

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**

Report for the Fiscal Period:

Beginning 01/01/2023& Ending 12/31/2023

MO DAY YR

Check all items attached:

- ☒ Copy of IRS Return
☐ Audited Financial Statements
☐ Reviewed Financial Statements
☐ Copy of Form IFC
☒ \$15 Annual Report Filing Fee
☐ \$100 Late Report Filing Fee

Make Checks
Payable to
Illinois Charity
Bureau Fund

Federal ID # **36-3731364**Are contributions to the organization tax deductible? Yes ☐ No ☒Date organization was created: **03/05/1992**
MO DAY YRLegal 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
AMOUNTSA) ASSETS A) \$ **3,686,765**B) LIABILITIES B) \$ **0**C) NET ASSETS C) \$ **3,686,765**

PERCENTAGE AMOUNT

0 % D) \$ **0**0 % E) \$ **0**100 % F) \$ **88,106**100% G) \$ **88,106**

% H) \$

% I) \$

% J) \$

71 % K) \$ **68,000**71 % L) \$ **68,000**29 % M) \$ **28,236**

% N) \$

100% O) \$ **96,236****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)

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)

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

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

T) NAME, TITLE:

U) NAME, TITLE:

V) NAME, TITLE:

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIESW) DESCRIPTION: **Scholarships**

X) DESCRIPTION:

Y) DESCRIPTION:

List on back side of Instructions
CODEW) # **200**

X) #

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?		X
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?		X
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?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.)		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
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 \$ _____ .		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Security Savings Bank Monmouth, IL 61462; Midwest Bank Monmouth, IL 61462; Edward Jones, Maryland Heights, MO 63043		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Joni D Blackman 309-221-4858		

• 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:	Deborah Moore	<i>Deborah L Moore</i>	5-7-24
	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	Joni D Blackman	<i>Joni D Blackman</i>	5-7-24
	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	G. Adam Hansberger, CPA	<i>G. Adam Hansberger</i>	5/7/24
2.) FOR FEES DUE, SEE INSTRUCTIONS.	PREPARER (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.			