Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

	Check	ne 2023 calendar year, or tax year beginning , ar						
Б _	applica	able: C Maine of organization	D Employer identification number					
Ļ	Add	dress change VETERANS CUTS						
L	Nar	ne change C/O/ JACLYN PATTEN	**-***5364					
<u> </u>			E Telephone number					
	tern	inal return/ rminated 212 COBBLESTONE LN			(309) 453-1511			
L	Ame	ended return City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption				
	Application pending EAST PEORIA, IL 61611-3405				Number			
G	Accou	inting Method: X Cash Accrual Other (specify)		H Check X	H Check X if the organization is			
	Webs				not required to attach Schedule B			
J	Tax-e	xempt status (check only one) $ X$ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	(Form 990).				
		of organization: X Corporation Trust Association Other						
L	Add li	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets (Part I	i, V				
		m (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see	<u> </u>	\$	26,701.			
P	art I							
		Check if the organization used Schedule O to respond to any question in this Part I			X			
	1	Contributions, gifts, grants, and similar amounts received	7	1	26,701.			
	2	Program service revenue including government fees and contracts		2				
	3	Membership dues and assessments		3				
	4	Investment income		4				
	5a	Gross amount from sale of assets other than inventory 5a						
	b	Less: cost or other basis and sales expenses5b						
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c				
	6	Gaming and fundraising events:						
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than						
ne		\$15,000) 6a						
Revenue	b	Gross income from fundraising events (not including \$ of contributions						
-	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such						
		gross income and contributions exceeds \$15,000) 6b						
	C	Less: direct expenses from gaming and fundraising events 6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	· ·· ····	6d				
	7a	Gross sales of inventory, less returns and allowances 7a						
	b	Less; cost of goods sold						
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c				
	8	Other revenue (describe in Schedule O)	8					
	9	lotal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	26,701.				
	10	Grants and similar amounts paid (list in Schedule O)		10				
	11	Benefits paid to or for members	11					
9	12	Salaries, other compensation, and employee benefits	12					
Expenses	13	Professional fees and other payments to independent contractors	es and other payments to independent contractors t, utilities, and maintenance See Schedule O					
×	14	Occupancy, rent, utilities, and maintenance See Schedul	14	2,083.				
ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) See Schedul		15	3,361.			
	16	Other expenses (describe in Schedule 0) See Schedul	Le O	16	8,476.			
	17	Total expenses. Add lines 10 through 16	17	13,920.				
Ø	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	12,781.				
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	0.				
	20	Other changes in net assets or fund balances (explain in Schedule 0)			0.			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	12,781.			
For Paperwork Reduction Act Notice, see the separate instructions.					orm 990-EZ (2023)			

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Pa	Balance Sheets (see the instructions for Part II)				F
	Check if the organization used Schedule O to resp	ond to any questio	n in this Part II (A) Beginning of year	T (D) (X X
22	Cach cavings and investments	-	(A) Beginning or year	1	nd of year 2,427.
23			0.	23	4,441.
24			0.		12,917.
25			0.	25	15,344.
26	~ ~ 1 ~ 1 ~ ~		0.	26	2,563.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27	12,781.
Pa	art III Statement of Program Service Accomplishmen				cpenses
	Check if the organization used Schedule O to resp		n in this Part III		for section and 501(c)(4)
	at is the organization's primary exempt purpose? See Schedule O			organizati	ons; optional for
Desc	pribe the organization's program service accomplishments for each of its three largest program somer, describe the services provided, the number of persons benefited, and other relevant informations.	ervices, as measured by expense tion for each program title	s. In a clear and concise	others.)	
	Performed and/or paid for multiple l		ontral		
20	Illinois.	tall cuts in c	енскат	-11	
	,			>	
	(Grants \$ 984 •) If this amount includes foreign of	rants, check here			
29					
		A			
			<u> </u>		
	(Grants \$) If this amount includes foreign of	rants, check here		29a	
30				_	
				-	
	(Crowto &		Г	_ _	
31	(Grants \$) If this amount includes foreign of Other program services (describe in Schedule O)			30a	
٠.	(Grants \$) If this amount includes foreign of	rants check here	_	31a	
32	Total program service expenses (add lines 28a through 31a)			32	0.
	art IV List of Officers, Directors, Trustees, and Key Ei	nployees (list each one	even if not compensated - se	e the instructions fo	r Part IV)
	Check if the organization used Schedule O to resp	ond to any question	n in this Part IV		
		(b) Average hours	(C) Reportable	d) Health benefits, contributions to	(e) Estimated
	(a) Name and title	per week devoted to position		employee benefit	amount of other compensation
T 0	alam Potton	pooluon	(if not paid, enter -0-)	compensation	Compensation
	clyn Patten esident/Founder	30.00		0	_
	te Thomson	30.00	1 0.1	0.	0.
-	ce President	25.00			
		1 75.00	0.	0	
Ch	lissa Kligore	25.00	0.	0.	0.
	lissa Kilgore ief Information Officer		0.	0.	0.
	ief Information Officer	5.00			
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions X 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 N 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? X 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II, and enter the total amount involved N/ASection 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 0 . : section 4955 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed IL 42a The organization's books are in care of Jaclyn Patten Telephone no. (309)453-1511 Located at 212 Cobblestone Lane, East Peoria, 61611-3405 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial No account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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									Yes	No
		organization engage, directly or indirectly, in po	olitical campaign activities	on behalf of or	in opposition to ca	ndidates for p	ublic office?			
		complete Schedule C, Part i	- 0.1					46		X
Pal	rt VI	Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations must a								
		Check if the organization used Schedule	O to respond to any qu	uestion in this	Part VI				137	
47	Did the	organization engage in lobbying activities or ha	un a pastion 501/h) electio						Yes	No
48	Is the or	complete Sch. C, Part II	Nh\(1\\A\\ii\) If "Vee " com	anlata Cabadula	С	•••••		47	+-	X
49 a	Did the c	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?						48 49a	+-	X
b	If "Yes,"	was the related organization a section 527 orga	anization?		••••••			49a 49b		A
50	Complete	e this table for the organization's five highest c	ompensated employees (o	ther than office	rs. directors, truste	es, and key e	nniovees) who			more
		0,000 of compensation from the organization.				48.7	A A			,,,,,,
		(a) Name and title of each employee		(b) Average	hours (c	Reportable	(d) Health benef	its, (e) Estim	nated
			1	per week dev	W-S	ensation (Forms /1099-MISC/	contributions to employee bene	fit am	nount of	f other
		NOM	VE	positio		099-NEC)	plans, and deferr compensation		ompens	ation
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f	Total nur	nber of other employees paid over \$100,000			<u> </u>					
		this table for the organization's five highest co				re than \$100.0	000 of compens	ation fr	om the	
		tion. If there is none, enter "None." NON							J 0.10	
	(a) l	lame and business address of each independe	nt contractor		(b) Type o	f service	(c	Comp	ensation	n
	7-1110						ľ			
2010										
-										
			And the second							
d 7	Total nun	nber of other independent contractors each rec	eiving over \$100,000							
		rganization complete Schedule A? Note: All se		ons must attach	a					
		d Schedule A						X	es	No
Jnder	penalties	s of perjury, I declare that I have examined this	return, including accompa	ınying schedule	s and statements,	and to the bes				
		nd complete. Declaration of preparer (other tha								
		Compart was all alli-								
Sign Here		Signature of officer Date								
пете	•	Jackie Patten, Pres	ident							
		7	T		T					
		Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN			
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-	arer		CPA		03/19/24	T		079		
Jse	Only	<u> </u>	PANY LTD, CP ERSITY ST ST	A's		Firm's EIN				
		1	61614-8303	.c A		Phone no.	(309)6	11-	∠ 35(<u> </u>
fay th	a IRS di	scuss this return with the preparer shown above					r	⊽ 1		٦
auy di	o n to un	2000 and toruit min me bieharet 200Mil anon	16: 989 HISTINGHOUS	******************		***************************************		X Ye		No
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