** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

and ending JUN 30, 2020

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

<u>A</u> F	For the	2019 calendar year, or tax year beginning $$ JUL $1,2019$ $$	ding ၂۱	UN 30, 2020			
B	Check if applicable	C Name of organization		D Employer identifie	cation number		
	Addres	GLAD House, Inc.					
	Name change			31-13998	71		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	•		
	Final return/	1994 Madison Road		513-641-	5530		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 997,452.				
	Amend return	CINCILLACI, OH 45208		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: Michelle Cox		for subordinates	? Yes X No		
	pendin	g same as C above		H(b) Are all subordinates in	cluded? Yes No		
1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □	527	If "No," attach a	list. (see instructions)		
		e:▶ www.gladhouse.org		H(c) Group exemptio	n number 🕨		
		organization: X Corporation	L Year o	of formation: 1993 N	N State of legal domicile: OH		
Pá	art I	Summary					
Φ	1 1	Briefly describe the organization's mission or most significant activities: To imp					
Activities & Governance	:	and their families by breaking the cycle of					
rns	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of	of more t	than 25% of its net ass			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			12		
ত প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12		
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			21		
Ĭ	6	Total number of volunteers (estimate if necessary)			28		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.		
				Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		500,736. 209,120.	468,895. 197,706.		
Revenue	9	Program service revenue (Part VIII, line 2g)		60,962.	42,367.		
Be.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		110.	10,509.		
	''' '	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		770,928.	719,477.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	45 .	Benefits paid to or for members (Part IX, column (A), line 4)		495,420.	495,835.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ens	loa	Total fundraising expenses (Part IX, column (D), line 25) 63,287		0.	<u></u>		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		294,294.	226,033.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		789,714.	721,868.		
		Revenue less expenses. Subtract line 18 from line 12		-18,786.	-2,391.		
	15	rievende less expenses. Odbiract line 10 from line 12	Ren	inning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		1,808,256.	1,887,067.		
Assi	21	Total liabilities (Part X, line 26)		274,818.	382,772.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,533,438.	1,504,295.		
Pa	art II	Signature Block		, ,	, ,		
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to the best of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which (preparer h	nas any knowledge.			
		\					
Sig	n	Signature of officer		Date			
Her	·e	Ryan Strizak, Treasurer					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN		
Paid	1	Paula Hume for	_	Dec 28, 2020 If self-employ			
	parer	Firm's name Barnes, Dennig & Co./ LTD		Firm's EIN ▶	31-1119890		
Use	Only	Firm's address 150 East Fourth Street		, _	12\044 0040		
		Cincinnati, OH 45202		Phone no. (5	13)241-8313		
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To improve the lives of children and their families by breaking	the
	cycle of addiction and promoting mental health for children.	
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 X 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 X No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services.	moneoe
7		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	erises, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$	197,706.)
4a	(Code:) (Expenses \$	
	agency where children come to receive therapy, skills and suppor	
	need to build stronger lives and brighter futures. Champs is an	
	intensive after school and summer program for children age 5-12	
	have been impacted by addiction and have a mental health diagnos	
	Champs Program provides individual therapy, prevention education	, case
	management, family therapy, and social skills group.	
4b	(Code:) (Expenses \$17,430. including grants of \$) (Revenue \$))
		House
	is participating in meetings with other local agencies and physi	
		House
	acts as the Fiscal Agent for CCAP. The mission of CCAP is to im	
	physical, mental and educational well-being of children of addic	
	parents. The vision of CCAP is that in Greater Cincinnati chil	
	and families will have safe, drug free environments and resource	
	support healthy growth. CCAP has held annual conferences since	2016.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 528,678.	
		Form 990 (2019)

Form 990 (2019) GLAD House, Inc. 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
_	Schedule D, Part III	8		
9	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 services?			.
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
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 in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) GLAD House, Inc.

Part IV | Checklist of Required Schedules (continue)

I a	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? If "Yes," complete			
	Schedule J	23		<u> X</u>
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? If "Yes," complete Schedule M	30		х
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	<u> </u>		
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		SSa		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Establis mark and the Barro of Establish and the		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	(2.2 : -:
932004	\$ 01-20-20	Form	コゴリ	(2019)

	990 (2019) GLAD HOUSE, Inc. 31-1399	0 / I	Р	age ɔ			
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
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 21		37				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-			
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)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			٠,,			
5a	, , , , , , , , , , , , , , , , , , , ,	<u>5a</u>		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			١			
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		—			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l			
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	X			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year? N/A	8		_			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		—			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		_			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders N/A 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		_			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O.

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 on Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule 0. b Enter the number of voting members included on line 1a, above, who 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 have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? b Each committee with authority to act on behalf of the governing body? b 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, proplete he management addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If Yes, 'id dit the organization have a written conflict of interest policy? If Y	12		Yes	No
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 on Schedule 0. b Enter the number of voting members included on line 1a, above, who 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 employees have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? b Zeach committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's smalling address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? 10a Did the organization have a written conflict of interest belicy? If "Yes," do to line 13. b Were officers, directors, or trustees, and key employees required to disclose annu			Yes	No
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 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form be 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization 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 taxab		8a_	X	+
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 b Other officers or key employees of the organization		4-	v	
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taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				- V
		16a		X
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
exempt status with respect to such arrangements? Section C. Disclosure		16b		
List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an examination to make its Forms 1023 (1004 or 1024 A if applicable) 900, and 900 T (Section 5)	01(a)(0):	onl. A	0):2:1-	
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	U I (C)(3)\$	oniy)	avalla	wie
for public inspection. Indicate how you made these available. Check all that apply.				
X Own website Another's website X Upon request Other (explain on Schedule O)	liou esta	£i	منحا	
10 Describe on Schodule O whether (and if so how) the aggregation made its assuming decreased and its assuming the second of the	iicy, and i	iiian	uidi	
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol				
statements available to the public during the tax year.				
	-			

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Jennifer Ready	1.50	ļ									
Director	0.50	Х						0.	0.	0	
(2) Liz Freedman	2.50	ļ							•		
Secretary	1 50	Х		X				0.	0.	0	
(3) Brigitte Riley	1.50	·							0	•	
Director (4) Julie Smith-Swejkar	1.50	Х						0.	0.	0	
Director - Left 6/2020	1.50	х						0.	0.	0	
(5) Kristy Anderson	1.50	^						0.	0.	0	
Director	1.30	Х						0.	0.	0	
(6) Mary Rita Washburn	10.00							•	•	<u>_</u>	
Vice President	2000	x		х				0.	0.	0	
(7) Paul Hansen	10.00										
President		Х		Х				0.	0.	0	
(8) Stephanie Klump	2.50										
Treasurer - Left 6/2020		Х						0.	0.	0	
(9) Dr. Kathy Wedig	1.50										
Director		Х						0.	0.	0	
(10) Ashley Addo	1.50										
Director - Left 8/2019		Х						0.	0.	0	
(11) Dr. Kevin Jamison	1.50	1							_	_	
Director		Х						0.	0.	0	
(12) Deborah K. Curl-Nagy	1.50	l							_	_	
Director - Started 3/2020	1 50	Х				-		0.	0.	0	
(13) Ryan Strizak	1.50	. ,						_	^	_	
Director - Started 9/2019 (14) Michelle Cox	40.00	X				-		0.	0.	0	
Executive Director	40.00	1		х				76,024.	0.	8,185	
		-		Λ				70,024•	<u>U•</u> _	0,100	
		_									
		1				1					

Form 990 (2019)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u> Ploy</u>	ees,	anc	Hig	ghes	it C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per		not c	Pos heck	more	than o		(D) Reportable	(E) Reportable		(F) Estima amoun	ited
		week					s both or/trus		compensation from	compensation from related		othe	
		(list any	rector						the	organizations		ompens	
		hours for related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	′ I	from t organiza	
		organizations	truste	nal trus		yee	omper		(** 27 1000 141100)			and rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	rganiza	tions
		11116)	<u> </u>	Si .	#0	Ke	불语	요			+		
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			-										
											+		
	Subtotal								76,024.		0.	8,	185. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								76,024.		0.	8 . :	185.
2	Total number of individuals (including but n							o re		000 of reportable	<u> </u>		
	compensation from the organization											Yes	0 s No
3	Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on		168	NO
•	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_	• •	•	. 3	,	Х
4	For any individual listed on line 1a, is the su	•		•					•	J			
_	and related organizations greater than \$150	,		,							4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										5		х
Sec	tion B. Independent Contractors	ipicte conedan		<i>07 30</i>	1011 <u>,</u>	<i></i>	011						
1	Complete this table for your five highest co										nsation	from	
	the organization. Report compensation for (A)	the calendar ye	<u>ear e</u>	endir	ng w	ith c	or wi	thin 	ı the organization's tax yı (B)	ear.		(C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Com	pensati	ion
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organic	zation 🕨				()					000	
											For	m 990	(2019)

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		Offeck if Ochedule O contains a response of	Tiole to any inte	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	I	b Membership dues 1b					
G,		c Fundraising events1c					
ifts		d Related organizations 1d					
nis G		e Government grants (contributions) 1e	36,095.				
Sir		f All other contributions, gifts, grants, and	00,000				
Ę Ħ			32,800.				
ĕξ							
d th	!	g Noncash contributions included in lines 1a-1f 1g \$	47,713.	460 005			
<u>5</u> E		h Total. Add lines 1a-1f		468,895.			
		L	Business Code				
Ð	2	a Fee-for-service grants	900099	197,706.	197,706.		
, vic		b					
še							
Program Service Revenue		.1					
ara Re	'	d					
rog		e					
ъ.		f All other program service revenue		105 506			
		g Total. Add lines 2a-2f		197,706.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	>	20,230.			20,230.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6		(1) 1 01001141				
		a Gross rents					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 300,112.					
		b Less: cost or other basis					
<u>o</u>		and sales expenses					
nu(c Gain or (loss) 7c 22,137.					
eve				22,137.			22,137.
her Revenue		d Net gain or (loss)	······	44,157.			22,131.
the	8	a Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	•				
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory	>				
			Business Code				
ns	11	a Miscellaneous	900099	10,509.			10,509.
eo Tue				= 0,0000			= 3 , 5 5 5 6
llar							
Miscellaneous Revenue	· '	C					
Ξ̈́		d All other revenue		10 500			
		e Total. Add lines 11a-11d		10,509.	105 506		F0 076
	12	Total revenue. See instructions		719,477.	197,706.	0.	52,876.

Form 990 (2019) GLAD House, Inc. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	elete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	7.5.			
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	04 000	22 604	20 472	01 050
	trustees, and key employees	84,209.	33,684.	29,473.	21,052
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	337,299.	245,213.	64,377.	27,709.
7	Other salaries and wages	331,433.	440,410.	04,311.	41,109
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,851.	4,442.	1,025.	384
0	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	34,410.	22,814.	7,639.	3,957
9 10	Other employee benefits Payroll taxes	34,066.	22,585.	7,563.	3,918
11	Fees for services (nonemployees):	3 = , 0 0 0 +	22,303	7,303.	3,510
	Management				
	Legal				
	Accounting	12,046.	9,034.	3,012.	
	Lobbying	•	,	·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,259.			1,259
12	Advertising and promotion	1.0.00			
13	Office expenses	12,999.	7,314.	1,122.	4,563
14	Information technology	35,565.	34,480.	796.	289
15	Royalties	F2 040	40 205	2 (55	
16	Occupancy	52,940.	49,285.	3,655.	
17	Travel	901.	901.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14 050	10.070		
20	Interest	11,058.	10,272.	786.	
21	Payments to affiliates	40 010	20 000	2 001	
22	Depreciation, depletion, and amortization	42,210.	39,209.	3,001.	
23	Insurance Other pyranes Itamize synapses not sourced	26,191.	24,329.	1,862.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Program service expense	24,216.	24,216.	0.	0 .
b	Dues and subscriptions	5,221.	0.	5,221.	0
c	Miscellaneous expenses	1,427.	900.	371.	156
d		<u> </u>			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	721,868.	528,678.	129,903.	63,287
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)				Form 990 (2010

Part	: X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			238,524.	1	289,569
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		29,119.	4	36,102	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri				6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			23,227.	9	21,648
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	757,990. 286,308.			
	b	Less: accumulated depreciation	512,473. 1,004,913.	10c	471,682 1,068,066		
	11	Investments - publicly traded securities	1,004,913.	11	1,068,066		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			1,808,256.	16	1,887,067
	17	Accounts payable and accrued expenses			38,588.	17	40,650
	18	Grants payable		18			
	19	Deferred revenue		19	20,000		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
Se	22	Loans and other payables to any current or form	ormer office	r, director,			
<u> </u>		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	-		006 000	22	200 100
-	23	Secured mortgages and notes payable to un			236,230.	23	322,122
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D	·····	274 010	25	202 772	
-	26	Total liabilities. Add lines 17 through 25		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	274,818.	26	382,772
_s		Organizations that follow FASB ASC 958, o	check here				
ခွ		and complete lines 27, 28, 32, and 33.			1 510 600		1 404 066
<u>aa</u>	27				1,510,699.	27	1,424,866 79,429
ğ	28				22,139.	28	79,429
<u>Š</u>		Organizations that do not follow FASB ASC	C 958, ched	ck here L			
<u> </u>		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
	31	Retained earnings, endowment, accumulated			1 522 420	31	1 504 005
	32			·····	1,533,438.	32	1,504,295
	33	Total liabilities and net assets/fund balances			1,808,256.	33	1,887,067

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	<u>91.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,53	3,4	38.		
5	Net unrealized gains (losses) on investments	5	-2	6,7	<u>52.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,50	4,2	95 .		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		l		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l		
	separate basis, consolidated basis, or both:				l		
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l		
	consolidated basis, or both:				l		
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 31-1399871 GLAD House Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 name, city, and state: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	357,938.	411,267.	499,159.	500,736.	468,895.	2237995.
2	Tax revenues levied for the organ-						
	ization'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	357,938.	411,267.	499,159.	500,736.	468,895.	2237995.
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)						592,989.
	Public support. Subtract line 5 from line 4.						1645006.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	357,938.	411,267.	499,159.	500,736.	468,895.	2237995.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	30,770.	17,775.	19,693.	24,574.	20,230.	113,042.
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 VI.)	270.	3,100.	36.	110.	10,509.	14,025.
11	Total support. Add lines 7 through 10						2365062.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,031,160.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
_	organization, check this box and stor	here					>
	ction C. Computation of Publi						
14	Public support percentage for 2019 (li					14	69.55 %
15	Public support percentage from 2018					15	64.37 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets the		•		•		,
	organization meets the "facts-and-circ			•			.
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support		,							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 organ- ization'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									
	3 received from disqualified persons									
k	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 Se	Public support. (Subtract line 7c from line 6.)									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	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									
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u></u>	504()(0)	<u></u>			
14	First five years. If the Form 990 is for	•			•					
Sa	check this box and stop here ction C. Computation of Publi	ic Support Per					P			
	•			actions (f)		45	0/			
	Public support percentage for 2019 (I					15	<u>%</u>			
16 Se	Public support percentage from 2018 ction D. Computation of Inves					16	<u>%</u>			
	-			20.13 column (f)		17	20			
	Investment income percentage for 20 Investment income percentage from					18	<u>%</u> %			
18 19:	33 1/3% support tests - 2019. If the									
136	more than 33 1/3%, check this box ar						. —			
k	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd			
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
За		
3b		
3с		
4a		
16		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	-	· ·	

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou				
	organ				
3	Admir				
4	Amou				
5	Qualif				
6	Other				
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
GLAD House, Inc.	31-1399871

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from f, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

GLAD House, Inc.

31–1399871

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ution
1		Person X Payroll Noncash (Complete Part II for noncash contribution	or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ution
2		Person Payroll Noncash X (Complete Part II for noncash contribution	or or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ution
3		Person X Payroll Noncash (Complete Part II for noncash contribution	or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ution
4		Person X Payroll Noncash (Complete Part II fo	or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ution
5		Person X Payroll Noncash (Complete Part II for noncash contribution	or
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ution
6		Person X Payroll Noncash (Complete Part II fo	or

Name of organization

Employer identification number

GLAD House, Inc.

31–1399871

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 8	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
10	Name, address, and ZIP + 4	\$ 25,000. Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	Hame, audi 655, and £if + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

31-1399871 GLAD House, Inc. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 298 Shares American Financial Group 2 stock 30,435. 10/10/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I 75.730 Shares T Rowe Price Blue Chip 7 Growth 10,030. 02/06/20 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** 31-1399871 GLAD House, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLAD House, Inc.

Employer identification number 31-1399871

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

Schedule D (Form 990) 2019

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

Pai	rt III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contii	nued)	
3	Usin	g the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sig	gnificant u	se of its	,	ĺ	
	colle	ection items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research e Other											
С	Preservation for future generations											
4	Prov	ride a description of the organization's co	llections and explair	n how th	ey further th	e organizatio	n's exem	npt purpos	e in Part	XIII.		
5	Durir	ng the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar a	assets				
		e sold to raise funds rather than to be ma								Yes		No
Pai	rt IV	Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	'Yes" on	Form 990,	Part IV,	line 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is the	e organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	sets not ir	ncluded				
	on F	orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII										
										Amoun	t	
С	Begi	nning balance						1c				
d		tions during the year										
е	Distr	ibutions during the year						1e				
f	Endi	ng balance						1f				
2 a	Did t	the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial accoı	unt liabilit	ty?		Yes		No
		es," explain the arrangement in Part XIII.										
Pai	rt V	Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
			(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Fou	r years	back
1a	Begi	nning of year balance										
b	Cont	tributions										
С	Net i	investment earnings, gains, and losses										
d	Gran	nts or scholarships										
е	Othe	er expenditures for facilities										
	and	programs										
f	Adm	inistrative expenses										
g	End	of year balance										
2	Prov	ide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Boar	rd designated or quasi-endowment		_%								
b	Perm	nanent endowment 🕨	%									
С	Term	n endowment 🕨	%									
	The	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are t	there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the	e organiza	tion	1		
	by:										Yes	No
		Unrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4		cribe in Part XIII the intended uses of the		wment f	unds.							
Pai	rt VI	Land, Buildings, and Equipm										
		Complete if the organization answered										
		Description of property	(a) Cost or o			or other		cumulate	d	(d) Boo	k valu	е
			basis (investn	nent)		(other)	dep	reciation			0 2	40
1a		<u> </u>				8,340.		00 20			8,3	
b		dings			56	9,620.	1	.82,39	14.	38	7,2	<u> </u>
С		sehold improvements	l l		-	2 224		67 00	\ <u></u>		<i>c</i> 1	2.2
d		pment				3,224.		67,09			6,1	
	Othe					6,806.		36,82	14.		9,9	
ı ota	ı. Add	l lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part .</u>	X, colun	<u>nn (B), line 1</u>	Oc.)			Schedule		1,6	
									schanilla	LILLORN	r :	71179

	(Form 990) 2019		House,	Inc
Part VII	Investments -	Other Sec	urities.	

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
) Financial derivatives		+	
Closely held equity interests		+	
Other		+	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	15.)		>
Complete if the organization answered "Yes" of	n Form 990, Part IV. line	e 11e or 11f. See Form 990. Part X. line 2	25.
(a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(3)			•
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8)			•

5

	dule D (Form 990) 2019 GLAD House, Inc. † XI Reconciliation of Revenue per Audited Financial Statemen	ts With			1399871	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		,			
1	Total revenue, gains, and other support per audited financial statements			1	692,	725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-26,752.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		752.
3	Subtract line 2e from line 1			3	719,	477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements			721,868.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	c Other losses 2c			
d	d Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	0.	
3	3 Subtract line 2e from line 1			721,868.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	5	721,868.
Pa	rt XIII Supplemental Information.	,		

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

c Add lines 4a and 4b

The Organization is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of Ohio law. However, the Organization is subject to federal income tax on any unrelated business taxable income.

The Organization's IRS Form 990 is subject to review and examination by Federal and state authorities. The Organization believes it has appropriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions that are material to the financial statements.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	GLAD House,	Inc.	31-1399871	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	nation _(continued)			
-				
-				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number GLAD House, Inc. 31-1399871

Par	t I Types 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	(d) Method of det noncash contribut	U	nts
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	X	4	47,713.	FMV		
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							
17							
18							
19							
20							
21	1 Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organiz			1 1			
	for which the organization completed Form 828	33, Part IV, D	Donee Acknowledg	gement 29		1	Т
	5					Yes	No No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·	· ·		
	must hold for at least three years from the date		,	•		20-	Х
	exempt purposes for the entire holding period?	,				30a	+
	b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		31 X				
31	Does the organization have a grit acceptance p	-	· · ·	•		31 1	+-
32 a		· ·	•	, ,		32a	x
h	contributions? If "Yes," describe in Part II.					JEA	123
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is chec	ked		
55	describe in Part II.	S.S.1111 (O) 101	a type of property	13. Willott Goldifili (a) is offec			
	GOOGING IIII GILII.						

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

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

GLAD House, Inc.

Employer identification number 31-1399871

Form 990, Part I, Line 1, Description of Organization Mission:
mental health for children.
Form 990, Part VI, Section B, line 11b:
A copy of the 990 was sent to the Board before it was filed. The finance
committee reviews and approves the 990 prior to filing.
Form 990, Part VI, Section B, Line 12c:
Board members sign on a periodic basis the conflict of interest form.
Form 990, Part VI, Section B, Line 15:
United Way & Barnes Dennig salary survey was used as well as feedback from
other non-profits agencies with current relationships.
Form 990, Part VI, Section C, Line 19:
All are available upon request and are regularly submitted with grant
applications, etc.
Form 990, Part XII, Line 2c:
There are no changes to the audit process in the current year.