

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Illinois Attorney General Kwame Raoul
 Charitable Trust Bureau, 115 S. LaSalle St
 Chicago, IL 60603

Form AG990-IL

Revised 01/24

For Office Use Only

| | |
|-------|-------|
| PMT # | _____ |
| AMT | _____ |
| INIT | _____ |

CO # 01021999

Check all items attached:

| | |
|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Copy of IRS Return |
| <input type="checkbox"/> | Audited Financial Statements |
| <input type="checkbox"/> | Reviewed Financial Statements |
| <input type="checkbox"/> | Copy of Form IFC |
| <input checked="" type="checkbox"/> | \$15 Annual Report Filing Fee |
| <input type="checkbox"/> | \$100 Late Report Filing Fee |

Federal ID # 36-3731364Are contributions to the organization tax deductible? Yes No Date organization was created: 03/05/1992

MO DAY YR

Legal Name: Alice Wilson Schweitzer - William J Schweitzer Agr Education Foundation
 Mail Address: P.O. Box 79
 City, State: Kirkwood IL
 Zip Code: 61447

| YEAR-END AMOUNTS | |
|------------------|------------------------|
| A) ASSETS | A) \$ <u>3,686,765</u> |
| B) LIABILITIES | B) \$ <u>0</u> |
| C) NET ASSETS | C) \$ <u>3,686,765</u> |
| PERCENTAGE | AMOUNT |
| 0 % | D) \$ <u>0</u> |
| 0 % | E) \$ <u>0</u> |
| 100 % | F) \$ <u>88,106</u> |
| 100% | G) \$ <u>88,106</u> |
| % | H) \$ |
| % | I) \$ |
| % | J) \$ |

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)
 E) GOVERNMENT GRANTS AND MEMBERSHIP DUES
 F) OTHER REVENUES
 G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR

H) OPERATING CHARITABLE PROGRAM EXPENSE
 I) EDUCATION PROGRAM SERVICE EXPENSE
 J) **TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)**
 J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$
 K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
 L) **TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)**
 M) MANAGEMENT AND GENERAL EXPENSE
 N) FUNDRAISING EXPENSE
 O) **TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)**

| | |
|------|---------------------|
| 71 % | K) \$ <u>68,000</u> |
| 71 % | L) \$ <u>68,000</u> |
| 29 % | M) \$ <u>28,236</u> |
| % | N) \$ |
| 100% | O) \$ <u>96,236</u> |

III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES

(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
 Q) TOTAL FUNDRAISERS FEES AND EXPENSES
 R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)

| | |
|------|-------|
| 100% | P) \$ |
| % | Q) \$ |
| % | R) \$ |

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

S) \$

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: _____

T) \$

U) NAME, TITLE: _____

U) \$

V) NAME, TITLE: _____

V) \$

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIESList on back side of Instructions
CODE

| | |
|-------------------------------------|-----------------|
| W) DESCRIPTION: <u>Scholarships</u> | W) # <u>200</u> |
| X) DESCRIPTION: _____ | X) # |
| Y) DESCRIPTION: _____ | Y) # |

Alice Wilson Schweitzer - William J 36-3731364

| IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION: | | YES | NO |
|---|-----|-------------------------------------|----|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT? | 1. | <input checked="" type="checkbox"/> | |
| 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? | 2. | <input checked="" type="checkbox"/> | |
| 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | 3. | <input checked="" type="checkbox"/> | |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | 4. | <input checked="" type="checkbox"/> | |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? | 5. | <input checked="" type="checkbox"/> | |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.) | 6. | <input checked="" type="checkbox"/> | |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? | 7. | <input checked="" type="checkbox"/> | |
| 7b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ . | 7. | | |
| 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? | 8. | <input checked="" type="checkbox"/> | |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? | 9. | <input checked="" type="checkbox"/> | |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | 10. | <input checked="" type="checkbox"/> | |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>Security Savings Bank Monmouth, IL 61462; Midwest Bank Monmouth, IL 61462; Edward Jones, Maryland Heights, MO 63043</u> | | | |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Joni D Blackman</u> | | <u>309-221-4858</u> | |

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE, SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Deborah Moore

PRESIDENT or TRUSTEE (PRINT NAME)

Deborah L Moore

SIGNATURE

DATE

Joni D Blackman

TREASURER or TRUSTEE (PRINT NAME)

Joni D Blackman

SIGNATURE

DATE

G. Adam Hansberger, CPA

PREPARER (PRINT NAME)

G. Adam Hansberger

SIGNATURE

5/7/24

DATE