

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A F</u>	or the	2023 calendar year, or tax year beginning MAY 1, 2025 and	enaing A	APR 30, 202	4					
B c	Check if pplicabl	C Name of organization		D Employer ident	ification number					
	Addre chang									
	Name chang	Doing business as	61-0458	359						
	Initial return	,	E Telephone num	per						
	Final return	1413 SOUTH SIXTH STREET		(502) 6	34-0811					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,300,579.					
	Ameno	LOUISVILLE, KY 40208		H(a) Is this a group	H(a) Is this a group return					
	Application	F Name and address of principal officer: COREY MILLER		for subordinates? Yes X No						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No						
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	7	a list. See instructions					
	Vebsi		<u></u>	H(c) Group exemp						
		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: KY					
	art I	Summary	L 1001	oriormation, ====	TWI Otato of logal dofficito, ===					
		Briefly describe the organization's mission or most significant activities: EMPOV	WERING	CHILDREN.	YOUTH AND					
Se		FAMILIES THROUGH CHRIST-CENTERED VALUES		· · · · · · · · · · · · · · · · · · ·						
Jan	l	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not a	neente					
Ver	-				37					
Ĝ	I .	Number of independent voting members of the governing body (Part VI, line 1b)			4 37					
<u>«</u>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5 52					
ţį	I .	Total number of volunteers (estimate if necessary)			561					
Activities & Governance	l	•			'a 0.					
Ā	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			rb 0.					
		Not unrolated business taxable moone non-rolling ood 1, rate1, line 17		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		2,203,431						
Jue	l	Program service revenue (Part VIII, line 2g)		0						
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		258,260						
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-65,188							
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,396,503						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		185,727						
	1			0						
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,671,529						
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0						
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 366, 53	38.							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		766,794	. 795,563.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,624,050	. 2,769,519.					
	I .	Revenue less expenses. Subtract line 18 from line 12		-227,547	. 403,047.					
-Se	1.5	Trevende 1633 expenses. Oubtract line 10 from line 12		eginning of Current Yea						
Net Assets or	20	Total assets (Part X, line 16)		29,149,668						
Asse Bal	21	Total liabilities (Part X, line 26)		181,185						
let,	22	Net assets or fund balances. Subtract line 21 from line 20		28,968,483						
Pa	art II	Signature Block								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	my knowledge and helief it is					
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,emeage and zenei, it is					
,	, 001100	g and completel books and of property (called alian childry) to become an an information of this	non propuro	That any knowledge.						
Sign	n	Signature of officer		Date						
Her		COREY MILLER, EXECUTIVE DIRECTOR								
1101	C	Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	ı	JAMES STEVISON JAMES STEVISON		if self-em	D00174504					
	arer	Firm's name LBMC, PC			62-1199757					
	Only	Firm's address 325 WEST MAIN STREET, STE 1600		THIHSEIN						
-50	J,	LOUISVILLE, KY 40202		Phone no 5	02-585-1600					
May	/ the II	RS discuss this return with the preparer shown above? See instructions		[1 Holle Ho. 9	X Yes No					
y			<u> </u>	 						

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CABBAGE PATCH SETTLEMENT HOUSE, INCORPORATED (THE "ORGANIZATION")
	IS A LOCAL, NON-PROFIT EMPOWERING CHILDREN, YOUTH AND FAMILIES TO
	REACH THEIR FULL POTENTIAL SINCE 1910. THE ORGANIZATION'S MISSION IS
	TO PROVIDE LIFE-CHANGING ACADEMIC, RECREATIONAL, AND MENTORING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$962,958 •including grants of \$) (Revenue \$)
Ta	RECREATIONAL/YOUTH DEVELOPMENT PROGRAM: THIS PROGRAM FOCUSES ON
	SCHOOL-AGED AT RISK CHILDREN. AFTER-SCHOOL AND SUMMER ACTIVITIES ARE
	DESIGNED TO HELP YOUNG PEOPLE MAKE POSITIVE CHOICES AND AVOID THE
	INNER-CITY PITFALLS OF GANGS, VIOLENCE, DRUG AND ALCOHOL ABUSE, TEEN
	PREGNANCY AND DROPPING OUT OF SCHOOL. THROUGH A WIDE VARIETY OF
	AGE-APPROPRIATE PROGRAMS, AT-RISK CHILDREN ARE ENCOURAGED TO USE THEIR
	FREE TIME CONSTRUCTIVELY AND ENGAGE IN SAFE PLAY. THEY LEARN SUCH LIFE
	SKILLS AS TEAMWORK, COMMITMENT, DISCIPLINE, SPORTSMANSHIP AND RESPECT.
	THEIR RELATIONSHIPS WITH STAFF AND VOLUNTEERS ARE KEY TO THE PROGRAM'S
	SUCCESS. ULTIMATELY, THE CHILDREN AND YOUTH GAIN SELF-CONFIDENCE WHILE
	EXPERIENCING WHAT IT MEANS TO BE WINNERS IN LIFE. STRUCTURED CLASSES
	AND ACTIVITIES ARE OFFERED IN THIRTEEN CORE PROGRAM AREAS FOR TWO AGE
4b	(Code:) (Expenses \$445,722. including grants of \$32,899.) (Revenue \$)
	FAMILY SERVICES & COUNSELING PROGRAM: THIS PROGRAM OFFERS AT-RISK
	FAMILIES THE OPPORTUNITY TO DISCOVER LONG-TERM SOLUTIONS TO DIFFICULT
	PROBLEMS. PROGRAMS ARE DESIGNED TO BE PRO-ACTIVE, PREVENTIVE AND
	EDUCATIONAL. OUR GOALS ARE TO GUIDE FAMILIES TOWARD SELF-SUFFICIENCY
	AND MAKE PROFOUND DIFFERENCES IN THEIR QUALITY OF LIFE. A STRONG
	EMPHASIS IS PLACED ON HELPING FAMILIES BREAK THE CYCLE OF POVERTY BY
	OFFERING INTENSIVE CASE-MANAGEMENT SERVICES THAT HELP MOVE THEM FROM
	INSTABILITY TO STABLE, HEALTHY FAMILY ENVIRONMENTS. COUNSELING SERVICES
	INCLUDE: INDIVIDUAL YOUTH BEHAVIORAL COUNSELING, FAMILY & MARRIAGE
	COUNSELING, GROUP SUPPORT PROGRAMS, LIFE SKILLS & SOCIAL DEVELOPMENT
	FOR YOUTH (BOYS & GIRLS CLUB). AT-RISK, INNER CITY FAMILIES RECEIVE THE
	COUNSELING STAFF ALSO ASSISTS OTHER CABBAGE PATCH STAFF IN DETERMINING
4c	(Code:) (Expenses \$657,954. including grants of \$999.) (Revenue \$)
	EDUCATIONAL OPPORTUNITIES: WELL-QUALIFIED TEACHERS, INTERNS AND MANY
	VOLUNTEERS WORK DAILY WITH DOZENS OF STUDENTS. THE PRIMARY GOAL OF THIS
	PROGRAM IS TO HELP STUDENTS ACADEMICALLY ACHIEVE THEIR HIGHEST
	POTENTIAL LEVEL. MANY OF OUR PARTICIPANTS COME FROM HOMES WHERE
	EDUCATION ATTAINMENT LEVELS ARE LOW. MANY OF THE CHILDREN WE SERVE ARE
	CAPABLE OF ACADEMIC SUCCESS, BUT ARE HAMPERED BY VARIOUS BARRIERS. WE
	KNOW THAT EDUCATION IS ONE OF THE BEST WAYS TO BREAK THE CYCLE OF
	MULTI-GENERATIONAL POVERTY AND WE ARE COMMITTED TO ENSURING STUDENTS
	ARE GIVEN THE OPPORTUNITIES TO SUCCEED AND EXCEL. CORE PROGRAMS FOR
	STUDENTS GRADES 1-12 INCLUDE: TUTORING, SUPERVISED STUDY HALL (HOMEWORK
	HELPER), READING AND MATH READINESS CLASSES, COMPUTER LAB AND SUMMER
	ENRICHMENT PROGRAM. THE COLLEGE SCHOLARS PROGRAM IS DESIGNED TO PROVIDE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,066,634.
	Farra 990 (2000)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ــــــــــــــــــــــــــــــــــــــ		<u></u> -
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2023)

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Form Pa	n 990 (2023) CABBAGE PATCH SETTLEMENT HOUSE, INC. 61-0458 rt IV Checklist of Required Schedules (continued)	1359	P	age 4
	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		_
30		20		X
21	contributions? If "Yes," complete Schedule M	30		X
31 32		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
00	Natura All Farms 200 floor and a special to a supplete Oak and do O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	, T		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

40470201

(gambling) winnings to prize winners?

023) CABBAGE PATCH SETTLEMENT HOUSE, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return		37						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	140		x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c							
	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		.,,					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h							
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	an appearing a graph in the page of the pa								
9									
а	a. Did the appropriate propriation make any tayable distributions under section 40000								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	_							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
L	Note: See the instructions for additional information the organization must report on Schedule O.								
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
•	Enter the amount of reserves on hand 13c	-							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

CABBAGE PATCH SETTLEMENT HOUSE, INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 37 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 37 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	ΚY
----	--	----

exempt status with respect to such arrangements?

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records CABBAGE PATCH SETTLEMENT HOUSE - (502) 634-0811

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

1413 SOUTH SIXTH STREET, LOUISVILLE, KY 40208

Form **990** (2023)

16h

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	inzu		C)	ірсі	iout	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			than o		Reportable	Reportable	Estimated	
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste		au au	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) REV. DR. COREY MILLER	45.00	<u> =</u>	<u> </u>	0		Ξ 0	ъ.			
EXECUTIVE DIRECTOR				х				143,327.	0.	12,101.
(2) MIKE MARSHALL	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) MICHAEL DRAKE	4.00									
PAST-PRESIDENT		Х		Х				0.	0.	0.
(4) KOURTNEY NETT	4.00									
TREASURER		Х		Х				0.	0.	0.
(5) KERI WESTMORELAND	4.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) TRACILLA BEACHAM	4.00									
BOARD MEMBER		Х						0.	0.	0.
(7) EBONY BELL	4.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MARY BROWN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CYNTHIA CAMPBELL	4.00									
BOARD MEMBER	4 00	Х						0.	0.	0.
(10) DOUGLAS CHIN	4.00								•	•
BOARD MEMBER	4 00	Х						0.	0.	0.
(11) KEN COULTER	4.00								•	•
BOARD MEMBER	4 00	Х				_		0.	0.	0.
(12) DAVID COOPER	4.00	.,							0	0
BOARD MEMBER	4 00	Х						0.	0.	0.
(13) SHANNON DEWEESE	4.00	37							0	0
BOARD MEMBER	4 00	Х	_			_		0.	0.	0.
(14) MIKE DICKMAN	4.00	37							0	0
BOARD MEMBER	4 00	Х						0.	0.	0.
(15) DAVID D. DORSEY	4.00	v							0	0
BOARD MEMBER	4 00	Х						0.	0.	0.
(16) RYAN DOZIER BOARD MEMBER	4.00	Х						0.	0.	0.
(17) SHAREEN DUNN	4.00	Δ						1	0.	
BOARD MEMBER	=.00	Х						0.	0.	0.
332007 12-21-23		21			<u> </u>		I		0.	Form 990 (2023)

332007 12-21-23

Form 990 (2023) CABBAGE	PATCH SE	тт	LE	ME	ΝT	' Н	OU	SE, INC.	61-0458	359	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not cl	ss pei	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related		stimate nount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	pensa rom the anizati d relate anizatio	e ion ed
(18) CHAD ELLIS	4.00											
BOARD MEMBER		Х						0.	0.			0.
(19) JENNIFER FERGUSON BOARD MEMBER	4.00	Х						0.	0.			0.
(20) JOHN FIDLER	4.00							-	-			
BOARD MEMBER		Х						0.	0.			0.
(21) LEA FISCHBACH	4.00											
BOARD MEMBER		Х						0.	0.			0.
(22) CHRISTOPHER HALL	4.00	х						0.	0.			
BOARD MEMBER	4.00	Λ						0.	0.	-		0.
(23) BRAD HUME BOARD MEMBER	4.00	х						0.	0.			0.
(24) MEGAN IMEL	4.00											
BOARD MEMBER		Х						0.	0.			0.
(25) EMILY LAWRENCE	4.00								_			
BOARD MEMBER		Х						0.	0.	<u> </u>		0.
(26) JUSTIN MOORE BOARD MEMBER	4.00	х						0.	0.			0.
41- 0-1-1-1-1			I		<u> </u>	<u> </u>		143,327.	0.	1	2,10	
c Total from continuation sheets to Part VI								0.	0.	_	_ ,	0.
d Total (add lines 1b and 1c)								143,327.	0.	1	2,10	
2 Total number of individuals (including but n									000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer	, director, truste	e, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	=		-					· · · · · · · · · · · · · · · · · · ·	ne organization		v	

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? f "Yes." complete Schedule J for such person	5		Х
_				

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Name	(A) e and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent	t contractors (including but r	not limited to those listed	above) who received more than	

 $\frac{\$100,000 \text{ of compensation from the organization}}{\text{SEE PART VII, SECTION A CONTINUATION SHEETS}}$

Form 990 CABBAGE	PATCH SE	$\Gamma \Gamma$	'LE	ME	TM	H	OU	SE, INC.	61-045	8359
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	n pen				organizations
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	JE.			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) LISA NIEHAUS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(28) ROBERT W. REUTHER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(29) GRANT ROBERTS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(30) KRISTEN TAYLOR	4.00									
BOARD MEMBER		Х						0.	0.	0.
(31) MICHAEL WADE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(32) CYNTHIA WELCH	4.00									
BOARD MEMBER		Х						0.	0.	0.
(33) CARL WILLIAMS, SR.	4.00									
BOARD MEMBER		Х						0.	0.	0.
(34) TONY WILLIAMS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(35) STEVEN ROBERT WILSON	4.00]								
BOARD MEMBER		Х						0.	0.	0.
(36) ROBERT E. WILLIS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(37) DAVID WOOD	4.00									
BOARD MEMBER		Х						0.	0.	0.
(38) STEPHEN WOLFORD	4.00	1						_		_
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
		-								
		-								
		1								
		1								
		1								
	I]	I	l	l	l				
T. I. D. I.W. O										
Total to Part VII, Section A, line 1c								l		

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	10,034.				
fts,		d Related organizations 1d					
ig je		e Government grants (contributions)					
Sir							
e Hi	Ţ	All other contributions, gifts, grants, and	1 767 060				
들됨		similar amounts not included above 1f	1,767,960.				
d d		Noncash contributions included in lines 1a-1f	153,594.	1 777 004			
Og	r	Total. Add lines 1a-1f		1,777,994.			
			Business Code				
Se	2 8	·					
ē <u>Š</u>	k	·					
Sen	C	·					
ar ev	C	d					
Program Service Revenue	6	.					
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		423,609.			423,609.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	L				
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 6,705,387.	` '				
		Less: cost or other basis					
a		and sales expenses 7b 6,003,173.					
ğ	_						
ther Revenue		. ,	•	702,214.			702,214.
ت ح		d Net gain or (loss)		702,214.			702,214.
‡	8 8	Gross income from fundraising events (not					
0		including \$ 10,034. of					
		contributions reported on line 1c). See	306 630				
		Part IV, line 18					
		Less: direct expenses 8b	124,840.	261 700			261 700
		Net income or (loss) from fundraising events		261,789.			261,789.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	T				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	3				
	k	Less: cost of goods sold 10k	o				
	(Net income or (loss) from sales of inventory	T				
_ω			Business Code				
Miscellaneous Revenue	11 a	OTHER REVENUE	900099	6,960.	4,715.		2,245.
ane	k	·					
e še	c	:					
Λisc B	c	d All other revenue					
2		Total. Add lines 11a-11d		6,960.			
	12	Total revenue. See instructions		3,172,566.	4,715.	0.	1389857.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 173,355. 173,355. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 64,619. 153,854. 29,232. 60,003. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,348,450. 1,117,280. 56,671. 174,499. Other salaries and wages 7 Pension plan accruals and contributions (include 87,242. 67,023. 4,222. 15,997. section 401(k) and 403(b) employer contributions) 87,941. 4,310. 13,444. 105,695. Other employee benefits 9 105,360. 82,436. 6,145. 16,779. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 23,100. 23,100. Accounting Lobbying Professional fundraising services. See Part IV, line 17 104,493. 104,493. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 71,267. 106,682. 11,328. 24,087. column (A), amount, list line 11g expenses on Sch O.) 5,940. 28,488. 21,916. 632. Advertising and promotion 12 91,161. 23,672. 18,741. 48,748. 13 Office expenses Information technology 14 Royalties 15 54,716. 57,894. 1,333. 1,845. 16 Occupancy 4,057. 3,277. 574. 206. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,628. 6,608. 20. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 249,374. 236,905. 7,482. 4,987. Depreciation, depletion, and amortization 22 43,150. 40,434. 1,865. 851. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 34,899. 7,253. 24,438. 3,208. PROGRAM COSTS AND SPECI STAFF DEVELOPMENT 18,698. 1,502. 17,190. 6. 6,363. 8,698. 16,076. ASSOCIATION DUES AND FE 1,015. 9,363. 4,976. 4,387. d MISCELLANEOUS 1,500. 1.079. 210. 211. e All other expenses 2,769,519. 2,066,634. 336,347. 366,538. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Part	^	Balance Sneet					
		Check if Schedule O contains a response or note to	any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			346,674.	2	212,389
	3	Pledges and grants receivable, net			134,827.	3	57,157
	4	Accounts receivable, net			23,551.	4	20,783
	5	Loans and other receivables from any current or form	ner o	fficer, director,			
		trustee, key employee, creator or founder, substanti	al cor	ntributor, or 35%			
		controlled entity or family member of any of these pe	erson	s		5	
	6	Loans and other receivables from other disqualified	perso	ons (as defined			
		under section 4958(f)(1)), and persons described in s	ectio	on 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			8,499.	9	16,073
•	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10)a	8,619,882.			
	b	Less: accumulated depreciation10		4,337,452.	4,436,483.		4,282,430 18,336,193
•	11	Investments - publicly traded securities			16,406,596.	11	18,336,193
	12	Investments - other securities. See Part IV, line 11				12	
•	13					13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		<u> </u>	7,793,038.	15	8,527,481
	16	Total assets. Add lines 1 through 15 (must equal lin			29,149,668.	16	31,452,506
.	17	Accounts payable and accrued expenses			133,919.	17	140,166
.	18 Grants payable			17.066	18	10.55	
'	19	9 Deferred revenue		47,266.	19	48,665	
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability. Complete Part				21	
g 2	22	Loans and other payables to any current or former of					
		trustee, key employee, creator or founder, substanti					
<u>a</u>		controlled entity or family member of any of these pe				22	
' 2	23	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	
- 1	24	Unsecured notes and loans payable to unrelated this				24	
2	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-	24). C	Complete Part X			
					101 105	25	100 021
+2	26	Total liabilities. Add lines 17 through 25			181,185.	26	188,831
۾ ا		Organizations that follow FASB ASC 958, check h	iere	X			
<u>ا ڍ</u>	~~	and complete lines 27, 28, 32, and 33.			8,342,965.	07	9 119 773
	27 22				20,625,518.	27	8,448,772 22,814,903
3 2	28	Net assets with donor restrictions			20,023,310.	28	22,014,903
5		Organizations that do not follow FASB ASC 958,	cneci	k nere			
; .	00	and complete lines 29 through 33.				00	
3 3	29 20	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equip				30	
_	31	Retained earnings, endowment, accumulated incom			28,968,483.	31	31,263,675
	32	Total net assets or fund balances			29,149,668.	32	31,452,506
;	33	Total liabilities and net assets/fund balances			49,149,000.	33	Form 990 (202

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,			19.
3	Revenue less expenses. Subtract line 2 from line 1	3			3,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				83.
5	Net unrealized gains (losses) on investments	5	<u> </u>	89	2,1	45.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	31,	26	3,6	75 .
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		[2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?].	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public

Employer identification number Name of the organization CABBAGE PATCH SETTLEMENT HOUSE 61-0458359 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2108276.	2215718.	2534467.	1824326.	1805485.	10488272.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2108276.	2215718.	2534467.	1824326.	1805485.	10488272.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						106,935.
6	Public support. Subtract line 5 from line 4.						10381337.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2108276.	2215718.	2534467.	1824326.	1805485.	10488272.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	286,584.	870,102.	320,458.	431,052.	423,609.	2331805.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			12,712.	26,155.	2,246.	41,113.
11	Total support. Add lines 7 through 10						12861190.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	11,135.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	80.72 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	81.92 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a <u>, 16b, 17a, or 1</u> 7b	, check this box a	nd see instruction	s
							(Form 990) 2023

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi					•••••	
	Public support percentage for 2023 (li			column (f))		15	%
						16	%
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	 a. or 19b. check th 	ns box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		1	·
	Were a sector to a filtre a construction to all the decrease and a first the decrease at the construction of the all the decrease at the construction of the construct		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
L	Did the organization eversion a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*332025 12-21-23

Schedule A (Form 990) 2023

40470201

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2023

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

Employer identification number

	CABBAGE PATCH SETTLEMENT HOUSE, INC. 6	1-0458359					
Organization type	e (check one):						
Filers of:	Section:						
Form 990 or 990-E2	EZ X 501(c)(3) (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						
Note: Only a sectio	anization is covered by the General Rule or a Special Rule . ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	instructions.					
General Rule							
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total						
Special Rules							
sections 5 contributo	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), 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.						
contributo literary, or	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contr is checked purpose. [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. Don't 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\$						
answer "No" on Par	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 lart 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 et the filing requirements of Schedule B (Form 990).	• •					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Pag

Name of organization Employer identification number

CABBAGE PATCH SETTLEMENT HOUSE, INC.

61-0458359

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$69,836.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$65,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CABBAGE PATCH SETTLEMENT HOUSE, INC.

61-0458359

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
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CABBAGE PATCH SETTLEMENT HOUSE, INC.

61-0458359

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	400 SHARES GE STOCK	_	
			12/01/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Name of organization **Employer identification number** CABBAGE PATCH SETTLEMENT HOUSE, INC. 61-0458359 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CABBAGE PATCH SETTLEMENT HOUSE, INC.

Employer identification number 61-0458359

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

4,282,430. Schedule D (Form 990) 2023

51,500.

170,169.

4,060,761

e Other

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

3,535,999.

801,453.

51,500.

971,622.

7,596,760.

Schedule D (Form 990) 2023 CABBAGE PAT	CH SETTLEMENT	HOUSE, INC.	61-0458359 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)	_		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 900 Part V line 1	2
(a) Description of investment	(b) Book value		st or end-of-year market value
	(b) Book value	(c) Method of Valuation. Go	St of end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 1	15.
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ANI	NUITY TRUST		297,504.
	RPETUAL TRUSTS	5	8,229,977.
(3)			, ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	l. (B))		8,527,481.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

(6) (7) (8)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL

REVENUE SERVICE INDICATING THAT IT QUALIFIES AS A TAXEXEMPT ORGANIZATION

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
CABBAGE PATCH SETTLEMENT HOUSE, INC.						61-0458359	
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments b If "Yes," list the 10 highest paid individendments 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total	I	I	I				
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.			
en			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				 		(add col. (a) through			
				AUCTION	(total sumbor)	col. (c))			
			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	115,446.	259,591.	21,626.	396,663.			
	2	Less: Contributions	4,230.	5,600.	204.	10,034.			
	3	Gross income (line 1 minus line 2)	111,216.	253,991.	21,422.	386,629.			
	4	Cash prizes							
ű	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect E	7	Food and beverages							
	8	Entertainment							
		Other direct expenses		72,431.	4,813.	124,840.			
	10	Direct expense summary. Add lines 4 through	9 in column (d)			124,840.			
Do	11	Net income summary. Subtract line 10 from li				261,789.			
Pa	πι	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	i 990, Part IV, line 19, or r	eported more than				
		\$15,000 0H FOHH 990-E2, line da.		(b) Pull tabs/instant		(d) Total gaming (add			
Jie -			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
۳	1	Gross revenue							
Se	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct [4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	s 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
a	Fn	ter the state(s) in which the organization condu	cts gaming activities						
		the organization licensed to conduct gaming ac				Yes No			
		No," explain:							
10-		Vaa Na							
		ere any of the organization's gaming licenses re Yes," explain:			ъаі (Yes No			
	_								
33208	2082 09-13-23 Schedule G (Form 990) 2023								

40470201

332082 09-13-23

Sch	edule G (Form 990) 2023 CABBAGE PATCH SETTLEMENT HOUSE, INC. 61-0	458359	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par		01 401
Га		t III, lines 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	CABBAGE	PATCH	SETTLEMENT	HOUSE,	INC.	61-0458359	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(contin}	ued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CABBAGE PATCH SETTLEMENT HOUSE, INC.					61-0458359		
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to		-			-		
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's prod							
Part II Grants and Other Assistance to D recipient that received more than \$8					anization answered "	Yes" on Form 990, Part IV	, line 21, for any
· · · · · · · · · · · · · · · · · · ·		1		1	(f) Method of	(a) Description of	(In) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	id government er	nanizatione lietod in th	e line 1 tabla		l .		
3 Enter total number of other organizations							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					CHILDREN, TEENAGERS, COLLEGE
					SCHOLARS RECEIVED BACK TO
					SCHOOL ASSISTANCE IN AUGUST
BACK TO SCHOOL ASSISTANCE	154	0.	6,000.		2023.
FAMILY INCENTIVE STIPEND PROGRAM	7	9,960.	0.		
					70 FAMILIES RECEIVED 642 BAGS
FOOD PANTRY ASSISTANCE	306	0.	9,630.		OF FOOD AND PERSONAL ITEMS.
					61 FAMILIES (242 INDIVIDUALS)
					RECEIVED CHRISTMAS ASSISTANCE
					IN THE FORM OF FOOD, CLOTHING,
CHRISTMAS BASKETS (FOOD, CLOTHING, GIFTS)	242	0.	26,899.		AND GIFTS.
UTILITY ASSISTANCE	48	11,017.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SCHOLARSHIP GRANTS ARE AWARDED TO ACTIVE CABBAGE PATCH PARTICIPANTS THAT

HAVE SUCCESSFULLY COMPLETED COLLEGE PREP REQUIREMENTS IN OUR EDUCATIONAL

OPPORTUNITIES PROGRAM. MANAGEMENT STAFF IN OUR PROGRAMS MONITOR COLLEGE

STUDENT PROGRESS AND GRADES AS WELL AS REGULARLY VISIT STUDENTS ON CAMPUS.

FAMILY STIPENDS AND VARIOUS TYPES OF ASSISTANCE ARE AWARDED TO FAMILIES

BASED ON THEIR CHILD/CHILDREN BEING ACTIVE CABBAGE PATCH PARTICIPANTS AS

WELL AS LEVEL OF NEED.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	4.	850.	0.		
COLLEGE SCHOLARSHIPS FOR BOOKS AND SUPPLIES	40.	106,484.	0.		
TEEN STIPEND GRANT	21.	2,515.	0.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number**

61-0458359

Name of the organization

Department of the Treasury

CABBAGE PATCH SETTLEMENT HOUSE, INC.

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred benefits (B)(i)-(D)			(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) REV. DR. COREY MILLER	(i)	143,327.	0.	0.	7,500.	4,601.	155,428.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
(ii									
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)							 	
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)								

Tart in Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE BOARD HAS ADOPTED A FORMAL COMPENSATION POLICY THAT DETAILS THE PROCESS
FOR DETERMINATION OF COMPENSATION FOR ALL EMPLOYEES INCLUDING THE
COMPENSATED OFFICER POSITION OF THE EXECUTIVE DIRECTOR. THE PROCESS
INCLUDES MERIT EVALUATIONS AND/OR CURRENT MARKET VALUES OF EACH POSITION.
THE HUMAN RESOURCES COMMITTEE IS RESPONSIBLE FOR REVIEW OF COMPENSATION AND
BENEFITS FOR ALL STAFF MEMBERS AND APPROVES RECOMMENDATIONS TO THE BOARD.
THE EXECUTIVE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD THE TOTAL
COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR. THE COMPENSATION PACKAGE
OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	CABBAGE PATC	H SETT	LEMENT HOU	JSE, INC.	61-	04583	359	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one noncash contrib		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	11	103,192.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37	0.2	40 160	T13.67.7			
25	Other (OTHER)	X	93	48,160. 2,242.	FMV			
26	Other (AUCTION ITEMS)	X	3	2,242.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi						0	
	for which the organization completed Form 82	83, Part V, L	onee Acknowleag	ement 29			Yes	Nia
20-	Diving the year did the exemination receive b	v oontributio		autod in Davit Llinaa 1 thyau	ab 00 that it		Yes	No
Sua	During the year, did the organization receive b must hold for at least 3 years from the date of	•		· ·	•			
	exempt purposes for the entire holding period					30a		Х
h	If "Yes," describe the arrangement in Part II.	·				30a		21
31	Does the organization have a gift acceptance	nolicy that re	equires the review o	of any nonstandard contribu	tions?	31		Х
	Does the organization have a gift acceptance plant accept	-	•	•		31		-22
ozd			_	•		32a		Х
h	If "Yes," describe in Part II.					JZa		-2
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	rked			
00	describe in Part II.	,5,1u11111 (C) 10	a type of property	To willon column (a) is the	oncu,			
	GOOGLING HTT GIT II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	CABBAGE	PATCH	SETTLEMENT	HOUSE,	INC.	61-0458359	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information	Provide to	ne information required frontributions, the nu	d by Part I, line mber of items	es 30b, 32b, and s received, or a c	d 33, and whether the organization of both. Also comp	tion olete
-								
-								
-								

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CABBAGE PATCH SETTLEMENT HOUSE, INC.

Employer identification number 61-0458359

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPPORTUNITIES THROUGH CHRIST-CENTERED VALUES. THE ORGANIZATION'S VISION
STATEMENT IS TO EMPOWER YOUTH AND THEIR FAMILIES TO ACHIEVE SUCCESS AND
CREATE A BETTER WORLD.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
GROUPS: 8-11 YEAR OLDS AND 12-18 YEAR OLDS. THE PROGRAM AREAS INCLUDE:
ARTS, CRAFTS, MUSIC, DRAMA, OUTDOOR RECREATION, CAMPING, SPORTS AND
GAMES, SELF-DIRECTED PLAY, LEADERSHIP DEVELOPMENT, HOBBIES, CLUBS AND
SPECIAL EVENTS. TYPICAL ATTENDANCE DURING THE SCHOOL YEAR AVERAGES
AROUND 70 A DAY, DURING THE SUMMER 62 A DAY.
23,579 VISITS
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
EFFECTIVE BEHAVIORAL INTERVENTION STRATEGIES FOR TROUBLED CHILDREN WHO
EXHIBIT DISRUPTIVE BEHAVIORS. THE PRIMARY GOAL OF OUR COUNSELING
PROGRAM IS TO TEACH OUR YOUTH HOW TO MAKE POSITIVE CHOICES
WHEN FACED WITH DIFFICULT LIFE CIRCUMSTANCES. FAMILY SERVICES
HIGHLIGHTS INCLUDE PROVIDING CHRISTMAS BASKETS (FOOD AND GIFTS) TO OVER
61 FAMILIES AND BACK-TO-SCHOOL SUPPLIES TO OVER 154
CHILDREN.
A12 VICING

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

CABBAGE PATCH SETTLEMENT HOUSE, INC.

CABBAGE PATCH SETTLEMENT HOUSE, INC.

SUPPORT TO CAPABLE, MOTIVATED YOUTH WHO DESIRE A HIGHER EDUCATION BUT

ARE LIMITED BY FAMILY HARDSHIPS. FOR THE ACADEMIC YEAR ENDING MAY 2023,

PARTIAL COLLEGE SCHOLARSHIPS TOTALING \$106,483 WERE AWARDED TO 40

QUALIFIED AT-RISK STUDENTS. OUR TYPICAL SCHOLARSHIPS RANGE FROM \$1,000

TO \$4,000 PER YEAR. STAFF MEMBERS CLOSELY MONITOR STUDENT'S PROGRESS.

WE HAVE A "NEVER GIVE UP" ATTITUDE WITH EACH STUDENT. IT IS OUR

LONG-HELD BELIEF THAT EDUCATION CHANGES LIVES AND THAT IT IS THE KEY TO

5,281 VISITS

FORM 990, PART VI, SECTION B, LINE 11B:

MOVING FAMILIES FROM POVERTY TO PRODUCTIVITY.

AFTER PREPARATION, THE FORM 990 WAS DISTRIBUTED TO AND REVIEWED BY THE FULL BOARD OF DIRECTORS PRIOR TO FILING THE 990 WITH THE IRS & ATTORNEY GENERAL OF KENTUCKY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS ADOPTED A CONLICT OF INTEREST POLICY THAT INCLUDES A

DESCRIPTION OF AREAS AND THE NATURE IN WHICH CONFLICTS OF INTEREST MAY

ARISE AND INCLUDES THE DISCLOSURE POLICY AND PROCEDURES. ANNUAL DISCLOSURE

STATEMENTS ARE PREPARED BY ALL DIRECTORS, OFFICERS AND MANAGEMENT

EMPLOYEES. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR DETERMINATION OF A

CONFLICT. THE BOARD IS RESPONSIBLE FOR ANY CORRECTIVE OR DISCIPLINARY

ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS ADOPTED A FORMAL COMPENSATION POLICY THAT DETAILS THE PROCESS
FOR DETERMINATION OF COMPENSATION FOR ALL EMPLOYEES INCLUDING THE

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 61-0458359 CABBAGE PATCH SETTLEMENT HOUSE, INC. COMPENSATED OFFICER POSITION OF THE EXECUTIVE DIRECTOR. THE PROCESS INCLUDES MERIT EVALUATIONS AND/OR CURRENT MARKET VALUES OF EACH POSITION. THE HUMAN RESOURCES COMMITTEE IS RESPONSIBLE FOR REVIEW OF COMPENSATION AND BENEFITS FOR ALL STAFF MEMBERS AND APPROVES RECOMMENDATIONS TO THE BOARD. THE EXECUTIVE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD THE TOTAL COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR. THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE BOARD DEVELOPMENT, FINANCE AND HUMAN RESOURCE COMMITTEES OF THE BOARD PERIODICALLY REVIEW APPROPRIATE ORGANIZATIONAL DOCUMENTS AND POLICIES. THE FOLLOWING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST, COMPENSATION POLICY, OPERATING BUDGET AND THE 990 NON-PROFIT TAX RETURN. THE 990 RETURN IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.