

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 Fund. D Employer Identification Number: 75-2414153. E Telephone number: (817) 922-5945. 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).

G Web site: Gladneyfund.org

J Organization type (check only one): [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

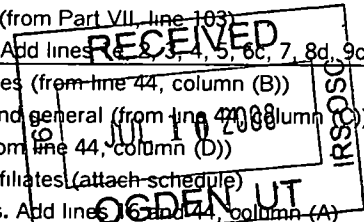
K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 8,008,103.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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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 \$ <u>2,566,170.</u> non-cash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	2,566,170.	2,566,170.		
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	223,194.	0.	160,754.	62,440.
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	347,245.	73,737.	80,908.	192,600.
27 Pension plan contributions not included on lines 25a, b, and c	27	27,868.	2,600.	2,500.	22,768.
28 Employee benefits not included on lines 25a - 27	28	35,867.	4,648.	14,720.	16,499.
29 Payroll taxes	29	40,083.	6,491.	20,554.	13,038.
30 Professional fundraising fees	30				
31 Accounting fees	31	16,247.	0.	16,247.	0.
32 Legal fees	32	10,164.	0.	10,164.	0.
33 Supplies	33	31,427.	5,343.	15,399.	10,685.
34 Telephone	34	5,347.	0.	5,347.	0.
35 Postage and shipping	35	11,088.	2,994.	2,329.	5,765.
36 Occupancy	36	34,500.	9,500.	25,000.	0.
37 Equipment rental and maintenance	37	8,493.	0.	8,493.	0.
38 Printing and publications	38	115,597.	4,624.	85,542.	25,431.
39 Travel	39	45,157.	15,968.	380.	28,809.
40 Conferences, conventions, and meetings	40	4,587.	335.	2,448.	1,804.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a <u>Misc expense</u>	43a	-7,306.	8,500.	-15,806.	0.
b <u>Board Meetings</u>	43b	8,321.	0.	8,321.	0.
c <u>Bank/CC fees</u>	43c	10,640.	0.	10,640.	0.
d <u>Dues/subscriptions</u>	43d	3,976.	340.	806.	2,830.
e <u>Other Professional Fees</u>	43e	27,942.	1,950.	17,549.	8,443.
f <u>Liability Insurance</u>	43f	12,303.	0.	12,303.	0.
g <u>See Other Expenses Stmt</u>	43g	4,675.	4,043.	6,584.	-5,952.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,583,585.	2,707,243.	491,182.	385,160.

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? Financial support for the Gladney Center for Adoption 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 <u>The Gladney Fund exists to provide continuous support to the Gladney Center. During the year its financial support assisted the Center in placing over 397 children with adoptive parents.</u> ----- ----- (Grants and allocations \$ <u>1,671,012.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,671,012.
b <u>The Gladney Fund raised funds to assist the Center with its debt service on its campus and facilities for birth mothers and adoption and post adoption services.</u> ----- ----- (Grants and allocations \$ <u>895,158.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	895,158.
c <u>The Gladney Fund conducted outreach to help make its constituents and public more aware of its programs and adoption facilities. Outreach was conducted through its volunteer network.</u> ----- ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	141,073.
d ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
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)	2,707,243.

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	168,795.	45	85,493.
	46 Savings and temporary cash investments	29,245.	46	174,133.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	1,693,943.		
	b Less: allowance for doubtful accounts	216,000.	48c	1,477,943.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments – publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	31,395,613.	54a	33,885,792.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		57c	
58 Other assets, including program-related investments (describe ► <u>Prepays & Loan Receivable</u>)	18,941.	58	31,531.	
59 Total assets (must equal line 74) Add lines 45 through 58	33,177,985.	59	35,654,892.	
LIABILITIES	60 Accounts payable and accrued expenses	184,478.	60	102,196.
	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)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► <u>Due to Gladney Center</u>)	82,446.	65	47,446.
	66 Total liabilities. Add lines 60 through 65	266,924.	66	149,642.
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	10,081,027.	67	11,813,109.
	68 Temporarily restricted	10,724,501.	68	11,528,035.
	69 Permanently restricted	12,105,533.	69	12,164,106.
	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)	32,911,061.	73	35,505,250.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	33,177,985.	74	35,654,892.

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Form 990 (2006)

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	6,177,771.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1	1,292,453.	
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	1,292,453.
c	Subtract line b from line a		c	4,885,318.
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	0.	
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	4,885,318.

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

a	Total expenses and losses per audited financial statements		a	3,583,582.
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) _____	b4	0.	
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	3,583,582.
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) <u>Rounding</u>	d2	3.	
	Add lines d1 and d2		d	3.
e	Total expenses (Part I, line 17) Add lines c and d		e	3,583,585.

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
James Huey 6300 John Ryan Dr. Fort Worth, TX 76132	President 40	124,880.	0.	0.
Ellen Wilson 6300 John Ryan Dr. Fort Worth, TX 76132	Asst. Treasurer 40	89,814.	8,500.	0.
See attached list	-	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings **37**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'
If 'Yes,' attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

	Yes	No
75b		X
75c		X
75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities?
If 'Yes,' attach a detailed statement of each change

77 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

78a 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?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

80a 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 _____ and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions)

b Did the organization file **Form 1120-POL** for this year?

	Yes	No
76		X
77		X
78a		X
78b		
79		X
80a		X
80b		
81a		
81b		X

BAA

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
82 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)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 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
88 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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89 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
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		X
90 a	List the states with which a copy of this return is filed <u>PA and NY</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		9
91 a	The books are in care of <u>The Gladney Fund</u> Telephone number <u>(817) 922-5945</u> Located at <u>6300 John Ryan Drive, Fort Worth TX</u> ZIP + 4 <u>76132</u>		
91 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 _____	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

Part VII 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

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 VIII 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					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	1,298,517.	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	334,770.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	380,937.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,014,224.	
105 Total (add line 104, columns (B), (D), and (E))					2,014,224.

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

Part IX 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)
	N/A

Part X 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 XI 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?

Please Sign Here

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.

▶ Ellen Wilson 06/30/08
Signature of officer Date

▶ Ellen Wilson, VP Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

THE GLADNEY FUND
6300 JOHN RYAN DR
FORT WORTH TX 76132-4122

BAA

Form 990 (2006)

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

2006

Name of the organization The Gladney Fund	Employer identification number 75-2414153
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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
<u>Nonya Jordan</u> 6300 John Ryan Dr, Fort Worth, TX	VP Special Events/Annual Camp 40	73,827.	20,000.	0.
<u>Sandy Hogan</u> 6300 John Ryan Dr, Fort Worth, TX	VP Major Gifts 40	66,925.	0.	0.
<u>Sharon Casstevens</u> 6300 John Ryan Dr, Fort Worth, TX	Exec Director GFA's 40	55,327.	2,114.	0.

Total number of other employees paid over \$50,000 ▶		None		

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
<u>None</u> -----		

Total number of others receiving over \$50,000 for professional services ▶		None

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
<u>None</u> -----		

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

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		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)		X
b Did the organization have a section 403(b) annuity plan for its employees?	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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	X	
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		0.
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 IVA 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)	2,953,510.	2,768,767.	4,552,339.	5,816,644.	16,091,260.
16 Membership fees received	45,776.	51,781.	48,515.	33,994.	180,066.
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	46,947.				46,947.
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	461,505.	227,820.	334,119.	484,566.	1,508,010.
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					
23 Total of lines 15 through 22	3,507,738.	3,048,368.	4,934,973.	6,335,204.	17,826,283.
24 Line 23 minus line 17	3,460,791.	3,048,368.	4,934,973.	6,335,204.	17,779,336.
25 Enter 1% of line 23	35,077.	30,484.	49,350.	63,352.	
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 1,508,010. 19 _____</p> <p>22 _____ 26b 606,192.</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 355,587.</p> <p>26b 606,192.</p> <p>26c 17,779,336.</p> <p>26d 2,114,202.</p> <p>26e 15,665,134.</p> <p>26f 88.11 %</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.</p> <p>(2005) _____ (2004) _____ (2003) _____ (2002) _____</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</p> <p>(2005) _____ (2004) _____ (2003) _____ (2002) _____</p> <p>c Add: Amounts from column (e) for lines: 15 _____ 16 _____</p> <p>17 _____ 20 _____ 21 _____</p> <p>d Add Line 27a total _____ and line 27b total _____</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)</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 _____</p> <p>27d _____</p> <p>27e _____</p> <p>27f _____</p> <p>27g _____ %</p> <p>27h _____ %</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	
	X	
	X	

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

Part 1 Contributions

(a) No.	(c) Aggregate Contributions	(d) Type of contribution
1	25,000	Person
2	10,500	Person
3	10,000	Person
4	25,000	Person
5	10,000	Person
6	15,000	Person
7	10,000	Person
8	5,000	Person
9	10,000	Person
10	5,000	Person
11	5,000	Person
12	5,000	Person
13	18,000	Person
14	54,211	Person
15	10,000	Person
16	20,500	Person
17	5,000	Person
18	127,000	Person
19	10,000	Person
20	75,000	Person
21	10,000	Person
22	10,000	Person
23	10,000	Person
24	10,000	Person
25	20,000	Person
26	5,253	Person

Part 1 Contributions

	(c) Aggregate Contributions	(d) Type of contribution
2	7,500	Person
2	10,000	Person
2	5,000	Person
3	10,000	Person
3	10,000	Person
3	5,000	Person
3	20,000	Person
3	100,000	Person
3	7,500	Person
3	10,000	Person
3	25,000	Person
3	50,000	Person
3	25,000	Person
4	20,150	Person
4	10,000	Person
4	5,000	Person
4	25,000	Person
4	10,000	Person
4	7,500	Person
4	25,000	Person
4	15,051	Person
4	7,500	Person
4	5,000	Person
5	5,000	Person
5	10,000	Person
5	5,003	Person

47

(c) Aggregate Contributions	(d) Type of contribution
15,000	Person
5,000	Person
30,000	Person
32,050	Person
5,000	Person
20,000	Person
20,000	Person
10,000	Person
10,000	Person
7,000	Person
20,000	Person
20,000	Person
5,026	Person
50,000	Person
5,000	Person
17,350	Person

▶ Attach to return

Name The Gladney Fund	Employer Identification Number 75-2414153
--------------------------	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	3,140,132.	Cost	2,805,362.
		Selling Expenses	
		Basis	2,805,362.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities	3,140,132.		2,805,362.
-------------------------	------------	--	------------

Gain or (Loss) from Sale of Securities	334,770.
---	----------

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----
-----	-----	-----		Cost	-----
				Depreciation	-----
				Basis	-----
				Donation FMV	-----

Total Other Assets			
---------------------------	--	--	--

Gain or (Loss) from Sale of Other Assets	
---	--

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Public Relations	11,551.	4,043.	6,584.	924.
Uncollectible Pledges	-6,876.	0.	0.	-6,876.
Forgiven Loan	0.	0.	0.	0.
Total	<u>4,675.</u>	<u>4,043.</u>	<u>6,584.</u>	<u>-5,952.</u>

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Gladney Cup	813,532.	115,174.	698,358.	317,421.	380,937.
Total	<u>813,532.</u>	<u>115,174.</u>	<u>698,358.</u>	<u>317,421.</u>	<u>380,937.</u>

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Line 54a – Investments - Publicly-Traded Securities:	Beginning of Year	End of Year
Equity Securities	19,681,251.	18,966,431.
Debt Securities and Other Obligations	11,219,870.	14,314,181.
Money Market Mutual Funds	494,492.	605,180.
Total	<u>31,395,613.</u>	<u>33,885,792.</u>

Name as Shown on Return
The Gladney Fund

Employer Identification No
75-2414153

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
James Huey	124,880.		62,440.	62,440.
Ellen Wilson	89,814.		89,814.	
Total Compensation Received	214,694.		152,254.	62,440.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Ellen Wilson	8,500.		8,500.	
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	8,500.		8,500.	

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 ▶	223,194.		160,754.	62,440.

The Gladney Fund

75-2414153

Supporting Schedule to Form 990 - 2006

Part V. List of Officers, Directors, Trustees and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
David W Amend 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0 00
Cary Clayborn 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0.00
James L. Crawford 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0.00
Diane D'Agostino 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0.00
C. Thomas Daulton 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0 00
Lisa Elder 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0 00
Thomas Favrot 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0 00
Franz Josef Frechen 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0 00
Robert L. Freedman 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0 00

The Gladney Fund

75-2414153

Supporting Schedule to Form 990 - 2006

Part V: List of Officers, Directors, Trustees and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Martin L. Halbfinger 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0 00	0 00	0.00
Luther T. Griffith 6300 John Ryan Dr Fort Worth, TX 76132	Treasurer 2 hours per wk	0.00	0 00	0 00
Kenneth H. Heitner 6300 John Ryan Dr Fort Worth, TX 76132	Chairman 2 hours per wk	0 00	0 00	0.00
Rob Holliday 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0.00
Frederick M. Jackson 6300 John Ryan Dr Fort Worth, TX 76132	Chair-elect 2 hours per wk	0 00	0.00	0 00
Drew Kanaly 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0.00
Joan Katz 6300 John Ryan Dr Fort Worth, TX 76132	Immediate Past Chair 2 hours per wk	0 00	0.00	0.00
Scott Kline 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0 00
Ann Loudon 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0 00	0 00	0 00
Ginger Lawhon 6300 John Ryan Dr Fort Worth, TX 76132	Secretary 2 hours per wk	0 00	0.00	0 00
Mark McLeland 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0 00	0.00	0 00
Michael J. McMahon 6300 John Ryan Dr Fort Worth, TX 76132	Center President 2 hours per wk	0.00	0.00	0 00
Jeff Margolies 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0.00

The Gladney Fund

75-2414153

Supporting Schedule to Form 990 - 2006

Part V: List of Officers, Directors, Trustees and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Linsey Merrill 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0 00
David Novelli 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0 00	0 00	0.00
DeWitt Ray 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0 00	0.00	0 00
Stacey J. Reynolds 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0.00
James Rosenthal 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0 00
Drea Rosko 831 Wade Hampton Drive Houston, TX 77024	Director 2 hours per wk	0 00	0.00	0 00
Jeffrey Margolies 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0.00	0 00
Douglas A Schumacher 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0 00
Shannon Schumacher 6300 John Ryan Dr Fort Worth, TX 76132	President Nat'l GFA 2 hours per wk	0.00	0.00	0 00
Barry C Twomey 6300 John Ryan Dr Fort Worth, TX 76132	Director 2 hours per wk	0.00	0 00	0.00