

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning Sep 1, 2006, and ending Aug 31, 2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: THE GLADNEY CENTER FOR ADOPTION. Address: 6300 JOHN RYAN DR, FORT WORTH, TX 76132-4122

D Employer Identification Number: 75-0917409. E Telephone number: (817) 922-6000. F Accounting method: Accrual

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

- H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: www.gladney.org

J Organization type: 501(c) 3

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

I Group Exemption Number. M Check if the organization is not required to attach Schedule B

L Gross receipts: 10,115,263

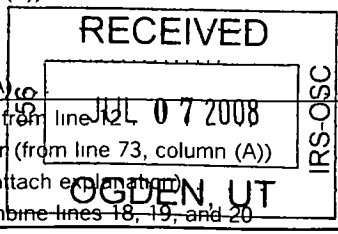
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing revenue and expenses. Includes sub-rows for contributions (1a-1d), program service revenue (2), membership dues (3), interest (4), dividends (5), gross rents (6a-6c), other investment income (7), gross amount from sales of assets (8a-8d), special events (9a-9c), gross sales of inventory (10a-10c), other revenue (11), total revenue (12), program services (13), management and general (14), fundraising (15), payments to affiliates (16), total expenses (17), excess or deficit (18), net assets at beginning (19), other changes (20), and net assets at end (21).

SCANNED JUL 18 2008

REVENUE

EXPENSES



Handwritten notes: 017, 23, 19, 2A, 25

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

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 (attach sch) See L-25a Stmt	25a 239,179.	0.	239,179.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	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) (attach schedule)	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)	42 592,516.	467,080.	125,436.	0.
43 Other expenses not covered above (itemize)	43a 9,087,015.	7,495,241.	1,591,774.	0.
a see attached schedule	43b			
b -----	43c			
c -----	43d			
d -----	43e			
e -----	43f			
f -----	43g			
g -----				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 9,918,710.	7,962,321.	1,956,389.	0.

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

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 195 children in forever homes and provided medical, counseling and living assistance to 234 young women experiencing unplanned pregnancies. ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	3,145,769.
b INTERNATIONAL ADOPTION - placed 202 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"/>	1,957,885.
c FAMILY SERVICES - provided pre-adoption training to over 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"/>	679,261.
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"/>	2,179,406.
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)	7,962,321.

BAA

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	638.	45	638.
	46 Savings and temporary cash investments	352,766.	46	640,343.
	47a Accounts receivable	47a 154,608.		
	b Less allowance for doubtful accounts	47b 0.	114,671.	47c 154,608.
	48a Pledges receivable	48a -----		
	b Less allowance for doubtful accounts	48b -----		48c -----
	49 Grants receivable			49 -----
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a -----
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b -----
	51 a Other notes and loans receivable (attach schedule)	51 a -----		
	b Less allowance for doubtful accounts	51 b -----		51 c -----
	52 Inventories for sale or use			52 -----
	53 Prepaid expenses and deferred charges		200,780.	53 295,923.
	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 19,339,990.		
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 3,656,032.	16,037,153.	57c 15,683,958.	
58 Other assets, including program-related investments (describe ► <u>See Line 58 Stmt</u>)		134,350.	58 127,125.	
59 Total assets (must equal line 74) Add lines 45 through 58		16,840,358.	59 16,902,595.	
LIABILITIES	60 Accounts payable and accrued expenses	1,030,805.	60	1,414,334.
	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)	7,260,580.	64a	6,700,301.
	b Mortgages and other notes payable (attach schedule)	14,508.	64b	6,218.
	65 Other liabilities (describe ► <u>See Line 65 Stmt</u>)	436,638.	65	487,362.
66 Total liabilities. Add lines 60 through 65	8,742,531.	66	8,608,215.	
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	7,839,409.	67	7,945,218.
	68 Temporarily restricted	258,418.	68	349,162.
	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)	8,097,827.	73	8,294,380.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	16,840,358.	74	16,902,595.

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	13,726,862.
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	3,611,599.	
	Add lines b1 through b4		b	3,611,599.
c	Subtract line b from line a		c	10,115,263.
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	10,115,263.

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

a	Total expenses and losses per audited financial statements		a	10,936,120.
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	1,017,410.	
	Add lines b1 through b4		b	1,017,410.
c	Subtract line b from line a		c	9,918,710.
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	9,918,710.

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, TX 76132	President 40	218,679.	20,500.	0.
Kenneth Barr 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director par	0.	0.	0.
Kenneth Lockyer 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director par	0.	0.	0.
Jana Moore 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director par	0.	0.	0.
Steve Boma 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director par	0.	0.	0.
See List of Officers, Etc Statement				

Part VI Other Information (continued)

		Yes	No
82 a	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)		
	82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	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		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	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	N/A	
b	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	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88 a	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
b	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
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	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
90 a	List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		63
91 a	The books are in care of ▶ <u>Ellen Wilson</u> Telephone number ▶ <u>(817) 922-6000</u> Located at ▶ <u>6300 JOHN RYAN DR, FORT WORTH TX</u> ZIP + 4 ▶ <u>76132-4122</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
	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)

	Yes	No
91 c	X	

c At any time during the calendar year, did the organization maintain an office outside of the United States?

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					5,051,135.
b INSURANCE & MEDICAL REIMB					42,418.
c INTERNATIONAL PROGRAM FEES					2,072,069.
d FAMILY SERVICES					184,077.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	56,576.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	128,419.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME			01	447.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				185,442.	7,349,699.
105 Total (add line 104, columns (B), (D), and (E))					7,535,141.

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, legaland counseling services for the birth mother as well as pre and post adoption services for all participants of the adoption process. This 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

▶ Ellen Wilson Signature of officer | 6/30/2008 Date

▶ ELLEN WILSON - EXECUTIVE VICE PRESIDENT & CFO Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if: _____ Preparer's SSN or PTIN (See General Instruction W): _____

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

BAA

TEEA0110

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization THE GLADNEY CENTER FOR ADOPTION	Employer identification number 75-0917409
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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, FT WORTH, TX 76132	EXEC VP OF FINANCE 40	154,170.	20,500.	0.
HEIDI COX 6300 JOHN RYAN DR, FT WORTH, TX 76132	EXEC VP AND GENERAL COUNSEL 40	126,594.	9,100.	0.
GONGZHAN WU 6300 JOHN RYAN DR, FT WORTH, TX 76132	CHINA PROGRAM MANAGER 40	80,129.	20,500.	0.
VICKYE SCHULTZ 6300 JOHN RYAN DR, FT WORTH, TX 76132	VP OF HR AND DOMESTIC ADOPTION 40	116,259.	15,500.	0.
MARSHALL WILLIAMS 6300 JOHN RYAN DR, FT WORTH, TX 76132	VP OF INTERNATIONAL ADOPTION 40	95,503.	13,794.	0.
Total number of other employees paid over \$50,000 ▶	8			

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	361,049.
TRACY LOCKE PO BOX 910023, DALLAS, TX 75391	Branding Creative Agency	300,000.
JORDAN INTERNATIONAL 11200 Westwind, Eden Prairie, MN 55344	Russian adoption facilitator	139,450.
DENITECH CORPORATION PO BOX 844173, DALLAS, TX 75284	Copier/Printer Sales & Maintance	69,119.
PETER IRWIN, MD 1700 Oakmont, Suite 207, Ft Worth, 76132	Medical professional services	57,594.
Total number of others receiving over \$50,000 for professional services ▶	1	

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
N/A		
Total number of other contractors receiving over \$50,000 for other services ▶	None	

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See instructions.)

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 **▶** \$ 2,828. 0.
 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

	Yes	No
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
-----------	--	---

See Part V, Form 990

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.)
- 11 a 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.)
- 11 b 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.)

BAA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,769,451.	2,042,561.	2,237,919.	3,596,886.	10,646,817.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	5,493,295.	5,816,446.	5,286,781.	5,020,584.	21,617,106.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,744.	125,843.	83,750.	11,507.	237,844.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	1,185.	2,445.	1,576.	9,239.	14,445.
23 Total of lines 15 through 22	8,280,675.	7,987,295.	7,610,026.	8,638,216.	32,516,212.
24 Line 23 minus line 17	2,787,380.	2,170,849.	2,323,245.	3,617,632.	10,899,106.
25 Enter 1% of line 23	82,807.	79,873.	76,100.	86,382.	
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p>d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a _____</p> <p>26b _____</p> <p>26c _____</p> <p>26d _____</p> <p>26e _____</p> <p>26f _____ %</p>
27 Organizations described on line 12:	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ 2,769,451. (2004) _____ 2,042,561. (2003) _____ 2,237,919. (2002) _____ 3,596,886.</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.</p> <p>c Add: Amounts from column (e) for lines 15 _____ 10,646,817. 16 _____ 17 _____ 21,617,106. 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ 10,646,817. and line 27b total _____ 0.</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f 32,516,212.</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 32,263,923.</p> <p>27d 10,646,817.</p> <p>27e 21,617,106.</p> <p>27g 66.48 %</p> <p>27h 0.73 %</p>

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

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

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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) 2006	(b) 2005	(c) 2004	(d) 2003	(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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
X		
	X	
	X	
	X	
	X	
X		2,828.
	X	
		2,828.

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

BAA

Name as Shown on Return
THE GLADNEY CENTER FOR ADOPTION

Employer Identification No
75-0917409

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. McMahon	218,679.		218,679.	
Total Compensation Received	218,679.		218,679.	

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. McMahon	20,500.		20,500.	
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	20,500.		20,500.	

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ▶	239,179.		239,179.	

Form 990, Page 5, Part V-A

List of Officers, Etc. 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
Suzanne Banfield 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Robert Jameson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Meg Henderson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Joel Eastman 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Tamara Hilliard 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Mark Robertson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Gary Randle 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Debbie Robinson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Lyle Mayeaux 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Beverly Yates 6300 JOHN RYAN DR FORT WORTH, TX 76132	Chair part-t	0.	0.	0.
Dennis Withers 6300 JOHN RYAN DR FORT WORTH, TX 76132	Chair-Elect & Tresas part-t	0.	0.	0.
Carl Roland 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Richard Hill 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Lynn Rossi Scott 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Laura Wheat 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Tanya Henderson 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Etc. 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
Jean McClung 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Beth Riggs 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Pat Muller 6300 JOHN RYAN DR FORT WORTH, TX 76132	Secretary part-t	0.	0.	0.
Michael Steadman 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Jeffery Harp 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.
Diane Delabano 6300 JOHN RYAN DR FORT WORTH, TX 76132	Director part-t	0.	0.	0.

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).
	<u>furtheres exempt purpose of assisting Birth parents during the pregnancy with medical and financial needs and providing ongoing adoption related services in the future.</u>
93b	<u>Insurance and Medicaid reimbursement for Birth mother's prenatal care and obstetrical serives. This futhers exempt purpose of furnishing maternity hospitalization, service, care and assistance to the expectant mothers.</u>
93c	<u>Adoptive parents reimburse The Center for expenses related to facilitation of the adoption of children from foreign countries. This furtheres the exempt purpose by providing caring and loving homes for orphaned children in countries outside of the United States.</u>
93d	<u>Adoptive parents, adult adoptees and birth parents reimburse The Center for expenses related to adoption registration service, birth parent search fees and post adoption counseling. This futhers exempt purpose by providing continuity in the adoption process through correspondence between the adoptive parents, birth parents and the adult adoptee.</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	15,521,908.	2,048,905.	13,473,003.
FURNITURE & EQUIPMENT	2,293,614.	1,504,969.	788,645.
AUTOMOBILES	189,216.	102,158.	87,058.
Total	<u>19,339,990.</u>	<u>3,656,032.</u>	<u>15,683,958.</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	71,165.	63,940.
PLAZA STATUES	63,185.	63,185.
Total	<u>134,350.</u>	<u>127,125.</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	333,701.	327,157.
DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTS	102,937.	160,205.
Total	<u>436,638.</u>	<u>487,362.</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 1/Line 1b

Description	Amount
	2,580,122.
Total	<u>2,580,122.</u>

Supporting Statement of:

Form 990 p 1/Line 1e - Cash

Description	Amount
	2,217,122.
Total	<u>2,217,122.</u>

Supporting Statement of:

Form 990 p 1/Line 1e - Noncash

Description	Amount
	363,000.
Total	<u>363,000.</u>

Supporting Statement of:

Form 990 p 1/Line 6a

Description	Amount
COMMUNITY CENTER RENTAL	128,419.
Total	<u>128,419.</u>

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Auto Loans	14,508.
Total	<u>14,508.</u>

Supporting Statement of:

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

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

Supporting Statement of:

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

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

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
	2,158,810.
	31,036.
	48,073.
Total	<u>2,237,919.</u>

Supporting Statement of:

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

Description	Amount
	3,467,899.
	39,113.
	52,989.
OTHERS	36,885.
Total	<u>3,596,886.</u>

Supporting Statement of:

Sch. A, 990 p 6/Part VI-B, Line g Amount

Description	Amount
COMPENSATION & TRAVEL	2,828.
Total	<u>2,828.</u>

THE GLADNEY CENTER FOR ADOPTION

75-0917409

Supporting Schedule to Form 990

8/31/2007

Part II, Line 43 - Other Expenses

	(A)	(B)	(C)
	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>
a Personnel costs	\$4,342,372	\$3,411,154	\$931,218
b Medical Services	231,006	230,956	50
c Office expenses	188,655	173,552	15,103
d Utilities and grounds	422,769	363,421	59,348
e Leases and rentals	265,879	262,721	3,158
f Insurance expense	269,046	235,708	33,338
g Other expense	573,669	523,615	50,054
h Professional fees	1,440,537	956,942	483,595
i Outreach education	1,352,255	1,337,172	15,083
j Unrealized <Gain> Loss on interest rate swap	<u>827</u>	<u>0</u>	<u>827</u>
	<u>\$9,087,015</u>	<u>\$7,495,241</u>	<u>\$1,591,774</u>

Part IV-A, Line b(4) - Other

Total Revenue reported on the following entities Form 990

The Gladney Fund	75-2414153
Edna Gladney Home Endowment	75-6013896
Sproesser Wynn Endowment	75-6009179

Part IV-B, Line b(4) - Other

Total Expenses reported on the following entities Form 990

The Gladney Fund	75-2414153
Edna Gladney Home Endowment	75-6013896
Sproesser Wynn Endowment	75-6009179