Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning Sep 1 2013, and ending 2014 C Name of organization D Employer Identification Number Check if applicable: THE GLADNEY CENTER FOR ADOPTION Address change 75-0917409 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return (817) 922-6000 6300 JOHN RYAN DR City or town, state or province, country, and ZIP or foreign postal code Terminated **G** Gross receipts \$ 13,232,154 Amended return FORT WORTH 76132-4122 H(a) Is this a group return for subordinates? F Name and address of principal officer: Application pending H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) TX 76132 Yes Ellen Wilson 6300 John Ryan Dr. Fort Worth 527 Tax-exempt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or Website: ► www.gladney.org H(c) Group exemption number Other P M State of legal domicile: Form of organization: X Corporation Association L Year of formation: 1887 Summary Briefly describe the organization's mission or most significant activities: ADOPTION AGENCY & MATERNITY HOME Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 35 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 5 120 6 100 7a Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 5,699,391 6,550,853. Revenue 5,660,460 6,301,798 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 36,941 26,522 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -21,396 384,470 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 016,734 622,305 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,512,031 5,740,070 **16a** Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 6,012,426. 6,409,173. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . 11,524,457. 12,149,243. 473,062. 19 492,277 **Beginning of Current Year End of Year** Total assets (Part X, line 16) 20 16,038,372. 15,386,485. 21 Total liabilities (Part X, line 26) 5,043,007 3,917,609. 22 Net assets or fund balances. Subtract line 21 from line 20 10,995,365 11,468,876 Part II Signature Block 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. 06/25/15 Signature of officer Date Sign Here Ellen Wilson Sr VP/CFO Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's name Use Only Firm's address Firm's EIN ►

May the IRS discuss this return with the preparer shown above? (see instructions)

Χ No

20 b

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 3 Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation 9 Χ 10 Χ If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11 a Χ 11 b Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Χ 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12 h Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14h 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Χ 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Χ complete Schedule G, Part III. 19 Χ 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

Form 990 (2013) THE GLADNEY CENTER FOR ADOPTION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
k	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line</i> 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					. 🔲
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	94			
k	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	C			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	l repor	table gaming	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	120			
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax re			2 b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3 a		Х
	of Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>			3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial			4 a		Х
	o If 'Yes,' enter the name of the foreign country: ►		,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	cial Acc	counts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
	-					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible as charitable contributions?			6 a		Х
k	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?			6 b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f services provided to the payor?			7 a	X	
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	was r	equired to file	7 c		Х
c	If Yes,' indicate the number of Forms 8282 filed during the year	7 d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it conti	act?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file as required?			7 g		
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	nization	n file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have e holdings at any time during the year?	ng org	anizations. Did the business	8		Х
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9 a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?			9 b		X
	Section 501(c)(7) organizations. Enter:	-				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
	Section 501(c)(12) organizations. Enter:			-		
	Gross income from members or shareholders	11 a				
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11 b	1412	12 a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		141?	12 a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b				
	Enter the amount of reserves on hand	13 c				
14 a	Did the organization receive any payments for indoor tanning services during the tax year?			14 a		Х
k	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu	ıle O .		14 b		

Form 990 (2013) THE GLADNEY CENTER FOR ADOPTION 75-0917409 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 36 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 35 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents 4 Χ 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a Χ 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?............. 10 b Χ Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13............. Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 h Χ to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X 13 X 14 Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Χ Χ 15 h If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ New York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Other (explain in Schedule O) Own website Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

6300 John Ryan Dr Fort Worth

(817) 922-6000 TEEA0106 07/02/13 Form 990 (2013)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any rela	ated o	rgan	izati	on c	ompei	nsat	ed any current officer,	director, or trustee.	
				(C	;)					
(A) Name and Title	(B) Average hours per	one bo	x, unl	ess p	erson	more that is both r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jim Boone	2.00									_
Director		Х						0.	0.	0.
(2) Lynnette Embry	2.00									
Director		Х						0.	0.	0.
(3) Ann Mendenhall	2.00									
Director		Х						0.	0.	0.
(4) Mark H. Bettencourt	2.00									
Director		Х						0.	0.	0.
(5) Christopher Dezzi	2.00									
Director		Х						0.	0.	0.
_(6)_Kelly_Dillard	2.00									
Director		Х						0.	0.	0.
_(7)_Lisa_Elder	2.00									
Director		Х						0.	0.	0.
_(8) David Friedman	2.00									
Director		Х						0.	0.	0.
_(9) Jeffrey M. Harp	2.00									
Director		Х						0.	0.	0.
(10) Arthur Gorman	2.00									
Director		Х						0.	0.	0.
(11) Richard Thomas Hill	2.00									
Director		Х						0.	0.	0.
(12) Sharon Haynes	2.00									
Director		Х						0.	0.	0.
(13) Robert H. Holliday	2.00									
Director		Х						0.	0.	0.
(14) Janette Hunter	2.00									
Chair		X		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp										oyees	(conti	inued)
	(B)			(C	C)							
(A) Name and title	Average hours per	box	not ch , unles icer an	ss pe	more rson i	s both	an	(D) Reportable	(E) Reportable	Es	(F) timated	
	week (list any hours for		. .	Officer				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga	nt of oth pensation om the inization I related	n
	related organiza - tions	ndividual trustee or director	nstitutional trustee	Ť	Key employee	t comp /ee					inization	
	below dotted line)	stee	ustee			Highest compensated employee						
(15) Mary Sue McKenna	2.00	X						0.	0.			
Director (16) Laura Wheat	2.00							0.	0.			0.
Director X 0.										0.		
(17) David J. Johnson	2.00	-						Ŭ.	J.			
Treasurer	1 =	Х		Х				0.	0.			0.
(18) Kenneth Heitner	2.00)										
Secretary	1	Х		Х				0.	0.			0.
(19) Randle Lee	2.00)										
Director		Х						0.	0.			0.
(20) Ann Louden	2.00)										
Director		Х						0.	0.			0.
(21) Debbie Robinson	2.00							_	_			
Past Chair		X		Χ				0.	0.			0.
(22) Beauregard Fournet III	2.00								0			0
Director	2 00	X						0.	0.			0.
(23) Kathleen Marsal 2.00 X 0.							0.					
(21) Anno Konnodii												
Director	1 =	Х						0.	0.			0.
(25) Shannon Schumacher	2.00)										
Director		Х						0.	0.			0.
1 b Sub-total			٠.				>	0.	0.			0.
c Total from continuation sheets to Part VII, Section							>	911,152.	0.			0.
d Total (add lines 1b and 1c)							_	911,152.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 6	to those	listed	abo	ve)	who	rece	eive	d more than \$100,0	000 of reportable com	pensat	ion	
from the organization 6											Yes	No
2. Did the argenization list any former officer, director	or tructo	. Iras		، ده اه		ar bia	.h.o.	ot componented om	anlove e		163	NO
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc		, ,		, ,	,		,	•	, ,	. 3	Х	
4 For any individual listed on line 1a, is the sum of repo	ortable co	ompe	nsati	ion a	and	other	. coi	mpensation from				
the organization and related organizations greater th	an \$150,	900?	If 'Y	es' o	com	plete	Scl	hedule J for		. 4	Х	
5 Did any person listed on line 1a receive or accrue co										_		37
for services rendered to the organization? If 'Yes,' co	mpiete S	cnec	iule J	J for	suc	n pei	rsor	1		. 5		Х
1 Complete this table for your five highest compensate												
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) Name and business address (B) Description of services Comp										C) nsatio	n	
Name and Business dadress Compens										iloutio		
2 Total number of independent contractors (including b	ut not lin	nited	to the	ose	liste	d ab	ove) who received mo	re than			
\$100,000 of compensation from the organization	•											

Part VIII Statement of Revenue

ı aı	LVI	Check if Schedule O contains a response or note to any	ine in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c d e	Federated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d 3,044,814. Government grants (contributions) . 1 e All other contributions, gifts, grants, and similar amounts not included above . 1 f 3,506,039.	- - - -			
ONTRI AND O	_	Noncash contributions included in lines 1a-1f: \$ 133,564. Total. Add lines 1a-1f	6 550 052			
٦	- "	Business Code	6,550,853.			
Ē	2 a	DOMESTIC ADOPTION FEES 900099	5,035,280.	5,035,280.	0.	0.
RE	b	INSURANCE & MEDICAL REIMB 900099	4,348.	4,348.	0.	0.
/ICE	С	INTERCOUNTRY PROGRAM FEES 900099	596,662.	596,662.	0.	0.
Ä	d	FAMILY SERVICES 900099	24,170.	24,170.	0.	0.
AM S	е			==,=:		
GR.	f	All other program service revenue				
쮼	g	Total. Add lines 2a-2f	5,660,460.			
	3	Investment income (including dividends, interest and other similar amounts)	26,522.	0.	0.	26,522.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	_			
		Less: rental expenses	-			
		Rental income or (loss)	-			
		Net rental income or (loss)				
		Gross amount from sales of assets other than inventory . (i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses	_			
	С	Gain or (loss)				
	d	Net gain or (loss)	•			
OTHER REVENUE	8 a	Gross income from fundraising events (not including . \$ 101,575. of contributions reported on line 1c).				
盗	_	See Part IV, line 18				
Œ		Less: direct expenses b 609,849				
		Net income or (loss) from fundraising events	378,098.		0.	378,098.
	h	Less: direct expenses b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	iva	and allowances				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
		OTHER_INCOME900099	6,372.	0.	0.	6,372.
	b	' 				
	C	All other recognition				
		All other revenue				
		Total revenue. See instructions	0/3/2:	F 660 460		410 000
	12	TOTAL LE VELLAC. OCC III SU UCUONO	114,622,305.	5,660,460.	0.	410,992.

Page 10

Part IX | Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21		·		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	746,125.	173,258.	394,322.	178,545.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	·			
7	Other salaries and wages	4,993,945.	4,203,036.	546,648.	244,261.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=,==,,===		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
g	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
13	Office expenses				
	Information technology				
14	Royalties				
15 16	Occupancy				
16 17	Travel				
18	Payments of travel or entertainment				
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	38,924.	0.	38,924.	0.
21	Payments to affiliates	604,250.	0.	604,250.	0.
22	Depreciation, depletion, and amortization	513,057.	419,031.	92,274.	1,752.
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	298,410.	248,936.	46,371.	3,103.
а	,				
b	Medical services	161,189.	161.042.	122.	25.
	Office expenses	288,366.	231,970.	15,648.	40,748.
	Utilities & grounds	531,106.	439,498.	62,903.	28,705.
	All other expenses	3,973,871.	3,525,642.	225,078.	223,151.
	Total functional expenses. Add lines 1 through 24e	12,149,243.	9,402,413.	2,026,540.	720,290.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

75-0917409

Part X Balance Sheet

(A) Beginning of year End of year 1 938. 325,011 Savings and temporary cash investments 2 2 17,730. 335 3 3 2,128,725 1,827,489. 4 12,220 97,826. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 7 8 Prepaid expenses and deferred charges 408,831 9 349,672 Land, buildings, and equipment: cost or other basis. 10 a 19,739,680 10 b 10 c 6,646,850 13,069,781 13,092,830 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments – program-related. See Part IV, line 11 13 13 14 14 15 15 93 469 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 386,485 038 372 17 1,078,869 17 1,086,193. 18 18 19 19 790,885 203,100 20 20 2,558,138 1,728,143 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 304,970 24 701,462 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 310,145 25 198,711 26 Total liabilities. Add lines 17 through 25..... 5,043,007 26 3,917,609 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 27 7,823,548 8,985,693. 28 1.042.942 28 942.841 29 29 2,128,875 ,540,342 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 10,995,365 33 11,468,876 34 16,038, 372 34 15,386,485

BAA Form **990** (2013)

Par	t XI	Reconciliation of Net Assets								
		Check if Schedule O contains a response or note to any line in this Part XI					. X			
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		2,62		05.			
2	Total	expenses (must equal Part IX, column (A), line 25)	2	1	2,14	19,2	43.			
3	3 Revenue less expenses. Subtract line 2 from line 1									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	5 Net unrealized gains (losses) on investments									
6	6 Donated services and use of facilities									
7	Invest	ment expenses	7							
8	Prior p	period adjustments	8							
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			4	49.			
10		ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
		n (B))	10	1	1,46	8,8	76.			
Par	t XII	Financial Statements and Reporting								
		Check if Schedule O contains a response or note to any line in this Part XII								
						Yes	No			
1	Accou	inting method used to prepare the Form 990: Cash X Accrual Other		[
		organization changed its method of accounting from a prior year or checked 'Other,' explain ledule O.		- 1						
2 a	Were	the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X			
		s,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a ate basis, consolidated basis, or both:								
		Separate basis Consolidated basis Both consolidated and separate basis								
b	Were	the organization's financial statements audited by an independent accountant?			2 b	Х	l			
		s,' check a box below to indicate whether the financial statements for the year were audited on a separate		П						
	basis,	consolidated basis, or both:								
	Ш	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If 'Yes	it o line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi or, or compilation of its financial statements and selection of an independent accountant?	t, 	[2 c	Х				
		organization changed either its oversight process or selection process during the tax year, explain nedule O.								
3 a		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		[3 a		Х			
b	If 'Yes	, did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdit							
	or aud	lits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b					

BAA Form 990 (2013)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization Employler Identification number

THE GLADNEY CENTER FOR ADOPTION 75-0917409

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees											
(A)	(B)							(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
26 Mark Melton	2.00					1					
Director	0 00	Х						0.	0.	0.	
_27_Tammy_Miller Director	2.00_	Х						0.	0.	0.	
28 Sarah-Marie Martin	2.00	Λ						0.	0.	0.	
Director	2.00	Х						0.	0.	0.	
29 Hiry West	2.00	21						0.	0.	<u> </u>	
Director		Х						0.	0.	0.	
30 Barbara Penshorn	2.00										
Director		Х						0.	0.	0.	
31 Karen Griffin Hartsfield	2.00										
Director		Х						0.	0.	0.	
_32_Dede_Williams	2.00_										
Director		Х						0.	0.	0.	
33 Susan Stone	2.00										
Director		X						0.	0.	0.	
34 Cynthia Robbins	2.00							2		2	
Director	2 00	Х						0.	0.	0.	
_35_Paige McCoy Smith Director	2.00_	Х						0.	0.	0.	
36 Stacey Reynolds	2.00	Λ						0.	0.	<u> </u>	
Director	2.00	Х						0.	0.	0.	
37 J. Scott Brown	40.00										
Exec.Vice President	1				Х			138,972.	0.	0.	
38 Mark Melson	40.00										
Executive Vice President/CDO					Х			153,922.	0.	0.	
39 Heidi Cox	40.00										
Exec.Vice President					Х			152,539.	0.	0.	
_40_Frank_Garrott President/CEO	40.00	Х		Х				226,452.	0.	0.	
41 Vickye Schultz	40.00										
Sr. Vice President						Х		130,243.	0.	0.	
42 Ellen Wilson	40.00										
Sr.VP/CFO						Х		109,024.	0.	0.	

Form **990** Cont 2013

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section , 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number THE GLADNEY CENTER FOR ADOPTION 75-0917409 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Non-functionally integrated d By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (vii) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your (vi) Is the organization in column (i) (iv) Is the organization in column (i) listed in support your governing document? organized in the (see instructions) support' Yes Yes No Yes No No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	T	T	T	T					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,140,280.	4,515,576.	7,617,737.	5,699,391.	6,550,853	. 28,523,837.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	4,140,280.	4,515,576.	7,617,737.	5,699,391.	6,550,853	. 28,523,837.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,850,684.			
6	Public support. Subtract line 5 from line 4						25,673,153.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	4,140,280.	4,515,576.	7,617,737.	5,699,391.	6,550,853	. 28,523,837.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,260.	13,571.	59,921.	36,941.	26,522	. 169,215.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	20,479.	16,642.	17,750.	-21,396.	6,372	. 39,847.			
11	Total support. Add lines 7 through 10						28,732,899.			
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	36,702,949.			
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □			
	tion C. Computation of Pu									
	Public support percentage for 201						0,,00			
	Public support percentage from 20						33,75			
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of									
b	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶									
	o 10%-facts-and-circumstances to or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a qualifies as a pub	and stop here. Exp dicly supported org	olain in Part IV hanization	ow the			
	Private foundation. If the organiz	auon did not check	k a box on line 13,	10a, 10b, 1/a, 0f 1						
$R \Lambda \Lambda$					Cak	sodulo A (Form	990 or 990-E7) 2013			

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support			1				
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)							_
		for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	-
Sec	tion C. Computation of Pul	blic Support P	ercentage					
15	Public support percentage for 2013	3 (line 8, column (f) divided by line 13	B, column (f))			15	%
16	Public support percentage from 20	12 Schedule A, Pa	art III, line 15	<u></u>	<u></u>	<u></u>	16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е			•	
17	Investment income percentage for))		17	%
18	Investment income percentage from	•	•		•		18	%
	33-1/3% support tests $-$ 2013. If is not more than 33-1/3%, check the	nis box and stop h	ere. The organizat	tion qualifies as a p	oublicly supported	organization		▶ []
b	33-1/3% support tests $-$ 2012. If line 18 is not more than 33-1/3%, σ	the organization d check this box and	id not check a box stop here. The or	on line 14 or line 1 rganization qualifie	l 9a, and line 16 is s as a publicly sup	more than 3 ported orgar	3-1/3%, and ization .	d▶ □
20	Private foundation. If the organiza	ation did not chack	a hox on line 14	19a or 19h check	this hox and see i	nstructions		▶ □

Page 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 8	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.		,,	
	of organization			Employer identifica	ation number
	GLADNEY CENTER FO			75-091740	
	-	rganization is exempt under section			zation.
1	•	ganization's direct and indirect political campa	•		
2	•			- 7	
3					
Par		rganization is exempt under section			
1	•	e tax incurred by the organization under secti			
2	Enter the amount of any excis	e tax incurred by organization managers unde	er section 4955	▶ \$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a	Was a correction made?				· · · Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	•
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt ▶ \$	
3	Total exempt function expendi line 17b	tures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			· · · Yes No
5	organization made payments. amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amoun is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of elivered to a separate p	organization's funds. Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule **C** (Form 990 or 990-EZ) 2013

Part II-A Complete if section 501	the organization (h)).	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	election under						
A Check ► if the filin	g organization belong	s to an affiliated group (and	I list in Part IV each affilia	ated group member's nar	ne,						
<u> </u>	EIN, expenses, and s	hare of excess lobbying ex	penditures).								
B Check ► if the filing	g organization checke	ed box A and 'limited contro	l' provisions apply.								
(The term	Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated group totals										
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)											
b Total lobbying expenditures to influence a legislative body (direct lobbying)											
c Total lobbying expenditu	res (add lines 1a and										
	•										
e Total exempt purpose ex	openditures (add lines	1c and 1d)									
f Lobbying nontaxable am both columns	ount. Enter the amour	nt from the following table in	n 								
If the amount on line 1e, col	(2) 21 (2) 121	The lobbying nontaxable	amount is:								
Not over \$500,000		20% of the amount on line 1e.	4								
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	· · · · · · · · · · · · · · · · · · ·								
Over \$1,000,000 but not over Over \$1,500,000 but not over		\$175,000 plus 10% of the excess									
Over \$17,000,000		\$225,000 plus 5% of the excess of \$1,000,000.	over \$1,500,000.								
		ine 1f)									
•	•	nter -0									
		ter -0									
		line 1h or line 1i, did the org			Yes No						
(Som	e organizations that	-Year Averaging Period U made a section 501(h) ele s below. See the instruction	ection do not have to c								
	Lobby	ving Expenditures During	4-Year Averaging Perio	od							
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total						
2 a Lobbying non-taxable amount											
b Lobbying ceiling amount (150% of line 2a, column (e))											
c Total lobbying expenditures											
d Grassroots nontaxable amount											
e Grassroots ceiling amount (150% of line 2d, column (e))											
f Grassroots lobbying expenditures											
BAA				Schedule C (Forn	n 990 or 990-EZ) 2013						

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

("				
	(a	1)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		3,4	38.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	- ,	
i Other activities?		Х		
j Total. Add lines 1c through 1i			3,4	38.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			·	
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or		
			Yes	No
 Were substantially all (90% or more) dues received nondeductible by members?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) I answered 'Yes.'	Part I	II-A, I	line 3, is	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2 a		
b Carryover from last year		2 b		
c Total		2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); P.	art II-A	line 2	o. and	
Part II-B, line 1. Also, complete this part for any additional information.	u	, 2	., and	
Pt_II-B_Line_1	mmit	<u>tees</u>	!	

Scriedule C (Fo	NIII 990 01 990-EZ) Z013.THE GLADNEY CENTER FOR ADOPTION	/5-091/409	i aye 🕶
Part IV	Supplemental Information (continued)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

THE GLADNEY CENTER FOR ADOPTION 75-0917409 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part I	II │Organizations Maintai	ning Colle	ections o	of Art, Histo	orical	Treasures, or	r Othe	r Similar Ass	ets (c	ontınu	ed)
3 U	sing the organization's acquisition ems (check all that apply):	, accession, a	and other re	ecords, check	any of	the following that	are a sig	gnificant use of its	collect	ion	
а	Public exhibition			d Loan	or exch	nange programs					
b	Scholarly research			e Other							
С	Preservation for future generat	ions		<u>—</u>							
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
to	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Part I	Escrow and Custodial line 9, or reported an ar					ganization ansv	wered	'Yes' to Form	990, F	art IV	,
	1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?										
b If	'Yes,' explain the arrangement in	Part XIII and	complete th	ne following ta	ıble:		_				
									Amount	:	
	eginning balance							С			
	dditions during the year										
	istributions during the year										
	nding balance										
	id the organization include an ame								Yes		No
b If	'Yes,' explain the arrangement in	Part XIII. Che	eck here if t	he explantion	has be	en provided in Par	rt XIII .			L	_
-											
Part \	/ Endowment Funds. C										
		(a) Current		(b) Prior year		(c) Two years back		Three years back	(e) F	our years	
	eginning of year balance	3,171		2,676,2		885,709		620,042.			512.
b C	ontributions	361	,353.	1,205,2	92.	2,781,83	1.	1,421,427.		436,	504.
	et investment earnings, gains, nd losses										
d G	rants or scholarships										
	ther expenditures for facilities and programs	1,049	,987.	709,7	38.	991,27	7.	1,155,760.		392,	974.
f A	dministrative expenses										
g E	nd of year balance	2,483	,183.	3,171,8	317.	2,676,263	3.	885,709.		620,	042.
2 P	rovide the estimated percentage of	of the current	year end ba	alance (line 1g	g, colur	nn (a)) held as:					
a B	oard designated or quasi-endown	nent -	0.0)O %							
b P	ermanent endowment -	62.00 %	i								
с Те	emporarily restricted endowment	>	38.00	%							
TI	ne percentages in lines 2a, 2b, an	d 2c should e	equal 100%	•							
	re there endowment funds not in t	he possessio	n of the org	anization that	are he	eld and administere	ed for the	е		Yes	No
(i)	unrelated organizations								3a(i)		Х
(ii	related organizations								3a(ii)	Х	
	'Yes' to 3a(ii), are the related orga								. 3b	X	
	escribe in Part XIII the intended u										!
	/I Land, Buildings, and I										
	Complete if the organiz			s' to Form 9	990. P	art IV. line 11a	a. See	Form 990. Pa	rt X. li	ne 10.	
	Description of property		(a) Cost or	other basis	(b)	Cost or other pasis (other)	(c) A	accumulated epreciation		Book va	
1 a La	and		,	,		1,346,752.	- 40		1	,346,	752
	uildings		-			6,094,010.	/	,804,477.		, 289,	
	easehold improvements		-			U, U, T, UIU.		,001,1//.		<u>, 402,</u>	
	quipment		-			1,978,203.	1	,582,142.		206	,061.
	ther					320,715.					
	add lines 1a through 1e. (Column		•) Part Y colum	mn /D\			260,231.	1 2		, <u>484.</u>
DAA	nuu iiiles Ta tillough Te. (Column	(u) must equa	ai FUIII 990	ı, raπ λ, colul	ши (<i>Б)</i> ,	, iii le 10(c).)				,092,	

BAA

Schedule ${\bf D}$ (Form 990) 2013

75-0917409	Page

Complete if the organization answered	(b) Book value	·	
(a) Description of security or category (including name of security)	` '	(c) Method of valuation: Cost or e	nd-or-year market value
1) Financial derivatives			
2) Closely-held equity interests	•		
3) Other	-		
<u>A)</u>			
A) B)			
C)			
C) D)			
E)			
(F)			
(G)			
(H)			
(I)			
「otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) . ▶			
Part VIII Investments — Program Related.			
Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11c. See Form 990), Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or e	
(1)	, ,		
(2)			
(3)		+	
(4)		+	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶	•		
Part IX Other Assets.	n/		
Complete if the organization answered		Part IV, line 11d. See Form 990	
3.7	escription		(b) Book value
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9)	line 45		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		>
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	,		25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	,	1e or 11f. See Form 990, Part X, line	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	▶ 25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE	Form 990, Part IV, line 1 (b) Book value 98,9	1e or 11f. See Form 990, Part X, line	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCORD	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7	1e or 11f. See Form 990, Part X, line 58. 34.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCORD (4) Deferred Income	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7 50,0	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCORD (4) Deferred Income (5) Due to The Gladney Fund	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCORD (4) Deferred Income (5) Due to The Gladney Fund (6) Misc	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7 50,0	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTY (4) Deferred Income (5) Due to The Gladney Fund (6) Misc (7)	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7 50,0	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTY (4) Deferred Income (5) Due to The Gladney Fund (6) Misc (7) (8)	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7 50,0	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTY (4) Deferred Income (5) Due to The Gladney Fund (6) Misc (7) (8) (9)	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7 50,0	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTY (4) Deferred Income (5) Due to The Gladney Fund (6) Misc (7) (8) (9) (10)	Form 990, Part IV, line 1 (b) Book value 98,9 UNTS 46,7 50,0	1e or 11f. See Form 990, Part X, line 58. 34. 00.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTY (4) Deferred Income (5) Due to The Gladney Fund (6) Misc (7) (8) (9) (10)	98,9 UNTS 46,7 50,0 3,0	1e or 11f. See Form 990, Part X, line 58. 34. 00. 19.	25
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP PAYABLE (3) DESIGNATED AND INTERNATIONAL ESCROW DEPOSIT ACCOUNTY (4) Deferred Income (5) Due to The Gladney Fund (6) Misc (7) (8) (9)	98,9 UNTS 46,7 50,0 3,0	1e or 11f. See Form 990, Part X, line 58. 34. 00. 19. 0.	

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Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total	revenue, gains, and other support per audited financial statements	1	
2 Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net u	nrealized gains on investments		
b Dona	ted services and use of facilities		
c Reco	veries of prior year grants		
	, ,	2 e	
	•	3	
	ı ı		
	·	4 c	
			 'n
I alt XII	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	vetui	11.
1 Total	expenses and losses per audited financial statements	1	
2 Amou	unts included on line 1 but not on Form 990, Part IX, line 25:		
a Dona	ted services and use of facilities		
b Prior			
c Othe	· · · · · · · · · · · · · · · · · · ·		
-			
	,	2 e	
	•		
	1 1		
		4 c	
5 Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII	Supplemental Information.		
Provide the line 4; Part	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part XII, lines 2d and 4b.	al info	mation.
P+ V T.	ine 4 Term Endowment is for support of Programs/Operations		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements			

Schedule **D** (Form 990) 2013

Schedule D	(Form 990) 2013	THE GLADNEY	CENTER FOR	ADOPTION	75-0917409	Page 5
Part XIII	Supplemental	Information (c	ontinued)			
					 	

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is

at www.irs.gov/form990.

OMB No. 1545-0047 2013

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GLADNEY CENTER FOR ADOPTION

Employer identification number

75-0917409

Part I	General Information on Activities Outside the United States. Complete if the organization answered 'Yes'
	on Form 990, Part IV, line 14b.

_	For most selection, Depth 1: Bot Williams and advantage of the selection o		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	s	No
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		7

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

	line 3 table can be duplicated if additional space is needed.)	

3 Activities per Region. (The fo	ollowing Part I, line	3 table can be du	plicated if additional space is nee	eaea.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa	0	1	Program Service & Grants	Adoption & child welfare	393,212.
(2) South America	0	1	Program Service & Grants	Adoption & child welfare	129,161.
(3) East Asia and Pacific	0	1	Program Service & Grants	Adoption & child welfare	273,740.
(4) Central America	0	2	Program Service & Grants	Adoption & child welfare	84,743.
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
(11)					
(12)					
(13)					_
(14)					_
(15)					
(16)					_
<u>(17)</u>					
3 a Sub-total	0	5			880,856.
b Total from continuation sheets to Part I					
C Totals (add lines 3a and 3b) .	0	5			880,856.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	child welfare	393,212.	wire transfer			
(2)									
(3)			South America	child welfare	129,161.	wire transfer			
(4)			East Asia and Pacific	child welfare	266,702.	wire transfer			
(5)			Central America	child welfare	84,743.	wire transfer			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

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BAA

75-0917409

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(0)							
(0)							
(10) (11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2013

TEEA3503 06/26/13

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	X No

Part V	Provide the in (accounting method); Part applicable. Al	Information Iformation required The thod; amounts of If (accounting means complete this page)	by Part I, line 2 (n investments vs ex thod); and Part III, art to provide any a	nonitoring of func openditures per r column (c) (esti additional inform	ds); Part I, line 3, region); Part II, lir mated number o ation (see instruc	column (f) ne 1 (accounting f recipients), as ctions).	9
<u>Pt I L</u> :	ine 2	<u>In-Country agents over</u>	see the use of funds an	d <u>letters of</u> <u>understa</u>	nding are signed with	foreign charitable c	organizations
				. – – – – – –			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► See separate instructions.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name o	of the organization						Employer identifica	
THE	GLADNEY CENTER FOR AL	OPTION					75-091740	9
Par	Fundraising Activities. Comp Form 990-EZ filers are not requ			wered 'Yes	s' to Form 990, Part IV, I	ine 17.		
1	Indicate whether the organization ra	ised funds throu	igh any of t	he followin	g activities. Check all the	at apply.		
а	Mail solicitations			е	Solicitation of non-g	jovernme	nt grants	
b	Internet and email solicitations			f	Solicitation of gover	nment ar	ants	
c	;			g	Special fundraising	ŭ		
d				9	opecial fundraising	CVCIIIG		
2 a	Did the organization have a written cemployees listed in Form 990, Part	or oral agreemen	nt with any connection	individual with profes	(including officers, direct sional fundraising servic	tors, trust	ees or key	Yes No
b	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entitie organization.	s (fundraise	ers) pursua	ant to agreements under	which the	e fundraiser is to	o be
(i)	Name and address of individual	(ii) Activity	(iii) Did fu	undraiser	(iv) Gross receipts	(v) Am	ount paid to	(vi) Amount paid to
	or entity (fundraiser)		have custod of contri	dy or control butions?	from activity			(or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3	List all states in which the organizati or licensing.				contributions or has beer	n notified	it is exempt fror	n registration
					- – – – – – – – -			

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R			(a) Event #1 Golf Tournament (event type)	(b) Event #2 None (event type)	(c) Other events NONE (total number)	(add column (a) through column (c))				
REVENUE	1	Gross receipts	1,089,522.			1,089,522.				
Ē	2	Less: Charitable contributions	101,575.			101,575.				
	3	Gross income (line 1 minus line 2)	987,947.			987,947.				
	4	Cash prizes								
	5	Noncash prizes								
DIRECT	6	Rent/facility costs								
C T	7	Food and beverages								
E X P	8	Entertainment								
EXPENSES	9	Other direct expenses	609,849.			609,849.				
S	10	Direct expense summary. Add lines 4 throu								
Par	11 Net income summary. Subtract line 10 from line 3, column (d)									
		\$15,000 on Form 990-EZ, line 6a.				Τ				
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Ü	1	Gross revenue								
_	2	Cash prizes								
D I R E C T	3	Noncash prizes								
C S T E S	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes % No	Yes %					
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)							
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)						
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									

Sche		5-09174	09	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1		
	The organization's facility	. 13 a		%
	an outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name •			
	Address •			
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?		Yes	No
	o If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the			
	of gaming revenue retained by the third party \$			
c	If 'Yes,' enter name and address of the third party:			
	Name •			
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	1 the		
Dor	organization's own exempt activities during the tax year \$\ \text{tV} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ne (iii) a	nd (v)	
Fai	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ad information (see instructions).	ditional	nu (v),	
-				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GLADNEY CENTER FOR ADOPTION

Employer identification number 75-0917409

TH		/5-091/409			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1	a Check the appropriate box(es) if the organization provided VII, Section A, line 1a. Complete Part III to provide any rel	d any of the following to or for a person listed in Form 990, Part levant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organiz reimbursement or provision of all of the expenses describe	cation follow a written policy regarding payment or ed above? If 'No,' complete Part III to explain	1 b		
2	, ,	rsing or allowing expenses incurred by all officers, directors, or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but	on used to establish the compensation of the organization's ck any boxes for methods used by a related organization to ut explain in Part III.			
	X Compensation committee	X Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part V or a related organization:				
		ent?	4 a	77	X
		compensation arrangement?	4 D	Χ	Х
	If 'Yes' to any of lines 4a-c, list the persons and provide th	· · · · · · · · · · · · · · · · · · ·	70		Λ
	Only section 501(c)(3) and 501(c)(4) organizations mus	st complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a contingent on the revenues of:	a, did the organization pay or accrue any compensation			
	a The organization?		5 a		Х
	b Any related organization?		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a contingent on the net earnings of:	a, did the organization pay or accrue any compensation			
			6 a		Х
	•		6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If 'Yes,' described	a, did the organization provide any non-fixed e in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or to the initial contract exception described in Regulations so If 'Yes,' describe in Part III	eccrued pursuant to a contract that was subject ection 53.4958-4(a)(3)?	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebutta	<u> </u>	9		
-			_	_	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	columns(B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
Mark Melson	(i)	153,922.	<u>0</u> .	0.	0.	0.	<u> 153,922.</u>	0.
1 Executive Vice President/CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
Heidi Cox	(i)	<u>152,539.</u> _	0.	0.	0.	0.	152,539.	0.
2 Exec. Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
Frank Garrott	(i)	226,452.	0.	0.	<u>8,500.</u>	0.	<u>234,952.</u>	0.
3 President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						L	1
4	(ii)							
	(i)						L	1
_5	(ii)							
	(i)						<u> </u>	
6	(ii)							
	(i)						L	
7	(ii)							
_	(i)						<u> </u>	
8	(ii)							
_	(i)						<u> </u>	
9	(ii)							
40	(i)						+	
10	(ii)							
••	(i)				 		+	
11	(ii)							
40	(i)							
12	(ii)							
13	(i)	L					<u> </u>	
13	(ii)							
44	(i)							
14	(ii)							-
15	(i) (ii)							
10								-
46	(i)						 	
16	(ii)			ĺ				

BAA

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information. Pt I Line 4b ____ Frank Garrott 457(f)non-qualified plan ___

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

GLADNEY CENTER FOR ADOPTION

Employer identification number 75-0917409

Par	ιı	тур	es of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash		etermini	
1	Art -	– Wor	ks of art							
2	Art -	– Hist	orical treasures							
3			ctional interests							
4	Воо	ks and	d publications							
5			nd household goods							
6		_	other vehicles	Х	1	1,914.				
7	Boa	its and	planes		<u> </u>	1/211.				
8	Inte	llectua	l property							-
9	Sec	urities	- Publicly traded	Х	12	106,067.				
10	Sec	urities	- Closely held stock			, , , , , , , , , , , , , , , , , , , ,				
11	Sec	urities	- Partnership, LLC, or trust interests							
12	Sec	urities	- Miscellaneous							
13	-,		conservation contribution —							
14	Qua	alified (conservation contribution — Other							
15	Rea	ıl estat	e – Residential							
16	Rea	ıl estat	e - Commercial							
17	Rea	ıl estat	e – Other							
18	Coll	ectible	es							
19	Foo	d inve	ntory							
20	Dru	gs and	I medical supplies							
21	Tax	idermy	/							
22	Hist	orical	artifacts							
23	Scie	entific	specimens							
24	Arch	neolog	ical artifacts							
25	Oth		(<u>Software</u>) .	Х	1	21,150.				
26	Oth		(<u>Rent</u>) .	X	1	3,608.				
27	Oth		(<u>food</u>) .	X	1	808.				
28			(furniture).	X	1	·				
29	Nun orga	nber o anizati	f Forms 8283 received by the organization on completed Form 8283, Part IV, Donee A	during the ta Acknowledge	x year for contributions f	for which the	29	T		0.
							_		Yes	No
30a			e year, did the organization receive by cont least three years from the date of the initia							
			for the entire holding period?					30 a		X
b			escribe the arrangement in Part II.							
31	Doe	s the	organization have a gift acceptance policy	that requires	the review of any non-st	tandard contributions?		31	Х	<u> </u>
32a			organization hire or use third parties or relational relations?					32 a	Х	
b	If 'Y	es,' de	escribe in Part II.							
33		_	nization did not report an amount in colum n Part II.	n (c) for a typ	be of property for which o	column (a) is checked,				

THE GLADNEY CENTER FOR ADOPTION

75-0917409

Page 2

Schedule M (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

THE GLADNEY CENT	ER FOR ADOPTION	75-0917409
Pt_VI, Line 12c_	Conflict_of_Interest_statements_are_reviewed_and_sig	gned annually by Directors
Pt_VI, Line 11b	Form 990 is reviewed by Management and the Finance 1	Department prior to filing
Pt_VI, Line 15a	Compensation of Management is determined by the Comp	
Pt VI, Line 19	Organizing documents are available upn request while Form 990 and Independen	
Pt VI, Line 15b	Compensation of Management is determined by the Comp	
		penbacion committee review
Pt_XI	Immaterial correction to prior year balance	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► See separate instructions.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

THE GLADNEY CENTER FOR ADOPTION

75-0917409

Part I Identification of Disregarded Entities Comple	ete ii tile organizati	ion answered Tes	0111 01111 990, 1 8	art iv, iiile 55.	<u> </u>	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary ad			(d) otal income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
<u>(3)</u>						
Part II Identification of Related Tax-Exempt Organi one or more related tax-exempt organizations or	zations Complete during the tax year.	if the organization a	answered 'Yes' o	n Form 990, Pa	art IV, line 34 becau	use it had
(a)	(b)	(c)	_ (d)	(e)	(f)	(g)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 5120 controlled	(b)(13) I entity?
						Yes	No
(1) The Gladney Fund							
6300 John Ryan Dr.							1
Fort_Worth, TX_76132 75-2414153	Management of Endowment funds.	TX	501(c)(3)	509(a)(1)	N/A		Х
	Volunteer Support						
75-2532001		TX	501 (c)(3)	509(a)(1)	N/A	X	
<u>(3)</u>							

Part III	Identification of Related Organizations Taxable as a Partnership	Complete if the organization answered	'Yes' on Form 990, F	² art IV, line 34
	because it had one or more related organizations treated as a partne	rship during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		tionate amount in box mallocations? 20 of Schedule		al or ging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
<u>(1)</u>												
(2)												
(3)												,

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(h) (i) centage nership Sec 512(t controlled	
- 		country)	Critity	Or trust)				Yes	No
<u>(1)</u>	-								
	-								
	-								
(2)									
	-								
	-								
(3)									
	_								
							[

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1 a		Х
k	Gift, grant, or capital contribution to related organization(s)	1 b		Х
c	Gift, grant, or capital contribution from related organization(s)	1 c		Х
c	Loans or loan guarantees to or for related organization(s)	1 d		Х
e	Loans or loan guarantees by related organization(s)	1 e		Х
	Dividends from related organization(s)	1 f		Х
ç	g Sale of assets to related organization(s)	1 g		Х
ŀ	n Purchase of assets from related organization(s)	1 h		Х
	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		Х
	c Lease of facilities, equipment, or other assets from related organization(s)	1 k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)	1 m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	Х	
C	Sharing of paid employees with related organization(s)	1 0		Х
	Reimbursement paid to related organization(s) for expenses	1 p	Х	
C	Reimbursement paid by related organization(s) for expenses	1 q		X
	Other transfer of cash or property to related organization(s)	1 r		X
	S Other transfer of cash or property from related organization(s)	1 s	X	
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		.1\	
	(a) (b) (c) Name of related organization Transaction Amount involved Meth	od of d	رر determ	nining
	type (a-s)	mount i	involve	ed
1) (Gladney Center GFA - Group Return r 303,433.cas	h		
2)				
3)				
1)				
5)				
3)				
<u>''</u>				

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all p sec 501(organiz	e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana partr	ral or	(k) Percentage ownership
			from tax under section 512-514)	Yes	No			Yes	No	, ,	Yes	No	
<u>(1)</u>													
(2)													
<u>(3)</u>													
<u>(4)</u>													
	-												
<u>(5)</u>													
	-												
<u>(6)</u>													
<u>(7)</u>													
<u>(8)</u>													

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	COMMUNICATIONS & OUTREACH - provides
Expenses	1,957,252.	adoption education and outreach to 1000s of
Grants Of	0.	individuals through personal presentations,
Revenue.	0.	printed literature and our website.
Code:	Description:	Humanitarian aid Programs - provided Aid in the form of baby formula, diapers,
Expenses	563,071.	food, clothing and other life necessities to improve
Grants Of	0.	the lives of children that will never be adopted.
Revenue.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Leases & rentals	503,833.	481,059.	16,137.	6,637.
Other expense	1,522,511.	1,345,919.	115,585.	61,007.
Professional fees	516,068.	442,457.	25,115.	48,496.
Outreach education	1,431,459.	1,256,207.	68,241.	107,011.