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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

	1 01	Calen	dar year 2005, or tax year beginning	, 2003	, and en	aing		, 20
	G	Check	all that apply. Initial return Initial re	eturn of a former pu	ublic cha	rity	☐ Final return	
				fress change	☐ Name			
	Us	e the l	RS Name of foundation		^	Employer	identification numbe	r
	•	label.	The Glein Family Foundation				20-3761776	
	O	therwis	Number and street (or P O box number if mail is not delivered	o street address) Roo	m/suite B	3 Telephone	number (see page 10	of the instructions)
		or type			#3		253-514-8152	2
	Sec	e Spec	ific City or town, state, and ZIP code		c	If exempti	on application is pendi	ng, check here 🕨 🗌
			ns. Gig Harbor, WA 98332-2183		□	1. Foreigr	organizations, check	here ▶ 🗍
	Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation	j		n organizations meetin here and attach compl	
		Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other tax				foundation status was	_
			arket value of all assets at J Accounting method	: 🗹 Cash 🗌 Ac	crual E		07(b)(1)(A), check here	
			year (from Part II, col. (c),		F		ndation is in a 60-mont	
		line 16,		on cash basis.)		under sec	tion 507(b)(1)(B), chec	k here
	Pá	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	expenses per books	inco		income	purposes
2	_							(cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	26,280				
		2	Check ► ☐ if the foundation is not required to attach Sch. B					
2010		3	Interest on savings and temporary cash investments	5,280		5,280		
		4	Dividends and interest from securities	1,961		1,961		
27		5a	Gross rents	0		0		
	4	b	Net rental income or (loss)					 ;
MAY	Jue.	6a	Net gain or (loss) from sale of assets not on line 10	<u> </u>				
	Revenue	_b	Gross sales price for all assets on line 6a	<u> </u>				
	je,	1 _	Capital gain net income (from Part IV, line 2)					
SCANNED	ш.	8	Net short-term capital gain	<u></u>				
Ź		9	Income modifications					
E			Gross sales less returns and allowances					
Q		b	Less: Cost of goods sold				·	
W)		ſ	Gross profit or (loss) (attach schedule)					
		11 12	Other income (attach schedule)	33,521		7,241		
		13	Compensation of officers, directors, trustees, etc.	33,321		7,241		
	Expenses	14	Other employee salaries and wages					
	S	15	Pension plans, employee benefits			- 00	CEIVED	
	g	16a	Legal fees (attach schedule)		+ -		WEIVED_	1,1
			Accounting fees (attach schedule)			T		<u> </u>
	š	C	Other professional fees (attach schedule)		- 8	AM ·	7 2 0 2010	\$-03
	ati	17	Interest					<u>m</u>
	St	18	Taxes (attach schedule) (see page 14 of the instructions)	141		00	DEN, UT	141
	<u>.</u>	19	Depreciation (attach schedule) and depletion		1	00	DEN, OT	
	튱	20	Occupancy					
	Ž	21	Travel, conferences, and meetings					
	Ē	22	Printing and publications					
	g	23	Other expenses (attach schedule)	219				219
	Ę.	24	Total operating and administrative expenses.					
	Ĕ	}	Add lines 13 through 23					<u> </u>
	Operating and Administrat	25	Contributions, gifts, grants paid	16,400				16,400
		26	Total expenses and disbursements. Add lines 24 and 25	16,760				16,760
		27	Subtract line 26 from line 12					
		а	Excess of revenue over expenses and disbursements	16,761				
		Ь	Net investment income (if negative, enter -0-)			7,241		
		С	Adjusted net income (if negative, enter -0-)					<u> </u>

0	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	82,983	96,306	96,306
	2	Savings and temporary cash investments	•		
	3	Accounts receivable ►			
	}	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	<u> </u>	disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ BankCD's			
Assets	1	Less: allowance for doubtful accounts ▶	170,000	146,558	146,558
	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
٩	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	97,292	123,573	129,445
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less. accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
	}	ınstructions. Also, see page 1, item l)	350,275	367-037	372,910
	17	Accounts payable and accrued expenses			
, 0	18	Grants payable			
ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ □			
ances		and complete lines 24 through 26 and lines 30 and 31.			
Ē	24	Unrestricted			
	25	Temporarily restricted			
Ö	26	Permanently restricted		,	
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			- James And James
Se	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see page 17 of the	1		
et		instructions)			
Z	31	Total liabilities and net assets/fund balances (see page 17	į		
		of the instructions)	350,275	367-037	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colur		-	
					350,275
_		r amount from Part I, line 27a		 	16,761
3		er increases not included in line 2 (itemize) ▶			
		lines 1, 2, and 3		4	367-037
5	Decr	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—F	N_ (M _ 1	5	
- 6	rota	Their assets or fund parances at end of year (line 4 minus line 5)—F	art II, column (b), line	30 6	367-037

Part	V Capital Gains an	d Losses for Tax on Investn	nent Income				
		he kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a	NONE						
b_							
<u>c</u>							
<u>d</u>	· — · — · — · — · — · — · — · — · — · —						
ее		(9 Depression allowed	(a) Cost	or other basis		(h) Co.	n or (loss)
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		pense of sale			n or (loss) (f) minus (g)
a							
b			ļ	· - · · · · · · · · · · · · · · · · · ·			
.					<u> </u>		
<u>d</u>							
е_	Complete only for assets shi	owing gain in column (h) and owned	by the foundation	n on 12/31/69	fm .		
	(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Exce	ess of col (i) •		(k), but not	I (h) gain minus t less than -0-) or rom col (h))
а		as of 12/31/69	over co	ol (j), if any			
b							
c							
d							
_е							
2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2		
3		in or (loss) as defined in sections	1222(5) and (6	5):			
	_	I, line 8, column (c) (see pages 1		e instructions).	_		_
Part	If (loss), enter -0- in Part	der Section 4940(e) for Redu		Not love to a set	3		0
		rivate foundations subject to the					
Was t		ve this part blank. e section'4942 tax on the distribut t qualify under section 4940(e). D			oase perio	d?	☐ Yes ☐ No
1	Enter the appropriate am	ount in each column for each yea	ar; see page 18	3 of the instruction	ns before n	naking a	any entries.
Cale	(a) Base penod years endar year (or tax year beginning ii	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use a	ssets		(d) tribution ratio divided by col (c))
	2008		6,389	35	0,275		.04679
	2007	1	5,717	33	3,886		.04707
	2006	1	0,935	19	0,874		.05428
	2005						
	2004					т	
2	Total of line 1, column (d)			. 2		.14814
3	Average distribution ratio	for the 5-year base period—divi	de the total on	line 2 by 5, or by			
	number of years the foun	idation has been in existence if le	ess than 5 year	s	· 3	 -	.04938
4	Enter the net value of nor	nchantable-use assets for 2009 f	rom Part X, line	95	. 4		347,624
5	Multiply line 4 by line 3				. 5	ļ	17,166
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	 	72
7	Add lines 5 and 6				. 7		17,238
8	Enter qualifying distributi	ons from Part XII, line 4			. 8	<u></u>	16,400
	If line 8 is equal to or gre Part VI instructions on pa	eater than line 7, check the box in	n Part VI, line 1	b, and complete	tnat part u	sing a 1	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of	f the in:	struct	ions)		
1a	1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		72			
	here ▶ ☑ and enter 1% of Part I, line 27b					
С	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2		72			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			ļ		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		72	ļ		
6	Credits/Payments:			İ		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	Exempt foreign organizations—tax withheld at source 6b			Ì		
C	Tax paid with application for extension of time to file (Form 8868) . 6c			1		
d	Backup withholding erroneously withheld			 -		
7 8	Total credits and payments. Add lines 6a through 6d					
9	Enter any penalty for underpayment of estimated tax. Check here \square if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 8 9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			├──		
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded 11			 		
Part						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt	Yes	No		
	participate or intervene in any political campaign?	1a		V		
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 1 of the instructions for definition)?	9 1b		~		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material					
	published or distributed by the foundation in connection with the activities	į.	-	[
С						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		~		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles on incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	of 3				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	 	1		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	 			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	- (İ			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	it				
	conflict with the state law remain in the governing instrument?	6	-			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		\ <u>'</u>			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of th instructions) ▶	- 1	1			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	,			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of		ļ —			
=	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV	9	L	~		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	r				
	names and addresses	10	نـــــــــــــــــــــــــــــــــــــ			
		_ ^^				

P	aa	e	

	VII-A Statements Regarding Activities (continued)		<u>_</u>	age
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
••	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		~
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		~
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	
	Website address ► NONE		لــنــا	
14	The books are in care of ▶ Gary Glein Telephone no. ▶ 25	3-514-	8152	
		3332-2	183	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	•	.	▶ 🗹
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1
	disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			;
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	• • • •			'
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			1
	termination of government service, if terminating within 90 days.)		j	· '
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			,
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20, 20, 20, 20			(
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20, 20, 20, 20, 20			ı
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		1	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			'
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			,
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		_	
	foundation had excess business holdings in 2009.)	3b	 	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4-		را
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		

orm 99	90-PF (2009)									Page 6
Part	VII-B Statements Regarding Activities	for V	Vhich Form	4720	May Be R	equir	ed (contin	ued)		
5a	During the year did the foundation pay or incur a	iny amo	ount to:							
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . ☐ Yes ☑ No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No							,		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☑ No								,	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?									
ь										
С	Organizations relying on a current notice regards if the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation clain	ı exem	ption from			► L		
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any	ations s funds,	ection 53.49 directly or in	45–5(d) directly	, to pay pre					- (
	on a personal benefit contract?						🗌 Yes	✓ No	·	
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.		·	·	•				6b	
7a b	At any time during the tax year, was the foundation If yes, did the foundation receive any proceeds of						☐ Yes nsaction?		7b	
	VIII Information About Officers, Direct									ees,
	and Contractors									
1_	List all officers, directors, trustees, foundatio								nstructi	ons).
1	(a) Name and address	(b) Title hou	agers and the e, and average ars per week and to position	(c) Co	npensation mpensation paid, enter -0-)	(d) emple	cage 22 of Contributions byee benefit perred comper	to lans	(e) Expe	ons). nse account, illowances
Gary ((a) Name and address	(b) Title hou devot	e, and average irs per week	(c) Co	mpensation paid, enter	(d) emple	Contributions byee benefit p	to lans	(e) Expe	nse account,
Gary ((a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332	(b) Title hou devot	e, and average irs per week ed to position	(c) Co	mpensation paid, enter -0-)	(d) emple	Contributions byee benefit p	to plans isation	(e) Expe	nse account,
Gary (3519 I Linda 3519 I	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332	(b) Title hou devot Preside	e, and average irs per week ed to position	(c) Co	mpensation paid, enter -0-)	(d) emple	Contributions byee benefit p	to plans isation	(e) Expe	nse account,
Gary (3519 I Linda 3519 I Peter	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332	(b) Title hou devot Preside	e, and average rs per week ed to position ent - 1 hr resident 0	(c) Co	mpensation paid, enter -0-)	(d) emple	Contributions byee benefit p	to plans nsation 0	(e) Expe	nse account,
Gary (3519 H Linda 3519 H Peter (1424 N Chris	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Glein Horth Anderson Tacoma, WA 98406	(b) Title hou devot Preside Vice Pr	e, and average rs per week red to position ent - 1 hr resident 0	(c) Co	mpensation paid, enter -0-) 0	(d) emple and def	Contributions byee benefit p	to plans insation 0	(e) Expe	nse account, allowances 0
Gary (3519 H Linda 3519 H Peter (1424 N Chris	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Horth Anderson Tacoma, WA 98406 Glein	(b) Tittle hou devot Preside Vice Programme Treasures Secreta	e, and average rs per week ed to position ent - 1 hr resident 0 erer - 0 erry - 0	(c) Co (if not	mpensation paid, enter -0-) 0 0	(d) empli and def	Contributions byee benefit perred comper	to plans isation 0 0 0	(e) Experother a	onse account, allowances 0 0 0
Gary (3519 I Linda 3519 I Peter 1424 N Chris 2707 2	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Horth Anderson Tacoma, WA 98406 Glein Horth Ave E Seattle, WA 98112 Compensation of five highest-paid employee	(b) Tittle hou devot Preside Vice Pr Treasu Secreta	e, and average rs per week ed to position ent - 1 hr resident 0 erer - 0 erry - 0	e incluverage	mpensation paid, enter -0-) 0 0	(d) emple and def	Contributions byee benefit perred comper	to plans sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Experother a	onse account, allowances 0 0 0
Gary (3519 F Linda 3519 F Peter (1424 N Chris 2707 2	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Horth Anderson Tacoma, WA 98406 Glein Harborview Dr #3 Gig Harbor, WA 98406 Glein	(b) Tittle hou devot Preside Vice Pr Treasu Secreta	e, and average ris per week ed to position ent - 1 hr resident 0 erer - 0 er than thos (b) Title, and a hours per v	e incluverage	oppensation paid, enter -0-) 0 0 0 opensation paid, enter -0-)	(d) emple and def	contributions byee benefit perred comper com	to plans sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Experother a	0 0 tructions).
Gary (3519 F Linda 3519 F Peter (1424 N Chris 2707 2	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Horth Anderson Tacoma, WA 98406 Glein Hath Ave E Seattle, WA 98112 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,00	(b) Tittle hou devot Preside Vice Pr Treasu Secreta	e, and average ris per week ed to position ent - 1 hr resident 0 erer - 0 er than thos (b) Title, and a hours per v	e incluverage	oppensation paid, enter -0-) 0 0 0 opensation paid, enter -0-)	(d) emple and def	contributions byee benefit perred comper com	to plans sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Experother a	0 0 tructions).
Gary (3519 F Linda 3519 F Peter (1424 N Chris 2707 2	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Horth Anderson Tacoma, WA 98406 Glein Hath Ave E Seattle, WA 98112 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,00	(b) Tittle hou devot Preside Vice Pr Treasu Secreta	e, and average ris per week ed to position ent - 1 hr resident 0 erer - 0 er than thos (b) Title, and a hours per v	e incluverage	oppensation paid, enter -0-) 0 0 0 opensation paid, enter -0-)	(d) emple and def	contributions byee benefit perred comper com	to plans sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Experother a	0 0 tructions).
Gary (3519 F Linda 3519 F Peter (1424 N Chris 2707 2	(a) Name and address Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Harborview Dr #3 Gig Harbor, WA 98332 Glein Horth Anderson Tacoma, WA 98406 Glein Hath Ave E Seattle, WA 98112 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,00	(b) Tittle hou devot Preside Vice Pr Treasu Secreta	e, and average ris per week ed to position ent - 1 hr resident 0 erer - 0 er than thos (b) Title, and a hours per v	e incluverage	oppensation paid, enter -0-) 0 0 0 opensation paid, enter -0-)	(d) emple and def	contributions byee benefit perred comper com	to plans sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Experother a	0 0 tructions).

Total number of other employees paid over \$50,000

rai	VIII	and Contractors (continued)	3 E11	ipioyees,
3	Five h	ighest-paid independent contractors for professional services (see page 23 of the instructions).	lf no	ne, enter "NONE."
		(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
	····			
			_	
				
	·			j
Total	numbe	r of others receiving over \$50,000 for professional services	<u> </u>	L <u></u>
Par	t IX-A	Summary of Direct Charitable Activities		
		dation's four largest direct charitable activities during the tax year include relevant statistical information such as the numb and other beneficiaries served, conferences convened, research papers produced, etc	er of	Expenses
1	NONE			
•				
2				
3				
4				
•			-	
	t IX-B	Summary of Program-Related Investments (see page 24 of the instructions)		A
1 1	scribe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
•				
2				
Aii	other proc	gram-related investments. See page 24 of the instructions		
3	prot	•		
-				
			_	
i ota	ı. Add lir	nes 1 through 3	<u> </u>	<u> </u>

Part :	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn ioundai	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:		404.505
	Average of monthly park beloaces	1a	104,695 248,224
	Average of monthly cash balances	1b 1c	240,224
		1d	352,918
	Total (add lines 1a, b, and c)	10	332,916
•	1c (attach detailed explanation)	1	
•			
2	Acquisition indebtedness applicable to line 1 assets	2	352.040
3 4	Subtract line 2 from line 1d	3	352,918
			5.004
	the instructions)	4	5,294
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	347,624
6	Minimum investment return. Enter 5% of line 5	6	17,381
Part >	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► ☐ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	1	17,381
2a	Tax on investment income for 2009 from Part VI, line 5 2a 145		
b	Income tax for 2009 (This does not include the tax from Part VI.) 2b]· · · ·	
	Add lines 2a and 2b	2c	145
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,236
	Recoveries of amounts treated as qualifying distributions	4	
	Add lines 3 and 4	5	17,236
6	Deduction from distributable amount (see page 25 of the instructions)	6	
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	17,236
Part	XII Qualifying Distributions (see page 25 of the instructions)	1. ·	,
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	16,400
	Program-related investments—total from Part IX-B	1b	
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	lli	
	purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	<u></u>
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	16,400
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,400
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whether th	e foundation

art	VIII Undistributed Income (see page 26	of the instructions	3)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7		33	·	17,236
2	Undistributed income, if any, as of the end of 2009				,
а	Enter amount for 2008 only				
b	Total for prior years: 20,20,20				· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2009:				
а	From 2004				!
b	From 2005				
С	From 2006		i		
d	From 2007				
е	From 2008		}		1
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$ 16,400				
а	Applied to 2008, but not more than line 2a .				
b	Applied to undistributed income of prior years				
_	(Election required—see page 26 of the instructions)		İ		1
С	Treated as distributions out of corpus (Election				
-	required—see page 26 of the instructions) .				d and
	Applied to 2009 distributable amount		 		16,400
ď	• •				10,400
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same				
	amount must be shown in column (a), the same				
6	• • • • • • • • • • • • • • • • • • • •		ĺ		
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				ł ,
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				,
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				,
	tax has been previously assessed				<u> </u>
d	Subtract line 6c from line 6b. Taxable		1		
	amount-see page 27 of the instructions .				
e	Undistributed income for 2008. Subtract line				
-	4a from line 2a. Taxable amount—see page]		
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				836
7	Amounts treated as distributions out of corpus			·	
7	to satisfy requirements imposed by section	ļ]		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)		l		
8	Excess distributions carryover from 2004 not				
0	applied on line 5 or line 7 (see page 27 of the		}		
	instructions)			İ	
0	Excess distributions carryover to 2010.		 		
9	Subtract lines 7 and 8 from line 6a				
40			 		<u> </u>
10	Analysis of line 9:				
	Excess from 2005		1		
b	Excess from 2006	}			
C	Excess from 2007	ļ			
d	Excess from 2008				
е	Excess from 2009	l	1		ļ

Part	XIV Private Operating Founda	tions (see page	27 of the instruc	tions and Part V	II-A, question 9)
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo	r 2009, enter the da	ate of the ruling .	▶	ļ	
b	Check box to indicate whether the four	ndation is a private	operating foundat	tion described in se	ection)(3) or 🔲 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(6) 10-21
	each year listed					
b	85% of line 2a					·
С	Qualifying distributions from Part XII,					
	line 4 for each year listed			ļ		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i) . "Endowment" alternative test—enter 2/3				·	
b	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if the	ne foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	see page 28 of	the instruction	s.)		
1	Information Regarding Foundation	•				
а	List any managers of the foundation vibefore the close of any tax year (but o					by the foundation
b	List any managers of the foundation					arge portion of the
	ownership of a partnership or other er	ntity) of which the	foundation has a 1	0% or greater inte	erest.	
					·	
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the organizations under other conditions,	only makes contr foundation make	ibutions to presels gifts, grants, etc.	ected charitable of	organizations and fithe instructions	l does not accept) to individuals or
а	The name, address, and telephone nu	mber of the perso	n to whom applica	ations should be a	ddressed:	
Gary (Slein, The Glein Family Foundation 3519	Harborview Drive #	3 Gig Harbor, WA	98332-2183		
b	The form in which applications should	be submitted and	I information and r	naterials they sho	uld include:	
	st in writing, no form required			·		
	Any submission deadlines: er 31st of calendar year to be funded					
	Any restrictions or limitations on aw factors:	ards, such as by	geographical are	eas, charitable fie	lds, kinds of ins	titutions, or other
	to-to-de Consulation to-althouse					

Pai	t XV Supplementary Information (conti	nued)			
3	Grants and Contributions Paid During to	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
a	Paid during the year				
SEE	ATTACHED				
	•				
			1		
			ł		
			ļ		
	•				
		}			İ
					ŀ
				32	
	Total	 	` · · ·	▶ 3; 	<u> </u>
	Approved for future payment				
					İ
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)			
		ļ	1		
			[
			1		
	Total			· · · · · · · • 3	ь

Pa	rt XV	-A Analysis of Income-Producing Ac	ctivities				
Ente	er gros	s amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e) Related or exempt
1	_	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
	a b		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	c _						
	d _		<u> </u>		<u> </u>		
	e f						
	g F	ees and contracts from government agencies					
2	-	bership dues and assessments					
3		est on savings and temporary cash investments					
4		lends and interest from securities		· 			
5		rental income or (loss) from real estate:			_		
		Debt-financed property		<u> </u>	 	 	
6		ental income or (loss) from personal property			 		
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events	<u> </u>				
		s profit or (loss) from sales of inventory	}		 		
11	b b	r revenue: a	<u> </u>		 		
	_			 			
	е _		L				
12	Subt	otal. Add columns (b), (d), and (e)					
				<i>.</i>		13	
		sheet in line 13 instructions on page 28 to verify B Relationship of Activities to the A		ont of Evomo	t Burnagae		
Lin	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt instructions	income is repo ourposes (other	rted in column than by providin	(e) of Part XVI- g funds for suc	-A contributed in h purposes). (See	portantly to the page 29 of the
							
				· . 			
							
		 					
					·		
							

rar	AVII	-	rganizations	ansiers to and tran	Sacuo	ns and	neiau	onsnips wi	ın Noncha	ritabi	е	
1	Did 1		 	lly engage in any of the f	ollowing	with an	v other	organization	described	[Yes	No
•				an section 501(c)(3) orga								
		ınızatıons?	,			•		. 0	•			
а	Transfers from the reporting foundation to a noncharitable exempt organization of											
	(1)	Cash								1a(1)		>
	(2)	Other assets .								1a(2)		~
b	Othe	er transactions:										
				exempt organization .						1b(1)		~
				ırıtable exempt organıza						1b(2)		~
				ther assets						1b(3)		~
										1b(4)		~
	(5) Loans or loan guarantees								1b(5)		~	
										1b(6)		~
C				lists, other assets, or p						1c		~
d				Yes," complete the folio								
				ervices given by the repo ingement, show in colun								
(a) Lir		(b) Amount involved		oncharitable exempt organization				transfers, transa				
(a) Lii	6110	(b) Amount involved	(c) Name of no	oncharitable exempt organization)II	(u) Desc	inplion of	transiers, transa	ctions, and sna	ring arra	angeme	#ILS
	-		 	·								
			 						· · · · · ·	-		
			-				_					
								•				
								-	_			
								-				
					-							
									_			
			<u> </u>									
2a	Is th	ne foundation dir	ectly or indirectly	affiliated with, or relate	ed to, or	ne or mo	ore tax-	exempt orga	nızations _	_	_	
				e (other than section 501	(c)(3)) o	r in secti	on 527	?	· · · L	Yes		No
<u>D</u>	IT "Y	es," complete the	e following schedu	ule. (b) Type of org								
		(a) Name of orga	nization	(b) Type of org	anization			(c) Descr	nption of relation	nsnip		
			-									
			.						 -			
												
	Under	penalties of penury.	I declare that I havene	examined this return, including	accompa	nying sche	dules and	statements, an	d to the best o	of mv kr	nowled	ge and
	belief,	it is true correct, and	complete, Declaration	of preparer (other than taxpay	er or fiduc	ary) is bas	ed on all	nformation of wh	nich preparer ha	s any kr	nowled	ge
	1 Cart HAND		/	15	171	S C	President	t				
ē	Sig	nature of office or tro	ustee V		Date			Title				
Sign Here					Date	-			Preparer's ic	lentifyir	ng	
LE	جٌ≥	<u>,</u>	B				Check		number (see	Signa	ture o	
Š	are of	Preparer's			1		self-en	nployed ▶ □	page 30 of the	ne instr	uction	is)
	Paid Preparer's	signature			L							
	₫~	self-employed), ad	ours if					EIN ▶				
		and ZIP code	/					Phone no.				

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization			•		Employer Identific	ation number			
The Glein	Famil-	7 For	nelchon		20:376	1776			
Organization type (check o	one):	1							
Filers of:	Section:								
Form 990 or 990-EZ	501(c)() (enter numb	per) organization	•					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political	l organization	ı						
Form 990-PF	501(c)(3) exc	empt private	foundation						
	4947(a)(1) n	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	☐ 501(c)(3) tax	cable private	foundation						
General Rule For an organization f property) from any organization	-		I-PF that received, du	ring the year, \$5,0	000 or more (ın mor	∩ey or			
Special Rules				•					
	id 170(b)(1)(A)(vi), a	and received	or 990-EZ that met the from any one contribution, Part VIII, line 1h contribution.	utor, during the ye	ear, a contribution of	of the greater			
the year, aggregate of	contributions of m	ore than \$1,0	g Form 990 or 990-EZ 100 for use exclusively o children or animals.	for religious, char	ritable, scientific, lite				
the year, contribution aggregate to more the year for an exclusive applies to this organ	ns for use exclusive han \$1,000 If this ely religious, charitalization because it	vely for religion box is check able, etc., pur received nor	g Form 990 or 990-Ezous, charitable, etc., paged, enter here the totarpose. Do not complemexclusively religious,	urposes, but these all contributions the ste any of the part charitable, etc., co	e contributions did nat were received d is unless the Gener ontributions of \$5,0	not during the ral Rule 000 or more			
Caution. An organization th 990-EZ, or 990-PF), but it n or on line 2 of its Form 990- 990-PF).	nat is not covered nust answer "No"	by the Gener on Part IV, III	rat Rule and/or the Sp ne 2 of its Form 990,	ecial Rules does or check the box	not file Schedule B on line H of its For	(Form 990, m 990-EZ,			

Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page of of Part I
Name of o	organization		mployer identification number
	the Glein Family Foundation	<u></u>	20:3761716
Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Gary & Lively Glein 3519 Harbarvien Dr #3 Gig Harbor, WA 91332-218	\$26,280.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) ` Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of o	organization Calcio Family Foundation	Emi	oloyer identification number
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	A publicity traded stock	\$ 26,250 -	12,24,2005
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	l
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

THE GLEIN FAMILY FOUNDATION

EIN # 20-3761776 Year Ended December 31, 2009 Form 990 – PF (Schedules)

PART II Line 10b & 10c STOCK INVESTMENTS

		Purch	iase Cost	Curre	nt (12/31/09)
#	Stock Owned	Price	Cost	Price	Mkt Value
50	Exxon (XOM)	59.63	2,981.49	68.19	3,409.50
300	Gen Electric (GE)	36.06	10,818.99	15.13	4,539.00
200	Johnson & J'n (JNJ)	60.13	12,025.99	64.41	12,882.00
600	Microsoft (MSFT)	24.20	14,517.14	30.49	18,294.00
400	Starbucks (SBUX)	17.70	9,087.58	23.06	9,224.00
200	Walgreen (WAG)	35.15	7,029.81	36.72	7,344.00
300	Wells Fargo (WFC)	27.39	8,217.99	26.99	8,097.00
2,072	Raven Ind (RAVN)	28.42	58,894.05	31.69	65,661.68
			97,292.84		129,451.18

PART I Line 23 OTHER EXPENSES

Washington Secretary of State	Annual corporate fee	35.00
Intuit	Tax Software	184.18
JS Treasury IRS 501 (c)(3) filing & tax		<u>140.00</u>
		359.85

PART XV Line 3

GRANTS OR CONTRIBUTIONS MADE - 2009

All Organizations are 501 (c) (3)

	Tim Organizations are	, 501 (0) (5)		
Recipient	Address		Purpose .	Amount
Cooperative for Education	2730 Hyde Park	Cincinnati, OH 45209	Literacy-Intl	250
Olson International Found.	PO Box 342	Gig Harbor, WA 98335	Health-Intl	1,500
Western Wash Univ-USBC	4517 South M St	Tacoma, WA 98418	Youth	1,500
Minerva Scholarship Fund	PO Box 2705	Gig Harbor, WA 98335	Literacy	250
Boy Scouts-SSS Odyssey	PO Box 1433	Tacoma, WA 98401	Literacy-Youth	250
Com. In Schools-Peninsula	PO Box 684	Vaughn, WA 98394	Literacy-Youth	250
Peninsula Youth Orchestra	PO Box 2481	Gig Harbor, WA 98335	Literacy-Youth	250
Wa. National Park Fund	PO Box 4646	Seattle, WA 98194	Outdoor Res.	500
Washinton Trails Assoc	2019 Third Ave	Seattle, WA 98121	Outdoor Res.	500
Harbor History Museum	44PO Box 744	Gig Harbor, WA 98335	Literacy	10,000
PC Library Foundation	4424 Pt Fosdick	Gig Harbor, WA 98335	Literacy	250
American Leadership Acad.	PO Box 190	Zionsville, IN 76077	Literacy-Youth	250
Central Asia Institute	PO Box 7209	Bozeman, MT 59778	Literacy-Intl	250
Youth in Focus	2100 24 th Ave (310)	Seattle, WA 98144	Youth	500
Polio Free World Found	1399 SE Fauna Ln	Port Orchard, WA 98367	Health-Intl	150
		Total		16,400