

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning Sep 1, 2007, **and ending** Aug 31, 2008

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C Name of organization
THE GLADNEY CENTER FOR ADOPTION

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
6300 JOHN RYAN DR

City, town or country State ZIP code + 4
FORT WORTH TX 76132-4122

D Employer Identification Number
75-0917409

E Telephone number
(817) 922-6000

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations.*
- H (a)** Is this a group return for affiliates? ... Yes No
- H (b)** If 'Yes,' enter number of affiliates _____
- H (c)** Are all affiliates included? ... Yes No
(If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: **www.gladney.org**

J Organization type (check only one) ... 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ... _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **13,505,688.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds	1a			
b Direct public support (not included on line 1a)	1b	6,676,479.		
c Indirect public support (not included on line 1a)	1c	352,913.		
d Government contributions (grants) (not included on line 1a)	1d			
e Total (add lines 1a through 1d) (cash \$ 6,739,392. noncash \$ 290,000.)	1e			7,029,392.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			6,294,847.
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4			25,682.
5 Dividends and interest from securities	5			
6a Gross rents	6a	107,986.		
b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			107,986.
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
b Less: cost or other basis and sales expenses			8b	
c Gain or (loss) (attach schedule)			8c	
d Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	42,250.		
b Less: direct expenses other than fundraising expenses	9b	160,374.		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			See L-9 Stmt -118,124.
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			5,531.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			13,345,314.
13 Program services (from line 44, column (B))	13			9,599,743.
14 Management and general (from line 44, column (C))	14			2,860,130.
15 Fundraising (from line 44, column (D))	15			735,272.
16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17			13,195,145.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			150,169.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			8,294,380.
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			8,444,549.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L.-25a Stmt	25a	637,307.	0.	637,307.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	609,285.	477,758.	128,735.	2,792.
43 Other expenses not covered above (itemize):					
a Personnel costs	43a	5,656,632.	3,982,185.	1,197,347.	477,100.
b Medical services	43b	152,488.	151,688.	638.	162.
c Office expenses	43c	287,233.	202,327.	20,430.	64,476.
d Utilities & grounds	43d	516,454.	403,885.	86,507.	26,062.
e Leases & rentals	43e	299,402.	290,879.	5,414.	3,109.
f Insurance expense	43f	306,425.	267,873.	38,552.	0.
g See Other Expenses Stmt	43g	4,729,919.	3,823,148.	745,200.	161,571.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	13,195,145.	9,599,743.	2,860,130.	735,272.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► ADOPTION AGENCY & MATERNITY HOME All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a DOMESTIC ADOPTION - placed 214 children in forever homes and provided medical, counseling and living assistance to 290 young women experiencing unplanned pregnancies. ----- ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,258,949.
b INTERCOUNTRY ADOPTION - placed 278 children in forever homes from Asia, Africa, Eastern European and Latin American countries. ----- ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,237,866.
c FAMILY SERVICES - provided pre-adoption training to 400 families and post-adoption services and training to more than 1000 families. ----- ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	997,311.
d COMMUNICATIONS & OUTREACH - provides adoption education and outreach to 1000s of individuals through personal presentations, printed literature and our website. ----- ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,105,617.
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	9,599,743.

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	638.	45	638.
	46 Savings and temporary cash investments	640,343.	46	484,867.
	47a Accounts receivable	47a 562,619.		
	b Less: allowance for doubtful accounts	47b	154,608.	47c 562,619.
	48a Pledges receivable	48a 1,210,054.		
	b Less: allowance for doubtful accounts	48b 3,343.		48c 1,206,711.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	295,923.	53	186,162.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 19,421,606.		
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 4,265,319.	15,683,958.	57c 15,156,287.	
58 Other assets, including program-related investments (describe ► See Line 58 Stmt)		127,125.	58 119,900.	
59 Total assets (must equal line 74). Add lines 45 through 58		16,902,595.	59 17,717,184.	
LIABILITIES	60 Accounts payable and accrued expenses	1,414,334.	60	1,734,283.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)	6,700,301.	64a	6,101,279.
	b Mortgages and other notes payable (attach schedule)	6,218.	64b	334,773.
	65 Other liabilities (describe ► See Line 65 Stmt)	487,362.	65	1,102,300.
66 Total liabilities. Add lines 60 through 65		8,608,215.	66 9,272,635.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	7,945,218.	67	7,921,103.
	68 Temporarily restricted	349,162.	68	523,446.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		8,294,380.	73 8,444,549.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		16,902,595.	74 17,717,184.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	9,228,319.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE ATTACHED SCHEDULE</u>	b4	-4,116,995.
	Add lines b1 through b4	b	-4,116,995.
c	Subtract line b from line a	c	13,345,314.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	13,345,314.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	13,271,602.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE ATTACHED SCHEDULE</u>	b4	76,457.
	Add lines b1 through b4	b	76,457.
c	Subtract line b from line a	c	13,195,145.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	13,195,145.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Michael J. McMahon 6300 JOHN RYAN DR FORT WORTH, TX76132	President 40.00	276,115.	361,192.	0.
Steve Boma 6300 JOHN RYAN DR FORT WORTH, TX76132	Director 2.00	0.	0.	0.
Cary Clayborn 6300 JOHN RYAN DR FORT WORTH, TX76132	Director 2.00	0.	0.	0.
Jimmy Crawford 6300 JOHN RYAN DR FORT WORTH, TX76132	Director 2.00	0.	0.	0.
Diane Delabano 6300 JOHN RYAN DR FORT WORTH, TX76132	Director 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a		N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a		N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
90a	List the states with which a copy of this return is filed ▶ See States Filed In		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	93	
91a	The books are in care of ▶ Ellen Wilson Telephone number ▶ (817) 922-6000 Located at ▶ 6300 John Ryan Dr Fort Worth TX ZIP + 4 ▶ 76132-4122		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No
 If 'Yes,' enter the name of the foreign country **Ethiopia**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a DOMESTIC ADOPTION FEES					3,695,073.
b INSURANCE & MEDICAL REIMB					17,476.
c INTERCOUNTRY PROGRAM FEES					2,504,281.
d FAMILY SERVICES					78,017.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	25,682.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	107,986.	
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-118,124.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME			1	5,531.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				21,075.	6,294,847.
105 Total (add line 104, columns (B), (D), and (E))					6,315,922.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Adoptive parents reimburse the Center for room, board, medical care,
93a	legal and counseling services for the birth mother as well as pre and post
93a	adoption services for all participants of the adoption process.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A	
Yes	No

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Ellen Wilson Date: 06/29/09

Type or print name and title: Sr VP/CFO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: THE GLADNEY CENTER
6300 JOHN RYAN DR
FORT WORTH TX 76132-4122

EIN: _____ Preparer's SSN or PTIN (See General Instruction X): _____
Phone no.: _____

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

Name of the organization THE GLADNEY CENTER FOR ADOPTION	Employer identification number 75-0917409
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
J. SCOTT BROWN 6300 John Ryan Dr Fort Worth, TX 76132	Executive VP, Program 40.00	193,877.	20,500.	0.
Frank R. Garrott 6300 John Ryan Dr. Fort Worth, TX 76132	COO 40.00	183,154.	0.	0.
Heidi Bruegel Cox 6300 John Ryan Dr Fort Worth, TX 76132	General counsel 40.00	162,009.	9,100.	0.
VICKYE SCHULTZ 6300 John Ryan Dr Fort Worth, TX 76132	Sr VP OF HR AND DOMES 40.00	145,967.	15,500.	0.
MARSHALL WILLIAMS 6300 John Ryan Dr. Fort Worth, TX 76132	Sr.VP, Program Manager 40.00	117,112.	13,794.	0.
Total number of other employees paid over \$50,000 ▶	32			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NATIONAL MULTIMEDIA PO BOX 6238, INDIANAPOLIS, IN 46206	Yellow Page Placement Agency	362,887.
Sitesmart Interactive PO BOX 171721 Arlington TX 76003	Computer Consultant	88,182.
Dale Henry Advertising 4913 Skylark Circle Fort Worth TX 76180	Graphic Design	74,270.
PETER IRWIN, MD 1700 Oakmont, Suite 207 Fort Worth TX 76132	Medical professional services	54,387.
Total number of others receiving over \$50,000 for professional services ▶	4	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	None	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>3,331.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		3,331.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h .)			3,331.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities. See **Part VI-B Stmt**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization THE GLADNEY CENTER FOR ADOPTION	Employer identification number 75-0917409
---	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the *General Rule* and a *Special Rule* – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the *General Rule* and/or the *Special Rules* do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

THE GLADNEY CENTER FOR ADOPTION

75-0917409

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	See attached PDF ----- 6300 John Ryan Dr ----- Fort Worth TX 76132 -----	\$ 5,019,353. -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE GLADNEY CENTER FOR ADOPTION

75-0917409

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Donated television profiles/promotions ----- ----- -----	\$ 190,000.	09/01/07
2	Donated Advertising agency services. ----- ----- -----	\$ 100,000.	09/01/07
	----- ----- -----	\$	

Name as Shown on Return
THE GLADNEY CENTER FOR ADOPTION

Employer Identification No.
75-0917409

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. McMahon	<input type="checkbox"/>	276,115.	0.	276,115.	0.
Steve Boma	<input type="checkbox"/>	0.			
Cary Clayborn	<input type="checkbox"/>	0.			
Jimmy Crawford	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		276,115.	0.	276,115.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. McMahon	<input type="checkbox"/>	361,192.	0.	361,192.	0.
Steve Boma	<input type="checkbox"/>	0.			
Cary Clayborn	<input type="checkbox"/>	0.			
Jimmy Crawford	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		361,192.	0.	361,192.	0.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. McMahon	<input type="checkbox"/>	0.			
Steve Boma	<input type="checkbox"/>	0.			
Cary Clayborn	<input type="checkbox"/>	0.			
Jimmy Crawford	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ... ▶		637,307.	0.	637,307.	0.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning Sep 1, 2007, and ending Aug 31, 2008.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2007

Department of the Treasury
Internal Revenue Service

Return ID (20-digit number) ▶

Name of exempt organization

Employer identification number

THE GLADNEY CENTER FOR ADOPTION

75-0917409

Name and title of officer

Ellen Wilson

Sr VP/CFO

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, line 12)	1b	13,345,314.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ **06/29/2009**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN _____
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Other expense	1,968,059.	1,733,081.	194,050.	40,928.
Professional fees	702,780.	637,902.	23,498.	41,380.
Outreach education	1,559,929.	1,452,165.	28,501.	79,263.
Unrealized (Gain) Loss on inte	194,911.	0.	194,911.	0.
Interest expense	304,240.	0.	304,240.	0.
Total	4,729,919.	3,823,148.	745,200.	161,571.

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joel Eastman 6300 JOHN RYAN DR FORT WORTH, TX 76132	Treasurer 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lisa Elder 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> David Friedman 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jeffrey M. Harp 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kenneth Heitner 6300 JOHN RYAN DR FORT WORTH, TX 76132	Co-Chair 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Richard Thomas Hill 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Tamara Hext Hilliard 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Robert H. Holliday 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Janette Hunter 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Rick Jackson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Robert Jameson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joan Katz 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Scott M. Kline 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ginger Lawhon 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ann Louden 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Debbie Robinson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Carl Roland 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jim Rosenthal 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Drea Rosko 6300 JOHN RYAN DR FORT WORTH, TX 76132	Secretary 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Shannon Schumacher 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lynn Rossi Scott 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Michael Steadman 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> William Swiacki 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dennis H. Withers 6300 John Ryan Dr Fort Worth TX 76132	Chairman 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Beverly Horton Yates 6300 John Ryan Dr Fort Worth TX 76132	Past Chair 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jeffrey Margolies 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lyle Mayeaux 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lindsey Long Merrill 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jana Moore 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Patricia Muller 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gary Randle 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> DeWitt Ray III 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Stacey J. Reynolds 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Beth Riggs 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mark A. Robertson 6300 John Ryan Dr Fort Worth TX 76132	Director 2.00	0.	0.	0.

Form 990, Part VI, Page 7, Line 90a

States Filed In

New York

Form 990, Page 8, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a 93a 93a	<u>This furthers exempt purposes of assisting Birth Parents during the pregnancy with medical and financial needs and providing on-going adoption related services.</u>
93b 93b 93b	<u>Insurance and Medicaid reimbursement for the Birthmothers's prenatal care and obstetrical services. This furthers the exempt purpose of furnishing maternity hospitalization, service, care and assistance to the expectant mothers.</u>
93c 93c 93c	<u>Adoptive paarents reimburse the Center for expenses related to facilitation of the adoption of children from foreign countries. This furthers the exempt purpose by providing caring and loving homes for orphaned children in countries outside the United States.</u>
93d 93d 93d 93d 93d	<u>Adoptive parents, adult adoptees and birth parents reimburse the Center for expenses related to adoption registration service, birthparent search fees and post adoption counseling. This furthers exempt purpose by providing continuity in the adoption process through correspondence between the adoptive families, birthparents and the adult adoptee.</u>

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
gladney 150th Anniversary	42,250.	0.	42,250.	160,374.	-118,124.
Total	<u>42,250.</u>	<u>0.</u>	<u>42,250.</u>	<u>160,374.</u>	<u>-118,124.</u>

Form 990, Part II, Line 25a

Compensation

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Diane Delabano		0.			
Joel Eastman		0.			
Lisa Elder		0.			
David Friedman		0.			
Jeffrey M. Harp		0.			
Kenneth Heitner		0.			
Richard Thomas Hill		0.			
Tamara Hext Hilliard		0.			
Robert H. Holliday		0.			
Janette Hunter		0.			
Rick Jackson		0.			
Robert Jameson		0.			
Joan Katz		0.			
Scott M. Kline		0.			
Ginger Lawhon		0.			
Ann Louden		0.			
Debbie Robinson		0.			
Carl Roland		0.			
Jim Rosenthal		0.			
Drea Rosko		0.			
Shannon Schumacher		0.			
Lynn Rossi Scott		0.			
Michael Steadman		0.			
William Swiacki		0.			
Dennis H. Withers		0.			
Beverly Horton Yates		0.			
Jeffrey Margolies		0.			
Lyle Mayeaux		0.			
Lindsey Long Merrill		0.			
Jana Moore		0.			
Patricia Muller		0.			
Gary Randle		0.			
DeWitt Ray III		0.			
Stacey J. Reynolds		0.			
Beth Riggs		0.			
Mark A. Robertson		0.			

Form 990, Part II, Line 25a

Continued

Compensation

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total		<u>0.</u>			

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Diane Delabano		0.			
Joel Eastman		0.			
Lisa Elder		0.			
David Friedman		0.			
Jeffrey M. Harp		0.			
Kenneth Heitner		0.			
Richard Thomas Hill		0.			
Tamara Hext Hilliard		0.			
Robert H. Holliday		0.			
Janette Hunter		0.			
Rick Jackson		0.			
Robert Jameson		0.			
Joan Katz		0.			
Scott M. Kline		0.			
Ginger Lawhon		0.			
Ann Louden		0.			
Debbie Robinson		0.			
Carl Roland		0.			
Jim Rosenthal		0.			
Drea Rosko		0.			
Shannon Schumacher		0.			
Lynn Rossi Scott		0.			
Michael Steadman		0.			
William Swiacki		0.			
Dennis H. Withers		0.			
Beverly Horton Yates		0.			
Jeffrey Margolies		0.			
Lyle Mayeaux		0.			
Lindsey Long Merrill		0.			
Jana Moore		0.			
Patricia Muller		0.			
Gary Randle		0.			
DeWitt Ray III		0.			
Stacey J. Reynolds		0.			
Beth Riggs		0.			
Mark A. Robertson		0.			

Form 990, Part II, Line 25a

Continued

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total		<u>0.</u>			

Form 990, Part II, Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Diane Delabano		0.			
Joel Eastman		0.			
Lisa Elder		0.			
David Friedman		0.			
Jeffrey M. Harp		0.			
Kenneth Heitner		0.			
Richard Thomas Hill		0.			
Tamara Hext Hilliard		0.			
Robert H. Holliday		0.			
Janette Hunter		0.			
Rick Jackson		0.			
Robert Jameson		0.			
Joan Katz		0.			
Scott M. Kline		0.			
Ginger Lawhon		0.			
Ann Louden		0.			
Debbie Robinson		0.			
Carl Roland		0.			
Jim Rosenthal		0.			
Drea Rosko		0.			
Shannon Schumacher		0.			
Lynn Rossi Scott		0.			
Michael Steadman		0.			
William Swiacki		0.			
Dennis H. Withers		0.			
Beverly Horton Yates		0.			
Jeffrey Margolies		0.			
Lyle Mayeaux		0.			
Lindsey Long Merrill		0.			
Jana Moore		0.			
Patricia Muller		0.			
Gary Randle		0.			
DeWitt Ray III		0.			
Stacey J. Reynolds		0.			
Beth Riggs		0.			
Mark A. Robertson		0.			

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances

Expense Account and Other Allowances					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	1,335,252.	0.	1,335,252.
BUILDINGS	15,471,008.	2,440,456.	13,030,552.
FURNITURE & EQUIPMENT	2,360,434.	1,668,317.	692,117.
AUTOMOBILES	254,912.	156,546.	98,366.
Total	<u>19,421,606.</u>	<u>4,265,319.</u>	<u>15,156,287.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEBT ISSUANCE COSTS NET OF AMORTIZATION	63,940.	56,715.
PLAZA STATUES	63,185.	63,185.
Total	<u>127,125.</u>	<u>119,900.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
INTEREST RATE SWAP PAYABLE	327,157.	514,269.
DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTS	160,205.	156,158.
Deferred Income	0.	7,500.
Due to The Gladney Fund	0.	424,373.
Total	<u>487,362.</u>	<u>1,102,300.</u>

Explanation Statement

Form/Line: Schedule A, Page 6, Part VI-B

Explanation of: Lobbying Activity by Nonelecting Public Charities

TESTIMONY AND EXPERTISE PROVIDED TO LEGISLATIVE BODIES ON ISSUES
RELATING TO ADOPTION

Supporting Statement of:

Form 990 p 4/Line 64a, column (A)

Description	Amount
BOND PAYABLE	6,700,301.
Total	<u>6,700,301.</u>

Supporting Statement of:

Form 990 p 4/Line 64a, column (B)

Description	Amount
Bond Payable	6,101,279.
Total	<u>6,101,279.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
CAR NOTE	6,218.
Total	<u>6,218.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
Auto Loans & Line of Credit	334,773.
Total	<u>334,773.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
The Gladney Fund #75-2414153	-4,116,995.
Total	<u>-4,116,995.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
The Gladney Fund #75-2414153	76,457.
Total	<u>76,457.</u>

Supporting Statement of:

Sch. A, 990 p 4/Line 15-b

Description	Amount
The Gladney Fund	2,769,451.
Total	<u>2,769,451.</u>

Supporting Statement of:

Sch. A, 990 p 4/Line 15-c

Description	Amount
The Gladney Fund	2,042,561.
Total	<u>2,042,561.</u>

Supporting Statement of:

Sch. A, 990 p 4/Line 15-d

Description	Amount
The Gladney Fund	2,158,810.
Edna Gladney Home Endowment Fund	31,036.
Sproesser Wynn Endowment Fund	48,073.
Total	<u>2,237,919.</u>