPLETON GLOBAL BOND FUND	P	02/23/15	08/26/15
g VANGUARD GNMA ADMIRAL SHARES	P	02/03/14	01/22/15
h CAPITAL GAINS DIVIDENDS			
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 318.		337.	-19.
b 1,606.		1,789.	-183.
c 9,494.		9,423.	71.
d 19.		19.	0.
e 1,493.		2,326.	-833.
f 800.		808.	-8.
g 582.		579.	3.
h 3,040.			3,040.
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			-19.
b			-183.
c			71.
d			0.
e			-833.
f			-8.
g			3.
h			3,040.
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	3,668.
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 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
AMBER WENTHE 10167 N 1100 ST WATSON, IL 62473	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
AVA PARULESKI 5600 E STATE HWY 33 SHUMWAY, IL 62461	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
BRANDY PONTIOUS 8622 N 1200TH ST WATSON, IL 62473	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
DERRIAN LEWIS 910 BARBEE AVE LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
ELIZABETH GUERRERO 809 W 2ND ST ST, ELMO, IL 62458	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
EMILY WORTMAN 102 SANTA BARBARA EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
ETHAN FITZWILLIAM 4480 N 400TH ST MASON, IL 62443	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
HALEY METTENDORF ROUTE 1 BOX 144 STEWARDSON, IL 62463	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
JAMIE BIBLE 14276 HWY 45 LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
JASON BECKER 512 S WALNUT STRASBURG, IL 62465	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
Total from continuation sheets				36,500.

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	500.
JESSICA BOWLIN 6563 N 1175TH ST MASON, IL 62443	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KATELYN ESKER 16208 E 1200TH AVE TEUTOPOLIS, IL 62467	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
KATHERINE TEGELER 703 ASPEN DR EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
KATILYN MEINHART 10233 N 700TH ST NEWTON, IL 62448	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KIRBY HERRMANN 4926 E 2000TH AVE SHUMWAY, IL 62461	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
KODI AVERY 411 S THIRD EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
KRISTEN SCHUETTE 515 BENT TREE DR EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
LAURA WENTE 222 CO RD 200 E SIGEL, IL 62462	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
LILLIAN WRIGHT 8575 N CAMPGROUND CT ALTAMONT, IL 62411	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
LINDSAY BURTON 205 W SOUTH 1ST ST STRASBURG, IL 62465	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
MACCI RUETER 800 W EDGAR AVE EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
MEGAN MAXEY 301 NORTH OLIVE ST. ELMO, IL 62458	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
MICHELLE SCHMIDT 605 SOUTHERN ROW TEUTOPOLIS, IL 62467	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
MILES HEALY 575 MALLARD LN MASON, IL 62443	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
MOLLY HILL 1668 E 2660 BROWNSTOWN, IL 62418	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
NICHOLAS NOSBISCH 2309 S 4TH ST EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
PHILLIP CRAIG KNIGHT 109 E MT. VERNON AVE EFFINGHAM, IL 62401	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
RACHEL BIERMAN 304 N POINTE DR DIETERICH, IL 62424	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
RACHEL SCHMIDT 7475 N 2000TH ST DIETERICH, IL 62424	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
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 TILLMAN 8367 NORTH CARDINAL LN ALTAMONT, IL 62411	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	2,000.
SERENA STRULLMYER 20 N 1ST ST. FARINA, IL 62838	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	1,000.
SHELBY BURROUGHS 959 PARTRIDGE LANE LOUISVILLE, IL 62858	NONE	N/A	TO ASSIST WITH THE EXPENSE OF HIGHER EDUCATION	500.
THOMAS FLACH 42 MAINZ CIRCLE TEUTOPOLIS, IL 62467	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	500.
Total from continuation sheets				

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	3,040.	3,040.	0.	0.	
MOCE & CO	1,407.	0.	1,407.	1,407.	
TO PART I, LINE 4	4,447.	3,040.	1,407.	1,407.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
SCHOLARSHIP REIMB	500.	500.	
OTHER INCOME	34.	34.	
TOTAL TO FORM 990-PF, PART I, LINE 11	534.	534.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION FEE	1,450.	1,450.		0.
TO FORM 990-PF, PG 1, LN 16B	1,450.	1,450.		0.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	172.	0.		0.
TO FORM 990-PF, PG 1, LN 18	172.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
IL ANNUAL FILING FEE	15.	0.		15.
TO FORM 990-PF, PG 1, LN 23	15.	0.		15.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMERICAN FUNDS CAPITAL WORLD BND	FMV	0.	0.
AMERICAN FUNDS EUROPACIFIC GROWTH	FMV	7,792.	7,363.
CLEARBRIDGE APPRECIATION #444	FMV	6,732.	6,915.
COLUMBIA ACORN INTERNATIONAL FUND - Z	FMV	4,028.	3,517.
DODGE & COX INCOME FUND #147	FMV	7,685.	7,366.
EAGLE SMALL CAP GROWTH FUND CLASS I	FMV	3,242.	2,946.
LOOMIS SAYLES VALUE - Y SHARES	FMV	8,923.	6,673.
METROPOLITAN WEST TOTAL RETURN BOND I	FMV	7,537.	7,376.
NEUBERGER BERMAN GENESIS	FMV	6,253.	5,532.
OPPENHEIMER DEV MKT	FMV	5,344.	4,579.
PIMCO TOTAL RETURN CLASS I #35	FMV	0.	0.
PRINCIPAL HIGH YIELD	FMV	3,192.	2,777.
PRINCIPAL REAL ESTATE FUND	FMV	1,396.	1,476.
RS GLOBAL NATURAL RESOURCES	FMV	0.	0.
T ROWE PRICE BLUE CHIP GROWTH FUND	FMV	7,281.	8,109.
VANGUARD GNMA ADMIRAL	FMV	7,497.	7,395.
GOTHAM ABSOLUTE RETURN INSTITUTIONAL	FMV	1,452.	1,294.
MAINGATE MLP FUND	FMV	1,281.	1,032.
TEMPLETON GLOBAL BOND FUND	FMV	3,177.	2,982.
TOTAL TO FORM 990-PF, PART II, LINE 13		82,812.	77,332.

Notes from 2015 Meeting: Add parents' occupation to app, other scholarships awarded.

OBERLIN CHARITABLE TRUST

**SCHOLARSHIP APPLICATION – YEAR 2015
10 Scholarships to be Awarded for \$4,000 Each**

**SCHOLARSHIP DEADLINE: April 3, 2015
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 3rd)
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 2015:

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: _____