Form **990-EZ**

** PUBLIC DISCLOSURE COPY ** Short Form

Short Form Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

_	_			, and ending				
A			endar year, or tax year beginning	-				
R	Check if applicab	ole:	C Name of organization	D Employer identification number				
	_	ess change						
F	_	e change	Cultivating Families	81-4	363348			
F	_	l return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
F		return/ nated		713-542-8986				
F	_		14007 Ragus Lake Dr City or town, state or province, country, and ZIP or foreign postal code		F Group Exe			
H	_	nded return	Sugar Land, TX 77498			ուլիսՈլ		
_		ation pending			Number	The second section to		
		nting Meth			H Check	if the organization is		
	Websit	_	ttps://cultivatingfamilies.org		1	ed to attach Schedule B		
_				a)(1) or 527	(Form 990	0).		
		-	tion: X Corporation Trust Association Other					
L	Add lin	es 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are $$200,000$ or more, or if	total assets (Part I	l,			
_		<u>1 (B))</u> are S	\$500,000 or more, file Form 990 instead of Form 990-EZ		\$	35,784.		
P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund Balance	es (see the instru	uctions for Pa	rt I)		
		Check	if the organization used Schedule O to respond to any question in this Part I					
	1	Contribut	tions, gifts, grants, and similar amounts received		1	35,743.		
	2	Program	service revenue including government fees and contracts			40.		
	3		ship dues and assessments		3			
	4	Investme	nt income See Sch	edule O	4	1.		
	5a		nount from sale of assets other than inventory <u>5a</u>					
	Ь р		st or other basis and sales expenses 5b					
	C		local from colo of coasta other than inventory (outstreet line Eb from line Ea)	5c				
	6	,	and fundraising events:					
	-	-						
ne	a		come from gaming (attach Schedule G if greater than					
Revenue	١.	\$15,000)						
Ŗ	b		come from fundraising events (not including \$ of contrib	utions				
Ξ			draising events reported on line 1) (attach Schedule G if the sum of such					
			come and contributions exceeds \$15,000)					
	C	Less: dire	ect expenses from gaming and fundraising events 6c 6c					
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	3)	6d			
	7a	Gross sa	les of inventory, less returns and allowances 7a					
	b	Less: cos	st of goods sold 7b					
	С	Gross pr	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c			
	8	Other rev	renue (describe in Schedule 0)		8			
_	9		renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			35,784.		
	10	Grants ar	nd similar amounts paid (list in Schedule 0)		10			
	11	Benefits	paid to or for members		11			
G	12		other compensation, and employee benefits					
Expenses	13		onal fees and other payments to independent contractors			6,433.		
ber	. 14					,		
Ä	15				15	352.		
	16	Other exr	penses (describe in Schedule 0) See Sch	edule O	16	8,944.		
	17		penses. Add lines 10 through 16		17	15,729.		
_	18		(1.5.1) (1.1. (1.1. 1.1. 47.5. 11. 0)		- 40	20,055.		
ţ	10		, , , , , , , , , , , , , , , , , , , ,		18	20,033.		
sse	19		ts or fund balances at beginning of year (from line 27, column (A))		40	26 271		
Net Assets			ree with end-of-year figure reported on prior year's return)			26,371.		
	20		anges in net assets or fund balances (explain in Schedule 0)			0.		
	21	Net asset	ts or fund balances at end of year. Combine lines 18 through 20		21	46,426.		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

Page 2

Pa	art II Balance Sheets (see the instructions for Part I					
	Check if the organization used Schedule O to r					ind of year
			(A) Beginning of year 26,371.	+	(B) E	nd of year
22	, v,		20,3/1			46,426.
23	9			23		
24	,		26,371.			46,426.
25 26			20,371	_		<u> </u>
27	,	21\	26,371			46,426.
	art III Statement of Program Service Accomplishm	nents (see the instruct	tions for Part III)	121	Fv	(penses
	Check if the organization used Schedule O to r		•	\mathbf{x}	(Required	for section
—— Wha	at is the organization's primary exempt purpose? See Schedule		THE CHIEF COLUMN			and 501(c)(4) ons; optional for
	cribe the organization's program service accomplishments for each of its three largest progra		s. In a clear and concise		others.)	ons, optional for
	ner, describe the services provided, the number of persons benefited, and other relevant info					
28	See Schedule O					
	(Grants \$) If this amount includes foreign	gn grants, check here			28a	3,125.
29	See Schedule O					
				_		
	(Grants \$) If this amount includes foreign	gn grants, check here			29a	2,469.
30	See Schedule O					
				_		1 221
	(Grants \$) If this amount includes foreign (describe in Cabacitate C)				30a	1,332.
	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign	an granta shook hara			31a	
		gri grants, check here		\Box		
UL	I otal program corvice evpended (add lined 28a through 31a)				32	6 926.
Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	r Employees (list each one	even if not compensated - s	ee the ir	32	6,926. r Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees (list each one	even if not compensated - s	ee the ir	nstructions for	6,926.
Pa	art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to r	Employees (list each one	even if not compensated - s n in this Part IV (c) Reportable	ee the ir	nstructions for	6 , 926 • r Part IV) (e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key	r Employees (list each one espond to any question (b) Average hours per week devoted to	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea	alth benefits, ibutions to byee benefit	r Part IV) (e) Estimated amount of other
Pa	Check if the organization used Schedule O to r	r Employees (list each one espond to any question (b) Average hours	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms	(d) Hea	nstructions for	r Part IV) (e) Estimated
P a	Check if the organization used Schedule O to r (a) Name and title astin Flint	r Employees (list each one espond to any question (b) Average hours per week devoted to	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea	alth benefits, ibutions to yee benefit and deferred	r Part IV) (e) Estimated amount of other
Ju Ch	Check if the organization used Schedule O to r (a) Name and title astin Flint hair	r Employees (list each one espond to any question (b) Average hours per week devoted to	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea	alth benefits, ibutions to yee benefit and deferred	r Part IV) (e) Estimated amount of other
Ju Ch Ju	Check if the organization used Schedule O to r (a) Name and title astin Flint hair adie Cross	(list each one espond to any question (b) Average hours per week devoted to position 2.00	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea	nstructions for alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
Ju Ch Ju Vi	Check if the organization used Schedule O to r (a) Name and title astin Flint hair die Cross Lee Chair	r Employees (list each one espond to any question (b) Average hours per week devoted to position	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
Ju Ch Ju Vi Am	Check if the organization used Schedule O to r (a) Name and title astin Flint air die Cross ce Chair by Bezecny	(b) Average hours per week devoted to position 2.00	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0 .	(d) Hea	alth benefits, ibutions to to to the control of the	(e) Estimated amount of other compensation 0 •
Ju Ch Ju Vi Am Se	Check if the organization used Schedule O to rectary. (a) Name and title astin Flint air adie Cross ce Chair my Bezecny ecretary, Founder & CEO	(list each one espond to any question (b) Average hours per week devoted to position 2.00	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea	nstructions for alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
Ju Ch Ju Vi Am Se Pa	Check if the organization used Schedule O to rectary. (a) Name and title astin Flint air adie Cross ce Chair my Bezecny ecretary, Founder & CEO am Gray	(b) Average hours per week devoted to position 2.00 20.00	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0 . 0 .	(d) Hea	alth benefits, ibutions to vivee benefit and deferred pensation	(e) Estimated amount of other compensation 0 •
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Ju Ch Ju Vi Am Pa Di Pa	Check if the organization used Schedule O to rectary, Founder & CEO am Gray crettor aina Ishaq art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Schedule O to rectary (e) Cross (f) Cross ((b) Average hours per week devoted to position 2.00 20.00 1.00	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Hea	alth benefits, ibutions to to to the control of the	(e) Estimated amount of other compensation 0. 0. 0.
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Ju Ch Ju Vi Am Pa Di Pa	Check if the organization used Schedule O to rectary, Founder & CEO am Gray crettor aina Ishaq art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Schedule O to rectary (e) Cross (f) Cross ((b) Average hours per week devoted to position 2.00 20.00 1.00	even if not compensated - s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Hea	alth benefits, ibutions to to to the control of the	(e) Estimated amount of other compensation 0. 0. 0.

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 N/A 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 X complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A **b** Gross receipts, included on line 9, for public use of club facilities N/A **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 **0** • ; section 4955 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T None List the states with which a copy of this return is filed 713-542-8986 Amy Bezecny **42 a** The organization's books are in care of Telephone no. 14007 Ragus Lake Dr, Sugar Land, TX 77498 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial Х 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? Х If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2023)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form	n 990-EZ (2023) C u	ltivating	Fami	.lies					81-436	5334	8	Page 4
												Yes	No
46	Did the o	rganization enga	ge, directly or indirectl	ly, in polit	ical campaign activitie	es on behalf of o	r in oppositio	n to cand	lidates for pu	blic office?			
	If "Yes," o	complete Schedu	le C, Part I								. 46		X
Pa	rt VI	Section 50	1(c)(3) Organiza	ations	Only								
		All section 50	(c)(3) organizations	must an	swer questions 47-	49b and 52, ar	nd complete	the tab	les for lines	50 and 51			
		Check if the o	rganization used Scl	hedule C	to respond to any	question in th	is Part VI						
											_	Yes	No
47	Did the o	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?											
			Part II										X
48	Is the org	ganization a scho	ol as described in sect	tion 170(t	o)(1)(A)(ii)? If "Yes," o	omplete Schedu	le E				. 48		X
49 a			e any transfers to an ex									1	X
b			rganization a section 5										
50	Complete	e this table for th	e organization's five hi	ghest cor	npensated employees	(other than office	ers, directors	, trustee	s, and key en	nployees) wh	no each r	eceived (more
	than \$10	0,000 of comper	sation from the organi	ization. If	there is none, enter "N	lone."							
		(a) Nai	ne and title of each em	nployee		(b) Averag		(c)	Reportable sation (Forms	(d) Health be contribution	c to	(e) Estin	
					_	per week d		W-2/	1099-MISC/	employee be	enefit d	mount of compens	
				NON	₹	positi	.1011	10	99-NEC)	compensat		Jonnpons	
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_						†							
f 51	Complete	e this table for th	ployees paid over \$100 e organization's five hi	ghest cor				ved more	than \$100,0	00 of compe	nsation	from the	
			one, enter "None."	NON			/b)	Tuna of	000000		(a) Com	nanaatia	
	(a) I	vame and busine	ss address of each ind	iepenaem	CONTRACTOR	+	(0)	Type of	Service		(c) Com	pensatio	П
_													
d	Total nur	nber of other ind	ependent contractors	each rece	iving over \$100,000								
52	Did the o	rganization com	olete Schedule A? Note	e: All sect	tion 501(c)(3) organiz	ations must atta	ch a						
	complete	d Schedule A .									X	Yes	No
Unde	er penaltie	s of perjury, I de	clare that I have exami	ned this r	eturn, including accor	mpanying schedi	ules and state	ments, a	nd to the bes	t of my knov	vledge aı	nd belief,	, it is
true,	correct, a	nd complete. De	claration of preparer (c	ther than	officer) is based on a	ll information of	which prepar	er has a	ny knowledge).			
		Signature of office								Date			
Sig	n	· ·		_						Date			
He	re	Justin	Flint, Ch	nair									
							1	ı		l			
		Print/Type pre	parer's name		Preparer's signature		Date		Check] if PTIN	V		
Pai	d	L.	•			-	0 = 14 =		self- emplo	·			
Pre	parer		Murphy		Barbara Mu	rphy	05/17	/24	1		0138		
Us	e Only	Firm's name	Blazek &			200			Firm's EIN		1269		
		Firm's address			n, Suite	∠ 00			Phone no.	713-4	±39-	5/39	
	#h = 1D 0	Tanana Mata	Houston								T	Va.	
iviay	ine IKS di	scuss this return	with the preparer sho	wii adove	er see instructions						X		No
											Form	990-EZ	(2023)

SCHEDULE A

(Form 990)

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Cultivating Families Employer identification number 81-4363348

_			I Vacing I a					1 4000040
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative		•)(b)(1)(A)(ii	ii).	
4	\Box	A medical research organization					•	the hospital's name.
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		nege of university owned	or operat	ca by a gc	verrimental anti-desemble	5 4 III
_				and all control and an action of the		70/1-1/41/41	<i>(</i>)	
6		A federal, state, or local gov	· ·				• •	
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in
		section 170(b)(1)(A)(vi). (C	•					
8	Щ	A community trust describe			•			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(x) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).	
12		An organization organized a	· ·	•	•			purposes of one or
		more publicly supported or	· ·	•	-		•	
		lines 12a through 12d that	~					
а		Type I. A supporting orga				•	, ,	aivina
Ī		the supported organization	· · · · · · · · · · · · · · · · · · ·			-		
		organization. You must o			majority c	n the direc	tors or trustees or the st	аррогинд
L		¬			ion with its		od organization(s) by bay	vin a
b	, <u> </u>		•					-
		control or management o			ime perso	ns tnat co	ntrol or manage the supp	ροπεα
		organization(s). You mus						
C	; [= ::				• •	ed with,
	_	its supported organization		•				
C	I L		/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
		vide the following information	n about the supporte	ed organization(s).				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ina document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								
Tota	al						1	1

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.")	13,691.	15,956.	18,732.	11,271.	35,743.	95,393.
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	13,691.	15,956.	18,732.	11,271.	35,743.	95,393.
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)						37,701.
6	Public support. Subtract line 5 from line 4.						57,692.
Sec	tion 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	13,691.	15,956.	18,732.	11,271.	35,743.	95,393.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1.	1.
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.)						
11	Total support. Add lines 7 through 10						95,394.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	359.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				_
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	60.48 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	76.67 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	supported 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% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
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 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		-	•	• • •		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2023 Cultivating Families 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 qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b	2		
3c	3a		
3c	2h		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	30		
4b 4c 5a 5b 5c 6 7 8 9a 9b	Зс		
4c 5a 5b 5c 6 7 8 9a 9b	4a		
4c 5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5b 5c 6 7 8 9a 9b	4c		
5b 5c 6 7 8 9a 9b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c			
6 7 8 9a 9b			
7 8 9a 9b	5 C		
9a 9b 9c	6		
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c	8		
9b 9c			
9c	9a		
9c			
	9b		
	9c		
10a			
	10a		
10b ule A (Form 990) 2023		n 990)	5053

Pa	rt 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
	Ton B.711 Type in Supporting Organizations		. I	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	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		
3	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		
Sec	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 in	structior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	that these activities constituted substantially all of its activities.	2a		
b				
J	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	Oh		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		3h		
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	: : : Xh		1

Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
-	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
. 8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

g Applied to underdistributions of prior years h Applied to 2023 distributable amount

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

4 Distributions for 2023 from Section D,

Part VI. See instructions.

line 7:

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

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

81-4363348 Page 7 Cultivating Families Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Cultivating Families

81-4363348

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-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					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.					
contributor, during literary, or education	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, contributions is checked, enter h purpose. Don't cor	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 Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a 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)

Name of organization Employer identification number

Cultivating Families

81-4363348

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of	tional 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		\$5,000 .	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
NO.	Name, address, and ZIF + 4	\$	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 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.)

Cultivating Families

81-4363348

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(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** Cultivating Families 81-4363348 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Cultivating Families

Employer identification number 81-4363348

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Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property: Amo	ount:
Interest income	1.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses: Amo	ount:
Computer equipment and supplies	366.
Office expenses	2,387.
Marketing and promotion	1,747.
Insurance	1,263.
Program expenses	3,181.
Total to Form 990-EZ, line 16	8,944.
Form 990-EZ, Part III, Primary Exempt Purpose -	
Cultivating Families facilitates charitable activities to benefit	
children in or from the foster care system. We equip congregations f	rom
many faith traditions to meet the needs of children from the foster	
care system. Cultivating Families is fortunate to have dedicated	
volunteers to support our programs. In 2023, the value of program	
volunteer hours totaled an estimated \$45,000.	
Form 990-EZ, Part III, Line 28, Program Service Accomplishments:	
Awareness Activities, large and small, are for all who	
want to help children, whether planning to bring a child	
into their home or not. In 2023, 280 Awareness Activity	
volunteers served 420 families and children. An additional 175 peopl	.e

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

Name of the organization Cultivating Families	Employer identification number 81-4363348
attended awareness activities and learned about foster car	e community
needs.	
Form 990-EZ, Part III, Line 29, Program Service Accomplish	ments:
Support and Education Activities such as Supportive Care	
Groups and trauma-informed Care Training for parents,	
volunteers, and faith community staff are essential for	
the success of all families caring for children from foste	r care. Four
support and education activity volunteers served 67 famili	es in 2023.
Form 990-EZ, Part III, Line 30, Program Service Accomplish	ments:
Learn & Serve Projects such as First Night (personal	
hygiene) Kits, Backpacks, and Building Beds for children	
in foster care serve as an introduction to foster care and	
adoption while helping provide the children and families w	ith their
basic needs. In 2023, 263 Learn & Serve Project volunteers	served 229
families.	
Form 990-EZ, Part V, Information Regarding Personal Benefi	
The organization did not, during the year, receive any fun	
or indirectly, to pay premiums on a personal benefit contr	
The organization, did not, during the year, pay any premiu	ms, directly,
or indirectly, on a personal benefit contract.	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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Form 990-EZ	