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Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		THE CRADLE		36-2181994
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
2049 RIDGE AVENUE		(847) 475-5800		
City or town, state or country, and ZIP + 4		G Gross receipts \$ 5,141,741.		
EVANSTON, IL 60201		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
F Name and address of principal officer: JULIANNE TYE		H(c) Group exemption number ▶		
SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CRADLE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1923	
M State of legal domicile: IL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CRADLE'S MISSION IS TO BENEFIT CHILDREN BY PROVIDING EDUCATION, GUIDANCE, AND LIFELONG	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 29
	5 Total number of employees (Part V, line 2a)	5 97
	6 Total number of volunteers (estimate if necessary)	6 151
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,004,063. Current Year 1,997,777.
	9 Program service revenue (Part VIII, line 2g)	2,579,478. 2,917,430.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,705. 380.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	229,661. 226,154.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,818,907. 5,141,741.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	106,263. 59,799.
	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)	3,722,067. 3,540,171.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,881,402. 1,769,094.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,709,732. 5,369,064.	
19 Revenue less expenses. Subtract line 18 from line 12	109,175. <227,323.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 13)	Beginning of Current Year 25,382,709. End of Year 27,271,751.
	21 Total liabilities (Part X, line 26)	5,742,755. 5,633,828.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,639,954. 21,637,923.

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.

Sign Here: Signature of officer: *Julianne Tye* Date: 2.8.2011
 JULIANNE TYE, PRESIDENT
 Type or print name and title

Paid Preparer's signature: *Paul Fel* Date: 2-4-11 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC
 ONE SOUTH WACKER DRIVE
 CHICAGO, IL 60606-3392
 EIN: Phone no. ▶ 312-634-3400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED MAR 09 2011

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE CRADLE'S MISSION IS TO BENEFIT CHILDREN BY PROVIDING EDUCATION, GUIDANCE, AND LIFELONG SUPPORT TO CREATE, SUSTAIN, AND PRESERVE NURTURING FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 2,626,731. including grants of \$ 59,799.) (Revenue \$ 2,318,694.)

A. SOCIAL SERVICES

ESTABLISHED IN 1923, THE CRADLE PROVIDES PROFESSIONAL COUNSELING, EDUCATION AND SUPPORT TO WOMEN AND MEN FACING UNPLANNED PREGNANCIES; TO PROSPECTIVE PARENTS SEEKING TO FORM OR EXPAND THEIR FAMILIES THROUGH ADOPTION; TO FORMER WARDS OF THE STATE OF ILLINOIS WHO ARE ORPHANED DUE TO THE DEATH OR INCAPACITATION OF THEIR ADOPTIVE PARENTS; AND TO ALL MEMBERS OF THE ADOPTION TRIAD ON A POST-ADOPTION BASIS. TRADITIONALLY, OUR CORE SERVICES HAVE BEEN DELIVERED THROUGH ONE-ON-ONE COUNSELING WITH OUR CLIENTS, BUT INCREASINGLY, THE CRADLE IS TAKING ADVANTAGE OF VARIOUS TECHNOLOGIES TO PROVIDE INFORMATION, SUPPORT AND EDUCATION TO HELP PEOPLE WHO ARE TOUCHED BY ADOPTION IN EVERY CORNER OF

4b (Code:) (Expenses \$ 839,722. including grants of \$) (Revenue \$)

B. NURSERY

THE CRADLE'S ONSITE, 24-HOUR NURSERY IS THE ONLY ONE OF ITS KIND IN THE UNITED STATES. ITS PURPOSE IS TO PROVIDE PROFESSIONAL, NURTURING CARE TO INFANTS UNDER THE AGE OF ONE YEAR WHOSE BIRTH PARENTS ARE CONSIDERING ADOPTION. WHILE SOME BIRTH PARENTS CHOOSE TO HAVE THEIR BABIES GO DIRECTLY FROM THE HOSPITAL TO THEIR ADOPTIVE FAMILY, OTHERS ARE NOT CERTAIN ABOUT AN ADOPTION DECISION AND USE THE NURSERY AS A NEUTRAL, TEMPORARY HAVEN WHILE THEY CONSIDER THEIR OPTIONS. THE NURSERY IS ALSO AN IMPORTANT HAVEN FOR BABIES BORN WITH SPECIAL NEEDS. IT CAN SOMETIMES TAKE MANY MONTHS TO LOCATE AN ADOPTIVE FAMILY FOR A SPECIAL NEEDS BABY, AND THE CRADLE'S NURSERY IS A CRITICALLY IMPORTANT RESOURCE

4c (Code:) (Expenses \$ 799,577. including grants of \$) (Revenue \$)

C. OUTREACH AND COMMUNICATIONS

IN THE COURSE OF FY2010, THE CRADLE'S OUTREACH TEAM MADE OVER 4,500 CONTACTS WITH SOCIAL SERVICE AND HEALTH CARE PROFESSIONALS IN ILLINOIS. THEY CONDUCTED ROUGHLY 200 IN-SERVICE PRESENTATIONS, HELPING NEARLY 3,000 PROFESSIONALS BETTER UNDERSTAND THE REALITIES OF ADOPTION TODAY, INCLUDING ADOPTION LAW, EMPOWERING ADOPTION LANGUAGE AND HOW BEST TO RESPECT A BIRTHPARENT'S RIGHTS. OUR 2010 ADOPTION AWARENESS COMMUNICATIONS EFFORTS EXTENDED TO BROADCAST AND DIGITAL MEDIA AS WELL AS SOCIAL NETWORKING SITES LIKE FACEBOOK.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 714,127. including grants of \$) (Revenue \$ 598,736.)

4e Total program service expenses ► \$ 4,980,157.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>	X	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	10		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2a	97		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI: 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
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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 taxable entity during the year?		X
b If "Yes," has the organization adopted 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 organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **IL**
- 18 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.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELLEN GIUDICE - (847) 475-5800**
2049 RIDGE AVENUE, EVANSTON, IL 60201

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

1a 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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BARTH DIRECTOR	1.20	X					0.	0.	0.	
DAVID BRITTSAN DIRECTOR	0.30	X					0.	0.	0.	
RICHARD BURNSTINE, M.D. DIRECTOR	0.50	X					0.	0.	0.	
MARGARET CARTIER DIRECTOR	0.70	X					0.	0.	0.	
STEPHEN COLE SECRETARY/TREASURER	0.90	X		X			0.	0.	0.	
ERIN DICKES DIRECTOR	0.50	X					0.	0.	0.	
JOHN F. DIX, JR. DIRECTOR	0.50	X					0.	0.	0.	
PAULA DIX DIRECTOR	1.00	X					0.	0.	0.	
THERESE FAUERBACH DIRECTOR	1.00	X					0.	0.	0.	
ANNA MARIE HAJEK CHAIR	2.10	X		X			0.	0.	0.	
ANDREA HERCHENBACH DIRECTOR	0.50	X					0.	0.	0.	
PETER HICKEY DIRECTOR	0.80	X					0.	0.	0.	
SHARLENE HOBSON DIRECTOR	0.30	X					0.	0.	0.	
NICK KALM DIRECTOR	0.30	X					0.	0.	0.	
MARGARITA KELLEN VICE CHAIR	1.60	X		X			0.	0.	0.	
CATHERINE KLETTKE DIRECTOR	0.50	X					0.	0.	0.	
JOHN LUCE DIRECTOR	0.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE MACY DIRECTOR	0.70	X						0.	0.	0.
JANET MCDONALD DIRECTOR	1.10	X						0.	0.	0.
ELIZABETH PARKINSON DIRECTOR	0.50	X						0.	0.	0.
KEVIN ROCHFORD DIRECTOR	0.70	X						0.	0.	0.
CARYN ROWE AFRICK VICE CHAIR	1.60	X		X				0.	0.	0.
LAWRENCE RUBLY DIRECTOR	1.00	X						0.	0.	0.
ARDYTHE SAYERS DIRECTOR	0.30	X						0.	0.	0.
GALE SAYERS DIRECTOR	0.30	X						0.	0.	0.
BARBARA SEREDA DIRECTOR	0.80	X						0.	0.	0.
WILLIAM STASEK DIRECTOR	0.30	X						0.	0.	0.
1b Total								687,230.	0.	84,558.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
STARCOM WORLDWIDE, 12076 COLLECTIONS CENTER DR., CHICAGO, IL 60693	MEDIA ADVERTISING	230,051.
SWITCHFAST TECHNOLOGIES 4043 N. RAVENSWOOD, #203, CHICAGO, IL 60613	IT SUPPORT	105,626.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	153,406.7			
	e Government grants (contributions)	1e	298,472.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	165,238.			
	g Noncash contributions included in lines 1a-1f \$		90,627.			
	h Total. Add lines 1a-1f		199,777.7			
Program Service Revenue	2 a SERVICE FEES	Business Code 900099	291,743.0	291,743.0		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		291,743.0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		380.		380.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a ADMINISTRATIVE FEE	561000	225,504.	225,504.			
b OTHER REVENUE	900099	650.	650.			
c						
d All other revenue						
e Total. Add lines 11a-11d		226,154.				
12 Total revenue. See instructions.		514,174.1	314,358.4	0.	380.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	55,496.	55,496.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,303.	4,303.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	774,826.	694,188.	80,638.	
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	2,174,412.	2,083,919.	90,493.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	394,328.	375,607.	18,721.	
10 Payroll taxes	196,605.	185,305.	11,300.	
11 Fees for services (non-employees):				
a Management				
b Legal	97,453.	77,892.	19,561.	
c Accounting	33,100.	18,239.	14,861.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	119,394.	119,100.	294.	
12 Advertising and promotion	402,702.	397,784.	4,918.	
13 Office expenses	240,786.	214,247.	26,539.	
14 Information technology	87,826.	62,277.	25,549.	
15 Royalties				
16 Occupancy	278,467.	218,312.	60,155.	
17 Travel	80,957.	78,413.	2,544.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,437.	20,435.	2,002.	
20 Interest	53,851.	40,093.	13,758.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,056.	108,441.	50,615.	
23 Insurance	31,290.	17,067.	14,223.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a NURSERY SUPPLIES	65,987.	65,987.		
b RESEARCH & EDUCATION	57,873.	57,812.	61.	
c LAB/MED	9,060.	9,060.		
d DUES	8,356.	7,781.	575.	
e ADMINISTRATION ALLOCATI	0.	49,749.	<49,749.>	
f All other expenses	20,499.	18,650.	1,849.	
25 Total functional expenses. Add lines 1 through 24f	5,369,064.	4,980,157.	388,907.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	305,893.	1	287,637.
	2 Savings and temporary cash investments	500,000.	2	500,000.
	3 Pledges and grants receivable, net	100,000.	3	
	4 Accounts receivable, net	526,310.	4	411,155.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges	205,189.	9	179,075.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,615,041.		
	b Less: accumulated depreciation	10b 2,867,644.	3,819,306.	10c 3,747,397.
	11 Investments - publicly traded securities			11
	12 Investments - other securities. See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11	19,926,011.	15	22,146,487.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,382,709.	16	27,271,751.	
Liabilities	17 Accounts payable and accrued expenses	456,877.	17	354,448.
	18 Grants payable		18	
	19 Deferred revenue	85,878.	19	79,380.
	20 Tax-exempt bond liabilities	5,200,000.	20	5,200,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,742,755.	26	5,633,828.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,554,190.	27	13,717,964.
	28 Temporarily restricted net assets	1,650,263.	28	1,252,424.
	29 Permanently restricted net assets	5,435,501.	29	6,667,535.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,639,954.	33	21,637,923.	
34 Total liabilities and net assets/fund balances	25,382,709.	34	27,271,751.	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE CRADLE	Employer identification number 36-2181994
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Part I 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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 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).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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).
- 7 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.)
- 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,357,354.	3,367,003.	2,548,860.	3,004,063.	1,997,777.	14,275,057.
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	3,357,354.	3,367,003.	2,548,860.	3,004,063.	1,997,777.	14,275,057.
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)						
6 Public support. Subtract line 5 from line 4						14,275,057.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,357,354.	3,367,003.	2,548,860.	3,004,063.	1,997,777.	14,275,057.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		17,623.	16,526.	5,705.	380.	40,234.
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.)	6,773.	220,027.	238,724.	229,661.	226,154.	921,339.
11 Total support. Add lines 7 through 10						15,236,630.
12 Gross receipts from related activities, etc. (see instructions)					12	14,121,766.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.69 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.73 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE CRADLE** Employer identification number **36-2181994**

Part I 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 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 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 |
|--|---------------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06 | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 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 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	500,000.	500,000.			
b Contributions					
c Net investment earnings, gains, and losses	380.	5,705.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	380.	5,705.			
g End of year balance	500,000.	500,000.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,300.		20,300.
b Buildings		5,686,296.	2,084,748.	3,601,548.
c Leasehold improvements				
d Equipment		732,387.	679,520.	52,867.
e Other		176,058.	103,376.	72,682.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,747,397.

Part XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	5,141,741.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,369,064.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<227,323.>
4	Net unrealized gains (losses) on investments	156,156.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	2,069,136.
9	Total adjustments (net). Add lines 4 through 8	2,225,292.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1,997,969.

Part XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	7,498,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	156,156.
b	Donated services and use of facilities	131,416.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	2,069,136.
e	Add lines 2a through 2d	2,356,708.
3	Subtract line 2e from line 1	5,141,741.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5,141,741.

Part XIII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	5,500,480.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	131,416.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	131,416.
3	Subtract line 2e from line 1	5,369,064.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5,369,064.

Part XIV: Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE CRADLE'S PERMANENT ENDOWMENT IS INTENDED FOR THE SUPPORT OF THE NURSERY.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF REMAINDER TRUSTS: 33155.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN FOUNDATION: 2035981.

PART X, LINE 2: ON OCTOBER 1, 2009, THE ORGANIZATION ADOPTED THE

Part XIV Supplemental Information (continued)

ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2010.

PART XII, LINE 2D:

CHANGE IN VALUE OF REMAINDER TRUST: 33,155

CHANGE IN VALUE OF BENEFICIAL INTEREST IN FOUNDATION \$2,035,981

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BIRTH MOTHER MEDICAL EXPENSES	22	33,667.	0.		
BIRTH MOTHER HOUSING EXPENSES	18	11,928.	0.		
OTHER LIVING EXPENSES PAID ON BEHALF OF BIRTH MOTHERS	45	8,657.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: SUPPORT IS PROVIDED TO BIRTH PARENTS FOR FOOD, CLOTHING, AND HOUSING BASED ON COUNSELOR ASSESSMENT, AND DIRECT PAYMENT OF HOSPITAL AND MEDICAL BILLS ASSOCIATED WITH THE PREGNANCY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE CRADLE

Employer identification number

36-2181994

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JULIANNE TYE	177,013.	0.	0.	4,415.	18,171.	199,599.	0.
(i)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
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(iii)							
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(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization

THE CRADLE

Employer identification number

36-2181994

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>INFANT FORMUL</u>)	X	1	65,677.	FAIR MARKET VALUE
26 Other ▶ (<u>COMPUTER SOFT</u>)	X	50	24,950.	SALES INVOICE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

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Inspection

Name of the organization

THE CRADLE

Employer identification number
36-2181994

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT TO CREATE, SUSTAIN, AND PRESERVE NURTURING FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE UNITED STATES AND, INDEED, AROUND THE WORLD.

WE VIEW OUR ROLE WITH CLIENTS AS A PARTNERSHIP, WITH THE GOAL OF
PROVIDING CLIENTS WITH SUFFICIENT INFORMATION, EDUCATION, GUIDANCE AND
SUPPORT TO ENABLE THEM TO MAKE THE BEST DECISION FOR THEMSELVES AND
THEIR FAMILY. IN FISCAL 2010, WE RECEIVED 739 CALLS FROM
BIRTH/EXPECTANT PARENTS INQUIRING ABOUT DOMESTIC ADOPTION AS AN OPTION.
293 CLIENTS ENTERED INTO A COUNSELING RELATIONSHIP WITH US. 76 CLIENTS
CHOSE TO MAKE AN ADOPTION PLAN.

IN THIS SAME PERIOD, 246 PROSPECTIVE ADOPTING PARENTS EXPLORED THE
OPTIONS OF DOMESTIC OR INTERNATIONAL ADOPTION AS A MEANS FOR FORMING OR
EXPANDING THEIR FAMILIES. THE CRADLE'S SOCIAL WORK STAFF CONDUCTED 135
HOME STUDIES FOR THESE FAMILIES. THE HOME STUDY PROCESS AT THE CRADLE
EMPHASIZES THE IMPORTANCE OF READINESS AND PREPARATION TO BECOME AN
ADOPTIVE FAMILY. WE HELP FAMILIES DETERMINE IF ADOPTION IS, INDEED,
RIGHT FOR THEM, AND IF SO WHICH TYPE OF ADOPTION IS THE BEST FIT:
DOMESTIC OR INTERNATIONAL. 76 FAMILIES ADOPTED CHILDREN THROUGH OUR
DOMESTIC PROGRAM THIS YEAR; 36 FAMILIES ADOPTED CHILDREN FROM 10
COUNTRIES ABROAD.

THE CRADLE IS AN IMPORTANT RESOURCE FOR MINORITY CHILDREN, MOST
ESPECIALLY FOR BLACK INFANTS. OF THE 76 CHILDREN PLACED WITH ADOPTIVE

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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FAMILIES, 37 WERE BLACK OR BI-RACIAL. THE ARDYTHE AND GALE SAYERS CENTER FOR AFRICAN AMERICAN ADOPTION UNDERTAKES EXTENSIVE OUTREACH WITHIN THE BLACK COMMUNITY TO RECRUIT FAMILIES FOR THESE CHILDREN. TWENTY-FOUR INFORMATIONAL/RECRUITMENT MEETINGS WERE CONDUCTED IN 2010. TWO NEW INITIATIVES WERE LAUNCHED: THE SAYERS FAMILY NETWORK PROVIDES PEER-TO-PEER SUPPORT AND NETWORKING FOR FAMILIES. THE SAYERS AMBASSADORS CORPS IS AN ADOPTIVE PARENT GROUP THAT PROMOTES ADOPTION AND THE SAYERS CENTER TO THE PUBLIC. INCREASINGLY, WE ARE USING OUR WEBSITE TO ALLOW FAMILIES TO SHARE THEIR STORIES WITH THE GOAL OF ENCOURAGING MORE PARENTS TO CONSIDER ADOPTING A BLACK CHILD:

[HTTP://WWW.CRADLE.ORG/ADOPTION-AGENCY/ADOPT_AA_STORIES.HTML](http://www.cradle.org/adoption-agency/adopt_aa_stories.html)

THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES FUNDS THE FAMILY PLACEMENT AND SUPPORT SERVICES PROGRAM. THIS PROGRAM WORKS WITH CHILDREN WHO HAD PREVIOUSLY BEEN IN THE FOSTER CARE SYSTEM, WHO WERE SUCCESSFULLY PLACED WITH PERMANENT ADOPTIVE FAMILIES, BUT WHO FIND THEMSELVES ORPHANED AS A RESULT OF DEATH OR INCAPACITATION OF THEIR ADOPTIVE PARENT(S). IN 2010, THIS PROGRAM FINALIZED THE RE-ADOPTION OR PERMANENT GUARDIANSHIP OF 80 CHILDREN THROUGHOUT NORTHERN ILLINOIS AND PROVIDED GRIEF COUNSELING AND PRACTICAL ASSISTANCE SUCH AS CLOTHING, SCHOOL SUPPLIES AND BEDS TO HELP THESE CHILDREN RECOVER FROM MULTIPLE LOSSES AND TO FIND THE LOVE OF AN ADOPTIVE FAMILY ONCE AGAIN.

ADOPTION IS A LIFELONG PROCESS, NOT A SINGULAR EVENT. OUR POST ADOPTION DEPARTMENT OFFERS A VARIETY OF SERVICES TO THOSE SERVED BY THE CRADLE OVER OUR 87 YEARS INCLUDING PROVIDING MEDICAL AND SOCIAL BACKGROUND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Employer identification number

36-2181994

INFORMATION TO ADULT ADOPTED PERSONS, AND FACILITATING MEETINGS BETWEEN
ADOPTED PERSONS AND BIRTH RELATIVES IN CASES WHERE THE ADOPTION WAS
CLOSED. OVER THE PAST DECADE, MOST OF THE DOMESTIC ADOPTIONS HANDLED BY
THE CRADLE ARE OPEN, I.E., THE BIRTH FAMILY AND ADOPTIVE FAMILY HAVE
THE ABILITY TO BE IN DIRECT CONTACT WITH EACH OTHER, THUS REDUCING
THESE FAMILIES' DEPENDENCE ON THE INTERVENTION OF THE POST ADOPTION
DEPARTMENT.

THE CRADLE ALSO PROVIDES INDIVIDUAL AND FAMILY COUNSELING TO THOSE WHO
ARE DEALING WITH ADOPTION-RELATED ISSUES. SOCIAL WORKERS ARE ABLE TO
OFFER RESOURCES TO HELP FAMILIES ACCESS VARIOUS RESOURCES SUCH AS
SCHOOL-BASED ASSISTANCE, AS WELL AS PROVIDING GUIDANCE AND SUPPORT FOR
ISSUES SUCH AS BEHAVIOR AND DISCIPLINE, ETC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FOR THESE CHILDREN. IN 2010, 75 BABIES WERE ADMITTED TO THE NURSERY.
THE AVERAGE LENGTH OF STAY WAS 29 DAYS, AND 45 BABIES HAD SOME DEGREE
OF SPECIAL NEED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

D. ADOPTION LEARNING PARTNERS (ALP)

THE CRADLE BELIEVES THAT ADOPTION OUTCOMES ARE LIKELY TO BE MOST
POSITIVE WHEN FAMILIES HAVE ACCESS TO ACCURATE INFORMATION AND
EDUCATION PRIOR TO ADOPTING AND ON AN ONGOING BASIS FOLLOWING ADOPTION.

ALP (WWW.ADOPTIONLEARNINGPARTNERS.ORG) LEVERAGES WEB-BASED TECHNOLOGY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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TO BRING TIMELY AND INTERACTIVE ADOPTION-RELATED COURSES ON A VARIETY
OF TOPICS SUCH AS BEHAVIOR AND DISCIPLINE, ATTACHMENT, CONSPICUOUS
FAMILIES, MEDICAL ISSUES AND MORE. IN 2010, MORE THAN 6,000
PRE-ADOPTIVE AND POST-ADOPTIVE FAMILIES ENROLLED IN MORE THAN 25,000
COURSES. ALP COURSES ARE ALSO BENEFICIAL TO PROFESSIONALS IN THE FIELD.
CEU CREDITS ARE AVAILABLE FOR ELEVEN OF THE TWENTY COURSES OFFERED ON
ALP.

EXPENSES \$ 714127. INCLUDING GRANTS OF \$ 0. REVENUE \$ 598736.

FORM 990, PART VI, SECTION A, LINE 2: JOHN DIX, DIRECTOR AND PAULA DIX,
DIRECTOR - FAMILY RELATIONSHIP.

GALE SAYERS, DIRECTOR AND ARDYTHE SAYERS, DIRECTOR - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWED THE
FORM 990 AND RECOMMENDED IT TO THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEWS THE
CONFLICT OF INTEREST POLICY ANNUALLY. DIRECTORS DISCLOSE ANY CONFLICTS AND
THESE DISCLOSURES ARE DEALT WITH ACCORDINGLY.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION REVIEW OCCURS
ANNUALLY FOLLOWING THE COMPLETION OF THE FINANCIAL AUDIT. IN PREPARATION
FOR THE DISCUSSION, A COMPENSATION SURVEY IS CONDUCTED. THE SURVEY CONSISTS
OF A REVIEW OF COMPARABLE ADOPTION AGENCY FORM 990'S, NON-PROFIT SALARY
SURVEYS, AND PUBLICALLY AVAILABLE DATA THROUGH THE DEPARTMENT OF LABOR, AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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SALARY WEBSITES. THE DATA IS COMPILED AND COMPARED TO THE CURRENT ANALYZED SALARIES OF SENIOR STAFF IN RELATION TO THE ORGANIZATION'S COMPENSATION PHILOSOPHY AND PRACTICES STATEMENT. SHOULD THERE BE INDICATORS THAT AN ADJUSTMENT IS NECESSARY, THE RECOMMENDATION IS MADE WITH SUPPORTIVE DATA. THE COMPENSATION COMMITTEE DETERMINES IF ANY INCREASE WILL BE APPROVED CONSIDERING BOTH THE DATA AND THE ORGANIZATION'S ABILITY TO MAKE THE ADJUSTMENT. THE COMPENSATION COMMITTEE'S RECOMMENDATION IS APPROVED BY THE BOARD OF DIRECTORS WHICH IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON THE CRADLE'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(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) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

