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)

OMB No 1545-0047

Department of the Treasury internal Revenue Service

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

Open to Public Inspection

OCT 1, 2007 and ending SEP 30. For the 2007 calendar year, or tax year beginning C Name of organization D Employer identification number Check if use IRS label or 45-0506764 THE CRADLE FOUNDATION print or]Name change type Number and street (or P O box if mail is not delivered to street address) Room/suite | E Telephone number Initial (847)475-5800 2049 RIDGE AVENUE Specific Termin-F Accounting method: Cash X Accrual City or town, state or country, and ZIP + 4 Other (specify) EVANSTON, IL Amended return 60201 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Application pending H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). Yes X No H(a) Is this a group return for affiliates? G Website: ►WWW.CRADLE.ORG H(b) If "Yes," enter number of affiliates ▶ Organization type (check only one) X 501(c) (3) (insert no) H(c) Are all affiliates included? 4947(a)(1) or [N/A Yes (If "No," attach a list) K Check here I if the organization is not a 509(a)(3) supporting organization and its gross is this a separate return filed by an or-ganization covered by a group ruling? Yes X No 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 Group Exemption Number N/A Check ► I if the organization is not required to attach 8,660,516. Sch B (Form 990, 990-EZ, or 990-PF) L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received Contributions to donor advised funds 3,182,762. 1b Direct public support (not included on line 1a) 10 Indirect public support (not included on line 1a) 1d d Government contributions (grants) (not included on line 1a) 1,960,877. noncash\$ 1,221,885. 3,182,762. e Total (add lines 1a through 1d) (cash \$ 1e 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 56,203. Interest on savings and temporary cash investments 4 474,044. 5 Dividends and interest from securities 6 a Gross rents 6a Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 6c Other investment income (describe 7 (A) Securities (B) Other 8 a Gross amount from sales of assets other 4,690,826. than inventory 4,804,782. b Less cost or other basis and sales expenses <113,956.>8c Gain or (loss) (attach schedule) <113,956.> Net gain or (loss) Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here > X 442,251. of contributions reported on line 1b) 248,476. 9a Gross revenue (not including \$ 251,121 b Less direct expenses other than fundraising expenses 9b <2,645.> 9c c Net income or (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c 8,205. 11 Other revenue (from Part VII, line 103) 11 3,604,613. 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,611,873. 13 13 Program services (from line 44, column (B)) RECEIVED 251,606. 14 Management and general (from line 44, column (C)) 14 901,304.Fundraising (from line 44, column (D)) 15 15 FEB 1 9 2009 16 16 Payments to affiliates (attach schedule) 2,764,783. Total expenses. Add lines 16 and 44, column (A) 17 17 839,830. 18 18 Excess or (deficit) for the year Subtract line 17 from line 12 QGDEN. UT 19,693,885. Net assets or fund balances at beginning of year (from line 73, column 19 19 <2,971,307.>Other changes in net assets or fund balances (attach explanation) 20 20 17,562,408. Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 21

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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.

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) 4947(a)(1) furbles, but organizations and 4947(a)(1) monexempt chantable trusts must also enter the amount of grants and allocations to others.) a THE CRADLE FOUNDATION RAISES AND MANAGES FUNDS TO SUPPORT THE CRADLE PROVIDE COUNSELING, SUPPORT AND EDUCATION TO THOUSANDS OF INDIVIDUALS AND TO PLACE 174 CHILDREN WITH LOVING ADOPTIVE FAMILIES. (Grants and allocations \$ 1,566,873.) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants		at is the organization's primary exempt purpose? ► JPPORT THE OPERATIONS OF THE CRADLE.	Program Service Expenses
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Form **990** (2007)

Form 990 (2007)

If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 a X 78 b X 78 b X 78 b X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement a statement or membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 a X 80 a X 80 a X 80 a X	Form	990 (200	THE CRADLE FOUNDATION			<u>45–</u> 0506	764	P	age 6
b Are any officers, directors, trustees, or key employees lated in Form 990, Part VA, or highest compensated employees lated in Schedule A, Part II, or highest compensated professional and other independent contractors lated in Schedule A, Part III of the reliable of the individual of the individua	Pat	t V-A	Current Officers, Directors, Trustees, and Ke	y Employees (continu	ed)		·····	Yes	No
b Are any officers, directors, trustees, or key employees lated in Form 990. Part V-A. or highest compensated employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part II A or High exit in Schedule A, Part I, or highest compensation of the High exit in Schedule A, Part I, or highest compensation of Preliated organization. 1 Does the organization have a written conflict of interest policy? 1 Does the organization have a written conflict of interest policy? 1 Does the organization have a written conflict of interest policy? 1 Does the organization have a written conflict of interest policy? 1 Does the organization have a written conflict of interest policy? 2 Does the organization of the Part I A organization have a change in its activities or methods of conducting activities? If Yes, attach a detailed satisfaction of the Part I A organization have a change in its activities or methods of conducting activities? If Yes, attach a detailed satisfaction of the Part I A organization have a change in its activities or methods of conducting activities? If Yes, attach a detailed satisfaction of the Part I A organization have a change in the organization with a statewide or nationwide organization through common memberships, overwing bodies, etc., but such that part I and chec	75 a	Enter th	e total number of officers, directors, and trustees permitted t	o vote on organization bus	siness at board	2			
Seat of Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or III A PART II A PART II A OR III A PART II A PART II A OR III A PART II A PART II A OR III A PART II A PART II A OR III A PART II A OR III A PART II A OR III A PART II A PART II A OR III A PART II A PART II A OR III A PART II A PART II A OR III A PART II A PART II A OR III A PART II	•	meeting	s		-	3			
Part IIA or IIA, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explaints the relationships? ■ Do any officers, directions, frustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated or or part of taxable, that are related to the organization have a written coefflict of interest polecy? ■ Part V-II Other information was a written coefflict of interest polecy? ■ Part V-II Other information was a written coefflict of interest polecy? ■ Part V-II Other information was a written coefflict of interest polecy? ■ Part V-II Other information was a change in the activation of compensation or other benefits in the appropriate column. Set the instructions was a written or written the amount of compensation or other benefits in the appropriate column. Set the instructions was a written or written the amount of compensation or other benefits in the appropriate column. Set the instructions was a written or written the amount of compensation or other benefits in the appropriate column. Set the instructions was a written or written was a writ	b								
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt In onexempt Did the organization file Form 1120-POL for this year?	Da	4 1/11	Other Information (See the instructions)				Щ_	Vec	No
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Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? N/A Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt or nonexempt or nonexempt organization file Form 1120-POL for this year?				activities: II Te	o, andon a detaile	-	76	1	Х
If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 18 b If "Yes," has it filed a tax return on Form 990-T for this year? 19 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement state wide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 10 b If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt or nonexempt organization? 10 c Nonexempt or nonexempt organization? 11 c Nonexempt or nonexempt organization? 12 c Nonexempt or nonexempt organization? 13 c Nonexempt or nonexempt organization? 14 c Nonexempt or nonexempt organization? 15 c Nonexempt or nonexempt organization? 16 c Nonexempt or nonexempt organization? 17 c Nonexempt organization file Form 1120-POL for this year?	77		_	out not reported to the IRS	3?	_			_
b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 b If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt and check whether it is X exempt or nonexempt Did the organization file Form 1120-POL for this year?	-				•	•			
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ► THE CRADLE and check whether it is X exempt or nonexempt and check whether it is X exempt or nonexempt b Did the organization file Form 1120-POL for this year?	78 a	Did the	organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this ret		78a		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt and check whether it is X exempt or nonexempt b Did the organization file Form 1120-POL for this year?	b	If "Yes,	has it filed a tax return on Form 990-T for this year?			N/A	78b_		<u> </u>
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt and check whether it is X exempt or nonexempt b Did the organization file Form 1120-POL for this year?	79	Was the	ere a liquidation, dissolution, termination, or substantial contr	action during the year? If	'Yes," attach a sta	tement	79	ļ	X
b If "Yes," enter the name of the organization THE CRADLE and check whether it is X exempt or nonexempt and check whether it is X exempt or nonexempt b Did the organization file Form 1120-POL for this year?	80 a		-	•	. •	on			
and check whether it is X exempt or nonexempt or black whether it is X exempt or nonexempt or nonexempt or black whether it is X exempt or nonexempt or none				exempt or nonexempt orga	anization?		80a_	X	
81 a Enter direct and Indirect political expenditures. (See line 81 instructions.) b Did the organization file Form 1120-POL for this year? 81 a Enter direct and Indirect political expenditures. (See line 81 instructions.) 81 a	b	If "Yes,	enter the name of the organization THE CRADLE		V 1				
b Did the organization file Form 1120-POL for this year?	04		and and trading Angleton and Angleton (One has 04 to the	-					
	81 a			ons.) .	013		ł	1	x
Fill SECTION		DIO (NE	organization the Form 1120-FOL for this year?		<u>-</u>			990	(2007)

Forr		<u> 06764</u>		age 7
	rt 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 substantial	ly [ĺ
	less than fair rental value?	82a	<u> </u>	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 N/A	'	İ .	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid po quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85 a	501(c)(4), \$), or6) Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		L
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			1
	waiver for proxy tax owed for the prior year.			1
C	Dues, assessments, and similar amounts from members . 85c N/A			ĺ
d	Section 162(e) lobbying and political expenditures			ĺ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			Ī
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
Q	37/3	85g		
h				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			ĺ
b	37/3			ĺ
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			ĺ
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
88 2	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			1
00 0	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3?			1
	If "Yes," complete Part IX	88a		х
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	332		
	section 512(b)(13)? If "Yes," complete Part XI	▶ 88b		Х
20 -	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000		
09 4				l
	501(c)(3) and \$1(c)(4) organizations Did the organization engage in any section 4958 excess benefit	<u> </u>		İ
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			l
	If "Yes," attach a statement explaining each transaction	89Ь		Х
	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under	090		
Ü	· · · · · · · · · · · · · · · · · · ·			
	sections 4912, 4955, and 4958	<u>:</u>		ĺ
0		89e		Х
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
'	For supporting organizations and supersoring organizations mataining donor adjised funds. Did the supporting organizations			
g	, , , , , , , , , , , , , , , , , , , ,	· 1		ļ
۰۰.	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
	List the states with which a copy of this return is filed > IL			9
	Number of employees employed in the pay period that includes March 12, 2007 The harlie are no except No. FLI FIN. CTUDICE: A 7-1	17E E	000	
91 a	The books are in care of ELLEN GIUDICE Telephone no. 847-			
		► <u>6020</u>		NI.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	916		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.			
		Form	990 (2007)

	1 990 (2007) THE CRADLE F	OUNDATI	ON		45-0	506764 Page 8
	rt VI Other Information (continued)					Yes No
t 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 ► N/A Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here						
						_
92				neck nere	▶ 92	N/A
Da	and enter the amount of tax-exempt interest recent vii Analysis of Income-Producing A				92	N/A
			d business income	Excluded b	y section 512, 513, or 514	
	te: Enter gross amounts unless otherwise	(A)	(B)	(C)	(D)	(E) Related or exempt
		Business code	Amount	Exclu- sion	Amount	function income
93	Program service revenue:	- 000		code		
3				 		
0						
6		 		 		
0						
8	Mandrague (Mandrague) and an arrange			!		
	Medicare/Medicaid payments					
	Fees and contracts from government agencies			 		
	Membership dues and assessments			14	56,203.	
95 os				14	474,044.	
96				 - 		
	Net rental income or (loss) from real estate: debt-financed property			 		
	not debt-financed property Net rental income or (loss) from personal property	l				
99						
	Gain or (loss) from sales of assets				<u> </u>	-
100	other than inventory	1 1		18	<113,956.	,
101	Net income or (loss) from special events					<2,645.>
102						
	Other revenue:			 		
100	MISCELLANEOUS				8,205.	
h						
ď						
104	Subtotal (add columns (B), (D), and (E))		0.		424,496.	<2,645.>
105	Total (add line 104, columns (B), (D), and (E))	<u> </u>		<u> </u>	•	421,851.
Pa	e: Line 105 plus line 1e, Part I, should equal the amount VIII Relationship of Activities to the Explain how each activity for which income is repexempt purposes (other than by providing funds	Accompli	shment of Exemple (E) of Part VII contribute			
	Information Regarding Taxable (A) (B)	_	es and Disregard	ied Entit	ties (See the instruction	s.) (E)
	lame, address, and EIN of corporation, partnership, or disregarded entity Percentage of ownership interes	est	Nature of activities		Total income	End-of-year assets
_	N/A	%				
		%				
_		%				
D.	art X Information Regarding Transfer		ted with Persona	l Benefit	Contracts (See the	instructions.)
(a (t	Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, dir lote: If "Yes" to (b), file Form 8870 and Form 4720 (s	directly or indirect	rectly, to pay premiums of ly, on a personal benefit of	n a personal		Yes X No Yes X No
	· · · · · · · · · · · · · · · · · · ·					Form 990 (2007)

Form **990** (2007)

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			Employer identifi	cation number
THE CRADLE FOUNDATION			45 05067	64
Part I Compensation of the Five Highest Paid En (See page 1 of the instructions. List each one. If there are none,		Officers, Dire	ctors, and Ti	rustees
(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 & deferred compensation	(e) Expense account and othe allowances
HEIDI_BLOOM 2049 RIDGE AVENUE, EVANSTON, IL 6020	MGR FND RELAT	IONS 52,429	6,886.	
MAUREEN KELLY	MGR ANNUAL GI		0,000:	
2049 RIDGE AVENUE, EVANSTON, IL 6020	—l	63,413	11,364.	
BONNIE KRASNY	EVENTS MANAGE		1	
2049 RIDGE AVENUE, EVANSTON, IL 6020	1 40.00	54,370	11,625.	
STEPHANIE DZIEDZIC	DIR FUND DEV			
2049 RIDGE AVENUE, EVANSTON, IL 6020	1 40.00	61,356	1,915.	
	-			
Total number of other employees paid over \$50,000 ▶	0			
Part II-A Compensation of the Five Highest Paid Inc		rs for Profess	ional Service	 !S
(See page 2 of the instructions. List each one (whether individua	-			
(a) Name and address of each independent contractor paid more	han \$50,000	(b) Type of	service	c) Compensation
		····		
NONE				
Total number of others vesselves aver-				
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inc		rs for Other S	ervices	
(List each contractor who performed services other than profess	ional services, whether individu			
firms. If there are none, enter "None." See page 2 of the instruction	ons.)			
(a) Name and address of each independent contractor paid more	han \$50,000	(b) Type of	service (c) Compensation
NONE				
		<u> </u>		
Total number of other contractors receiving over \$50,000 for other services	0		-	

Schedule A (Form 990 or 990-EZ) 2007

0

0.

0.

0.

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

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the 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

Total

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

1,566,873.

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 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? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? Educational policies? 33e Use of facilities? 33f f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b 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.

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

Schedule A (Form 990 or 990-EZ) 2007

723151

Schedule A (Form 990 or 990-EZ) 2007

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncha Exempt Organizations (See page 14 of the instructions.)	ritable	
51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section		
501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting organization to a noncharitable exempt organization of:	Ye	s No
(i) Cash	51a(i)	X
(ii) Other assets	a(ii)	<u> </u>
b Other transactions:		 -
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
(iii) Rental of facilities, equipment, or other assets	b(iii)	X
(iv) Reimbursement arrangements	b(iv)	X
	b(v)	X
(v) Loans or loan guarantees	b(vi)	
(vi) Performance of services or membership or fundraising solicitations	C	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	[6]	
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the		
goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any	37 /	3
transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:	N/	<u>A</u>
(a) (b) (c) (d) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, ar	d charing arrang	omonte
Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, as	u sharing arrang	CITICITIS
	· · · · · · · · · · · · · · · · · · ·	
Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		X No
b If "Yes," complete the following schedule: N/A		
(a) (b) (c) Name of organization Type of organization Description of relation	nship	
	_	
	- -	
	_ .	
	<u> </u>	

FOOTNOTES

STATEMENT

1

OFFICER'S COMPENSATION PER PAGE 2, PART II, LINE 25 DOES NOT EQUAL AMOUNT ON PAGE 5, PART V(A) DUE TO DIFFERENT ACCOUNTING METHODS. PART II, LINE 25 IS ON ACCRUAL METHOD OF ACCOUNTING AND PART V(A) IS ON CASH BASIS.

FORM 990 GAIN (LOSS	FROM PU	BLICLY 1	RADEI	SECURIT	IES S'	ratement 2
DESCRIPTION		ROSS S PRICE		OST OR ER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE ATTACHED SCHEDULE		192,171. 198,655.	4,8	0. 304,782.	0.	292,171. <406,127.
TO FORM 990, PART I, LINE	8 4,6	90,826.	4,8	304,782.	0.	<113,956.
FORM 990 S	PECIAL EV	ENTS ANI	ACTI	VITIES	S	PATEMENT 3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRI		GROSS REVENUE	DIRECT EXPENSE:	NET INCOME S OR (LOSS)
CRADLE BALL OPEN HOUSE ARLINGTON RACE TRACK AUTO SHOW GOLF NIGHT OF PROMISE	261,945 17,135 68,012 202,410 111,720 29,505	5. 5, 2. 35, 3. 104, 3. 55,	205. 745. 422. 463. 310. 045.	72,74 11,39 32,59 97,94 56,41 18,46	0. 12,902 0. 30,101 7. 38,395 0. 51,351	. <1,512. 2,489. 59,552. 5,059.
TO FM 990, PART I, LINE 9	690,727	401,	190.	289,53	7. 251121	38,416.
FORM 990 OTHER CHAN	GES IN NE	T ASSETS	OR F	UND BALA	NCES S'	FATEMENT 4
DESCRIPTION						AMOUNT
UNREALIZED LOSSES ON INVES	TMENTS					<2,971,307.
TOTAL TO FORM 990, PART I,	LINE 20					<2,971,307.

The Cradle Foundation EIN 45-0506764

Statement Attached to and Made Part of Form 990 Return of Organization Exempt from Income Tax For the Year Ended September 30,2007 Sale of Assets

	(a)	(a)	(a)	(b)	(c)		(b)x(c)=(d)	(a)-(d)
	Transfer	Fund Rebalancing/	Transfer		Price			
Fund/Date	to Cash	Redemption	from Cash	<u>Shares</u>	at 9/30/0	94	Cost	Gain (Loss)
7/11/2008		13,499 00		200 000	-	50	13,499 00	_
7/11/2008		6,750 00		100 000	•	50	6,750 00	_
7/11/2008		469,126 99		6,949 000	•	51	469,126 99	_
		,		·				-
	-	489,375 99					489,375 99	•
PowerShares								
7/10/2008		(677,288 97)		(14,279 000)	\$ 61	56	(879,015 24)	(201,726 27)
							-	-
	<u> </u>	(677,288 97)	-				(879,015 24)	(201,726 27)
GMO Foreign F	und							
12/6/2007	(50,000 00)			(2,490 040)	S 19	95	(49,676 30)	323 70
7/10/2008	(00,000 00)	(376,200 00)		(24,130 853)	-	95	(481,410 52)	(105,210 52)
		(,,		,	-		` ' <u>-</u> '	• •
	(50,000 00)	(376,200 00)	-				(531,086 82)	(104,886 82)
EuroPacific Gr				(4.700.044)		-	(07.000.00)	0.047.00
12/11/2007	(100,000 00)	(440 000 50)		(1,780 944)		68	(97,382 02)	2,617 98
7/11/2008		(416,398 53)		(9,483 000)	3 34	00	(518,530 44) -	(102,131 91)
	(100,000 00)	(416,398 53)				l	(615,912 46)	(99,513 93)
Harbor Internat	tional							
7/16/2008		737,268 00		11,730 597	\$ 62	85	737,268 00	(0 00)
	<u> </u>	737,268 00					737,268 00	(0 00)
		757,200 00 1					707,200 00 1	(0 00)
Vanguard Eme	rging Markets							
7/15/2008		368,634 00		13,463 623	\$ 27	' 38	368,634 00	(0 00)
		368,634 00					368,634 00	(0 00)
Vanguard Prim								
11/15/2007	(200,000 00)			(200,000 000)		00	(200,000 00)	•
12/6/2007	(50,000 00)			(50,000 000)		00	(50,000 00)	-
1/9/2008	(000 000 00)		700,000 00	700,000 000		00	700,000 00	•
2/7/2008 2/21/2008	(300,000 00)		400 000 00	(300,000 000)		00	(300,000 00) 400,000 00	•
7/10/2008		(489,467 39)	400,000 00	400,000 000 (489,467 390)		00	(489,467 39)	
7710.2000		(400,707.00)		(100,101 000)	•			
	(550,000 00)	(489,467 39)	1,100,000 00				60,532 61	
Schwab Adviso	ors Cash Reserves							
6/20/2008			100,000 00	100,000 000	\$ 1	00	100,000 00	-
6/24/2008			100,000 00	100,000 000	\$ 1	00	100,000 00	-
Redmeptions (a	bove)	1,959,354 89		1,959,354 890	\$ 1	00	1,959,354 89	=
Purchases (above	ve)	(1,595,449 54)		(1,595,449 540)	\$ 1	00	(1,595,449 54)	-
7/14/2008	(100,000 00)			(100,000 000)		00	(100,000 00)	-
7/15/2008	(24,350 48)			(24,350 480)		00	(24,350 48)	=
8/25/2008	(19,500 00)			(19,500 000)	\$ 1	00	(19,500 00)	
	(143,850 48)	363,905 35	200,000 00				420,054 87	
Total	(843,850.48)	(171 55)	1,300,000.00				49,850.95	(406,127.02)
					•		damada11	// 964 764 65
for price as of pr	urchase date for new inve	esiments			Sum	oi re	demptions at cost =	(4,804,781.92)
					Proc	eeds	from Sales above	4,398,654 91
CAPITAL GAIN	DISTRIBUTIONS							
SAI TIME SAIN						_		
		Neuberger	Stratton	GMO	Euro-Pad Growt		PIMCO T	OTAL
ST/LT Cap Gair	Distributions (1)	80,080 25	6,545 50	104,005 88	85,675		15,863 55	292,171 01
					Combine	Pro	ceeds from Sales	4,690,825 92

FORM 990	OTHER	EXPENSES		STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD AND BEVERAGE	7,609.		4,092.	3,517.
INTERNET EXPENSE	2,368.		2,368.	•,•=
CONSULTING	19,969.		15,542.	4,427.
TEMPORARY HELP	7,685.		42.	7,643.
EDUCATION AND	•			·
RESEARCH	12,898.			12,898.
OTHER EVENT EXPENSES	4,511.			4,511.
OTHER EXPENSES	2,883.		1,687.	1,196.
INVESTMENT AND				
BANKING FEES	9,726.		9,726.	
INSURANCE	16,926.		16,926.	
BAD DEBT LOSS	27,884.			27,884.
TOTAL TO FM 990, LN 43	112,459.		50,383.	62,076.

······································				
	S AND ALLOCATION OTHERS	ONS	STATEMENT	6
CLASS OF ACTIVITY/DONEE'S NAME AND) ADDRESS		AMOUNT	
OPERATING SUPPORT THE CRADLE 2049 RIDGE AVENUE EVANSTON, IL 60201			1,566,8	 73.
TOTAL INCLUDED ON FORM 990, PART I	I, LINE 22B		1,566,8	73.
FORM 990 SPECIFIC AS	SISTANCE TO INI	DIVIDUALS	STATEMENT	7
DESCRIPTION			AMOUNT	
SEE ATTACHED SCHEDULE			45,0	00.
TOTAL TO FORM 990, PART II, LINE 2	23		45,0	00.
FORM 990 OTHE	R INVESTMENTS		STATEMENT	8
DESCRIPTION		VALUATION METHOD	AMOUNT	
REAL ESTATE INVESTMENT TRUST		MARKET VALUE	1,064,0	00.
TOTAL TO FORM 990, PART IV, LINE 5	66, COLUMN B		1,064,0	00.
FORM 990 DEPRECIATION OF ASSE	CTS NOT HELD FOR	R INVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
COMPUTER EQUIPMENT COMPUTER SOFTWARE BUILDING	4,846. 3,835. 0.	915. 3,835. 0.	3,9	31. 0. 0.
TOTAL TO FORM 990, PART IV, LN 57	8,681.	4,750.	3,9	31.
				—

The Cradle Foundation EIN 45-0506764

Statement Attached to and Made Part of Form 990 Return of Organization Exempt from Income Tax For the Year Ended September 30, 2008

Part II, Line 23, Specific Assistance to Individuals

\$45,000 represents gift assistance provided on behalf of children meeting donor criteria. Amounts ranging between \$300 and \$1,500 were paid on behalf of 58 adopted children.

The Cradle Foundation EIN 36-2181994 Statement attached to and made part of Form 990 Return of Organization Exempt from Income Tax For the Year Ended September 30, 2008

			9/30/08	0 000 0	סו ונימיני	5	3			3,831.10			
Asset	0000	FY 2008	Disposals		•		. '			•			
Net Fixed		FY 2008	Additions Dispo		2.587 22		(639 17)			1 948 05			
	l		10/05/6		1 343 94		639 17			1 081 11	11:0001		
		Ralance at	80/05/6		(014 BA)	7 610	(00 858 6/	(20,000)		100000	(4)(40.04)		
	d Depreciation	avvc A	Additions Disposals (a)		•	ñ					Z)		
	Accumulate	0000	Additions			640	12,000	629			(1,285.0		
			Balance at <u>9/30/07</u>			(268 79)	2000	(3.195 83)			(3,464.62)		
			Balance at 9/30/08			OG SYO Y	76 (16)	3 835 00			8 680 80		
		Fixed Asset	FY 2008 Disposals (a)							_			
		Fixe	FY 2008 Additions				3,233 07				10000	3,433.07	
			Balance at <u>9/30/07</u>				161273	100	UU 688,8			5,447.73	
			Asset		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Longounou	to more	Computer Equipment	Computer Software			Total Property & Equipment	

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	10
SECURITY DESCRIPTION	N COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	
BOND FUNDS COMMON STOCKS FUNDS	FMV FMV	9,519,143.	3,591,471.		3,591,4 9,519,1	
TO FORM 990, LINE 5	4A, COL B	9,519,143.	3,591,471.		131106	14.
FORM 990	OTHER EXPEN	NSES NOT INCI	LUDED ON FORI	1 990	STATEMENT	11
DESCRIPTION					TRUOMA	
SPECIAL EVENTS EXPE	NSE REPORTE	ED ON LINE 9		-	251,1	21.
TOTAL TO FORM 990, PART IV-B						
TOTAL TO FORM 990,	PART IV-B			-	251,1	21.
TOTAL TO FORM 990, FORM 990	· · · · · · · · · · · · · · · · · · ·	ENUE INCLUDEI	ON FORM 990	=	251,1	12
	· · · · · · · · · · · · · · · · · · ·	ENUE INCLUDEI	ON FORM 990	-		
FORM 990	OTHER REVE		ON FORM 990	-	STATEMENT	12
FORM 990 DESCRIPTION	OTHER REVE		ON FORM 990	- - -	STATEMENT	12
FORM 990 DESCRIPTION SPECIAL EVENTS EXPE	OTHER REVE	ED ON LINE 9	O ON FORM 990	-	STATEMENT AMOUNT <251,1	12
FORM 990 DESCRIPTION SPECIAL EVENTS EXPE	OTHER REVE	ED ON LINE 9		-	STATEMENT AMOUNT <251,1 <251,1	12 21.>
FORM 990 DESCRIPTION SPECIAL EVENTS EXPE TOTAL TO FORM 990, FORM 990	OTHER REVE	ED ON LINE 9	ON FORM 990	-	STATEMENT AMOUNT <251,1 <251,1 STATEMENT	12 21.> 21.>

					,,,,,
FORM S	990 IDENTIFICATION OF RELATED ORGANIZA PART VI, LINE 80B	TIONS	ST	ATEMENT	14
NAME (OF ORGANIZATION		EXEMPT	NONEXE	EMPT
THE CE	RADLE E ADOPTION PARTNERS, NFP		X X		
FORM S	990 PART VIII - RELATIONSHIP OF ACTIVITIES ACCOMPLISHMENT OF EXEMPT PURPOSES	TO	ST	ATEMENT	15
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES				
101	REPRESENTS INCOME DERIVED FROM FUNDRAISING EVEN FOUNDATION. THE EVENTS SERVE TO PROMOTE THE CHOF THE FOUNDATION BY INFORMING THE COMMUNITY OF EFFORTS. SUCH AWARENESS FOSTERS CONTINUED SUPPO	ARITA THE	BLE ACTI FOUNDATI	VITIES ON AND 1	TS

103A REPRESENTS INCOME FROM THE CRADLE CARES & CRADLE CONNECTIONS PROGRAMS.

The Cradle Foundation EIN 45-0506764

Statement Attached to and Made Part of Form 990 Return of Organization Exempt from Income Tax For the Year Ended September 30, 2008

Part V, Schedule of Non-compensated Board of Directors

Last Name	First Name	Address	Title	Average Hours per Week Devoted to Position(s)
Asher	Roberta	(1)	Treasurer	1 00
Connelly	James	(1)	Chair	1.17
Thomas	Phyllis	(1)	Secretary	1.23

(1) The individuals noted above can be contacted at the following address
The Cradle Foundation
2049 Ridge Avenue
Evanston, Illinois 60201