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Form 990

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

GLEANER LIFE INSURANCE SOCIETY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

5200 WEST US HIGHWAY 223

City or town, state or country, and ZIP + 4

ADRIAN, MI 49221

F Name and address of principal officer

ELLSWORTH STOUT

5200 WEST US HIGHWAY 223

ADRIAN, MI 49221

D Employer identification number

38-0580730

E Telephone number

(517) 263-2244

G Gross receipts \$ 376,748,810

I Tax-exempt status

☐ 501(c)(3)

☒ 501(c) (8)

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.GLEANERLIFE.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1894

M State of legal domicile

MI

Part I	Summary																																											
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities GLEANER LIFE INSURANCE SOCIETY ("GLEANER") IS A FRATERNAL BENEFIT SOCIETY ITS MISSION IS TO BE A FRIEND OF THE FAMILY THAT PROVIDES ITS MEMBERS WITH FINANCIAL SECURITY, FRATERNAL BENEFITS, AND VOLUNTEER OPPORTUNITIES SERVED WITH INTEGRITY, RESPECT, AND ACCOUNTABILITY THE PURPOSE OF THE BOARD OF DIRECTORS OF GLEANER LIFE INSURANCE SOCIETY (ON BEHALF OF OUR MEMBERS) IS TO PROVIDE LEADERSHIP AND MAINTAIN A SYSTEM OF GOVERNANCE SO THAT THE SOCIETY ACHIEVES ITS MISSION AND AVOIDS UNACCEPTABLE ACTIONS AND SITUATIONS THE "CORE BOARD VALUES" ARE - GOOD PEOPLE DOING GOOD THINGS - LEADERSHIP - ETHICAL WITH INTEGRITY - ACCOUNTABLE TO OUR MEMBERS - NOW AND FOR THE FUTURE - EQUALITY OF ALL MEMBERS - RESPECT AND VALUE RELATIONSHIPS - SERVE AND CARE FOR OUR MEMBERS GLEANER PROVIDES LIFE, SICKNESS, ACCIDENT, AND OTHER BENEFITS TO ITS MEMBERS THROUGH 57 ACTIVE ARBORS AND 6 STATE ASSOCIATIONS, BENEVOLENT AND FRATERNAL ACTS ARE PERFORMED EXAMPLES OF ITS SIGNIFICANT ACTIVITIES INCLUDE THE DIRECTION</div></div>																																											
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

ELLSWORTH L STOUT PRESIDENT AND CEO

2012-06-05

Date

Paid Preparer's Use Only

Preparer's signature

JULIE M PFEIFLE

Date

2012-06-13

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

ANDREWS HOOPER PAVLIK PLC
4295 OKEMOS RD STE 200
OKEMOS, MI 488646201

EIN

Phone no

(517) 706-0800

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Check if Schedule O contains a response to any question in this Part III ☒

GLENER LIFE INSURANCE SOCIETY ("GLENER") IS A FRATERNAL BENEFIT SOCIETY. ITS MISSION IS TO BE A FRIEND OF THE FAMILY THAT PROVIDES ITS MEMBERS WITH FINANCIAL SECURITY, FRATERNAL BENEFITS, AND VOLUNTEER OPPORTUNITIES SERVED WITH INTEGRITY, RESPECT, AND ACCOUNTABILITY. THE PURPOSE OF THE BOARD OF DIRECTORS OF GLENER LIFE INSURANCE SOCIETY (ON BEHALF OF OUR MEMBERS) IS TO PROVIDE LEADERSHIP AND MAINTAIN A SYSTEM OF GOVERNANCE SO THAT THE SOCIETY ACHIEVES ITS MISSION AND AVOIDS UNACCEPTABLE ACTIONS AND SITUATIONS. THE "CORE BOARD VALUES" ARE - GOOD PEOPLE DOING GOOD THINGS - LEADERSHIP - ETHICAL WITH INTEGRITY - ACCOUNTABLE TO OUR MEMBERS - NOW AND FOR THE FUTURE - EQUALITY OF ALL MEMBERS - RESPECT AND VALUE RELATIONSHIPS - SERVE AND CARE FOR OUR MEMBERS. GLENER PROVIDES LIFE, SICKNESS, ACCIDENT, AND OTHER BENEFITS TO ITS MEMBERS THROUGH 57 ACTIVE ARBORS AND 6 STATE ASSOCIATIONS, BENEVOLENT AND FRATERNAL ACTS ARE PERFORMED. EXAMPLES OF ITS SIGNIFICANT ACTIVITIES INCLUDE THE DIRECTION

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














If "Yes," describe these changes on Schedule O

4a	(Code) (Expenses \$	including grants of \$) (Revenue \$
	PROVIDE FOR LIFE, SICKNESS, ACCIDENT, OR OTHER BENEFITS TO HOLDERS OF 76,454 CERTIFICATES			

[illegible][illegible]

4e Total program service expenses **\$**

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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	2	No
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	No
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	
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	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
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	No
c	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	No
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	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
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	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
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	No
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	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a24,113
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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. .	2a74
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	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 any contributions that were not tax deductible?	6aNo
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).	
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	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.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in 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?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	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?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
10b	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?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	JEFFREY S PATTERSON 5200 W US HIGHWAY 223 ADRIAN, MI 492219461 (517) 263-2244	

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK DICK CHAIR EMER	2 00	X						117,108	0	0
(2) BILL B WARNER CHAIRMAN	2 00	X						32,884	0	0
(3) DAVID E SUTTON VICE CHAIR	2 00	X						21,500	0	0
(4) MARK A WILLS DIRECTOR	2 00	X						17,667	0	0
(5) TERRY L GARNER DIRECTOR	2 00	X						17,667	0	0
(6) DUDLEY L DAUTERMAN DIRECTOR	2 00	X						17,667	0	0
(7) RICHARD J BENNETT DIRECTOR	2 00	X						17,667	0	0
(8) SUANN D HAMMERSMITH DIRECTOR	2 00	X						17,667	0	0
(9) ELLSWORTH STOUT PRES/CEO	40 00			X				371,216	0	401,999
(10) JEFFREY S PATTERSON VP/SEC/TREAS	40 00			X				217,874	0	116,893
(11) JANET GOULART OFFICER	40 00			X				140,068	0	165,056
(12) DEBRA KELLER OFFICER	40 00			X				106,426	0	194,617
(13) SHERRY NINO OFFICER	40 00			X				99,327	0	97,888
(14) JAMES FEENEY MD MED DIRECTOR	3 00			X				10,000	0	0
(15) ANTHONY CLARK DIR RISK MGT	40 00					X		153,537	0	28,474
(16) LARRY GORDON	40 00					X		110,372	0	96,065

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,468,647		1,100,992

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ASSET ALLOCATION MANAGEMENT 30 N LASALLE STREET STE 3500 CHICAGO, IL 60602	INVEST ADVISOR	980,293
NICHOLS FINANCIAL GROUP 323 GRATIOT AVE ALMA, MI 48801	REPRESENTATIVE	584,020
A PLUS MARKETING ENT 708 VIEWPOINTE DR ST CHARLES, IL 60174	REPRESENTATIVE	444,274
PATRICK JOHNSON 901 E ST LOUIS ST SPRINGFIELD, MO 65806	REPRESENTATIVE	439,210
JOEANN STEELE 130 N MAIN ST ADRIAN, MI 49221	REPRESENTATIVE	337,409

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►16

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f							
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code 524113	145,723,122	145,723,122				
	b	INVESTMENT INCOME	900001	68,641,452	68,641,452				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		214,364,574					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
4		Income from investment of tax-exempt bond proceeds . .							
5		Royalties							
6a		Gross rents	(i) Real	(ii) Personal					
b		Less rental expenses							
c		Rental income or (loss)							
d		Net rental income or (loss)							
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			162,383,784						
			162,618,798						
			-235,014						
d		Net gain or (loss)		-235,014	-235,014				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
b		Less direct expenses	b						
c		Net income or (loss) from fundraising events . .							
9a		Gross income from gaming activities See Part IV, line 19	a						
b		Less direct expenses	b						
c		Net income or (loss) from gaming activities . .							
10a		Gross sales of inventory, less returns and allowances	a						
b		Less cost of goods sold	b						
c		Net income or (loss) from sales of inventory . .							
		Miscellaneous Revenue	Business Code						
11a		OTHER RECEIPTS	900099	452	452				
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d		452						
12	Total revenue. See Instructions		214,130,012	214,130,012					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	664,338			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14,600			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	191,090,076			
5	Compensation of current officers, directors, trustees, and key employees	2,181,193			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,813,330			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	703,596			
9	Other employee benefits	1,686,639			
10	Payroll taxes	278,205			
11	Fees for services (non-employees)				
a	Management				
b	Legal	179,343			
c	Accounting	293,356			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	979,293			
g	Other	381,887			
12	Advertising and promotion	58,732			
13	Office expenses	560,187			
14	Information technology				
15	Royalties				
16	Occupancy	414,337			
17	Travel	235,999			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	438,875			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	984,247			
23	Insurance	30,832			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	COMMISSIONS	6,907,118			
b	MISCELLANEOUS	1,326,985			
c	FIELD EXPENSE ALLOWANCE	693,766			
d	EQUIP MAINT & RENTAL	345,411			
e					
f	All other expenses	926,482			
25	Total functional expenses. Add lines 1 through 24f	213,188,827	0	0	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,186,351	1	5,351,991
	2	Savings and temporary cash investments			38,177,895	2	39,517,415
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,972,925			
	b	Less: accumulated depreciation	10b	1,871,795	1,859,424	10c	2,101,130
	11	Investments—publicly traded securities			1,196,416,739	11	1,292,306,727
	12	Investments—other securities. See Part IV, line 11			62,204,307	12	51,979,369
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			16,671,420	15	17,999,444
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,318,516,136	16	1,409,256,076	
Liabilities	17	Accounts payable and accrued expenses			11,127,296	17	12,080,775
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,224,288,789	25	1,315,676,885
	26	Total liabilities. Add lines 17 through 25			1,235,416,085	26	1,327,757,660
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets				27	
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund			83,100,051	31	81,498,416
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			83,100,051	33	81,498,416
34	Total liabilities and net assets/fund balances			1,318,516,136	34	1,409,256,076	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	214,130,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,188,827
3	Revenue less expenses Subtract line 2 from line 1	3	941,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,100,051
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,542,820
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	81,498,416

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>STATUTORY</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 38-0580730
Name: GLEANER LIFE INSURANCE SOCIETY

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
GLEANER LIFE INSURANCE SOCIETY

Employer identification number
38-0580730

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☒ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	376,777	3,449,930	1,813,278	2,013,429
c Leasehold improvements				
d Equipment		146,218	58,517	87,701
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,101,130

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1214,130,012
2	Total expenses (Form 990, Part IX, column (A), line 25)	2213,188,827
3	Excess or (deficit) for the year Subtract line 2 from line 1	3941,185
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10941,185

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1212,013,675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b420,000
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d456,436
e	Add lines 2a through 2d	2e876,436
3	Subtract line 2e from line 1	3211,137,239
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a2,992,773
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c2,992,773
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5214,130,012

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1211,072,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a420,000
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d456,436
e	Add lines 2a through 2d	2e876,436
3	Subtract line 2e from line 1	3210,196,054
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a2,992,773
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c2,992,773
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5213,188,827

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	REINSURANCE CEDED 423,139 LOADING ON DEFERRED & UNCOLLECTED PREMIUM 33,297 REINSURANCE CEDED - 423,139 LOADING ON DEFERRED & UNCOLLECTED PREMIUM -33,297
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	REINSURANCE CEDED 423,139 LOADING ON DEFERRED & UNCOLLECTED PREMIUM 33,297
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	REINSURANCE CEDED 423,139 LOADING ON DEFERRED & UNCOLLECTED PREMIUM 33,297

Additional Data

Software ID:

Software Version:

EIN: 38-0580730

Name: GLEANER LIFE INSURANCE SOCIETY

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	AGGR RES FOR LIFE CERT & CONTRACTS	1,301,346,650
	SUPP CONTRACT NOT INVOLVING LIFE	7,665,604
	INTEREST MAINTENANCE RESERVE	5,749,973
	CERT & CTRT CLAIMS - LIFE	550,435
	AGG RES FOR ACC & HEALTH CERT	178,948
	PROV FOR REFUNDS PAYABLE NEXT YEAR	137,555
	PREM & ANNUITY RECEIVED IN ADVANCE	37,315
	CERT & CTRT CLAIMS ACC & HEALTH	10,000
	REFUNDS DUE AND UNPAID	405

OMB No 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

Open to Public Inspection

Employer identification number
38-0580730

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

- | | | |
|----------|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | <u>1</u> |
| 3 | Enter total number of other organizations listed in the line 1 table | 63 |

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ORPHAN BENEFITS	2	14,600			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE SOCIETY MAINTAINS THE RECORDS OF THE SCHOLARSHIPS GIVEN TO THE FOUNDATION A JUDGE COMMITTEE REPORTS TO THE FOUNDATION BOARD ALL MEMBERS OF THE FOUNDATION BOARD ARE MEMBERS OF THE SOCIETY'S BOARD THE SCHOLARSHIP WINNERS ARE REPORTED EACH YEAR IN THE NATIONAL GLEANER FORUM THE GRANTS PROVIDED TO THE ARBORS ARE ALSO MONITORED BY THE SOCIETY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
GLEANER LIFE INSURANCE SOCIETY

Employer identification number
38-0580730

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	THE FOLLOWING INDIVIDUALS RECEIVED HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: ELLSWORTH STOUT, JEFFREY PATTERSON, JANET GOULART, ANTHONY CLARK, DEBRA KELLER, AND LARRY GORDON. THESE AMOUNTS WERE CONSIDERED TAXABLE COMPENSATION TO THE INDIVIDUALS. THE FOLLOWING RECEIVED DISCRETIONARY SPENDING ACCOUNTS IN THE FORM OF UNSUBSTANTIATED CAR ALLOWANCES: JEFFREY PATTERSON AND JANET GOULART. THESE AMOUNTS WERE CONSIDERED TAXABLE COMPENSATION TO THE INDIVIDUALS.
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	FRANK DICK 0 99,441 0 BILL B. WARNER 0 11,046 0

2011

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
GLEANER LIFE INSURANCE SOCIETY

Employer identification number

38-0580730

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	GLEANER LIFE INSURANCE SOCIETY ("GLEANER") IS A FRATERNAL BENEFIT SOCIETY ITS MISSION IS TO BE A FRIEND OF THE FAMILY THAT PROVIDES ITS MEMBERS WITH FINANCIAL SECURITY, FRATERNAL BENEFITS, AND VOLUNTEER OPPORTUNITIES SERVED WITH INTEGRITY, RESPECT, AND ACCOUNTABILITY THE PURPOSE OF THE BOARD OF DIRECTORS OF GLEANER LIFE INSURANCE SOCIETY (ON BEHALF OF OUR MEMBERS) IS TO PROVIDE LEADERSHIP AND MAINTAIN A SYSTEM OF GOVERNANCE SO THAT THE SOCIETY ACHIEVES ITS MISSION AND AVOIDS UNACCEPTABLE ACTIONS AND SITUATIONS THE "CORE BOARD VALUES" ARE - GOOD PEOPLE DOING GOOD THINGS - LEADERSHIP - ETHICAL WITH INTEGRITY - ACCOUNTABLE TO OUR MEMBERS - NOW AND FOR THE FUTURE - EQUALITY OF ALL MEMBERS - RESPECT AND VALUE RELATIONSHIPS - SERVE AND CARE FOR OUR MEMBERS GLEANER PROVIDES LIFE, SICKNESS, ACCIDENT, AND OTHER BENEFITS TO ITS MEMBERS THROUGH 57 ACTIVE ARBORS AND 6 STATE ASSOCIATIONS, BENEVOLENT AND FRATERNAL ACTS ARE PERFORMED EXAMPLES OF ITS SIGNIFICANT ACTIVITIES INCLUDE THE DIRECTION OF THE ORGANIZATION, COORDINATION OF MEMBERS, ORPHAN BENEFITS, SCHOLARSHIPS (THROUGH GLEANER LIFE INSURANCE SOCIETY SCHOLARSHIP FOUNDATION), PICNICS, SOCIAL GATHERINGS, PUBLICATIONS, ETC

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	ALL LINES LEFT BLANK ARE NOT APPLICABLE TO THE ORGANIZATION

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	OUR MEMBERS (AND SOMETIMES INVITED NON-MEMBER GUESTS) VOLUNTEER THEIR TIME AND EFFORTS TO HELP FURTHER ARBOR'S (OUR SUBORDINATE LODGES) RESPECTIVE CAUSES THE SOCIETY DOES NOT MAINTAIN AN ACTUAL COUNT OF EACH GLEANER MEMBER'S VOLUNTEER EFFORTS, IT ESTIMATES 2,000 INDIVIDUALS, IN TOTAL, VOLUNTEERED THEIR SERVICES WITH A GLEANER ARBOR FROM JANUARY 1, 2011 THROUGH DECEMBER 31, 2011 IN TOTAL, OVER 513,762 HOURS WERE VOLUNTEERED AND OVER 525,190 ACTS PERFORMED

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	BILL B WARNER TERRY L GARNER VICE CHAIR DIRECTOR BILL IS TERRY'S UNCLE-IN-LAW

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	AS AN IRC SECTION 501(C)(8), ALL OF OUR INSUREDS (LIFE CERTIFICATES) AND ANNUITANTS (ANNUITY CERTIFICATES) HAVE MEMBERSHIP RIGHTS IN THE SOCIETY

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	AS AN IRC SECTION 501(C)(8) ORGANIZATION, WE ARE REQUIRED TO HAVE "LODGES" (WE REFER TO THEM AS ARBORS) EVERY TWO YEARS WE HAVE A CONVENTION IN WHICH EACH ARBOR ELECTS DELEGATES FROM EACH ARBOR TO ATTEND THE CONVENTION THE DELEGATES ARE RESPONSIBLE FOR ELECTING THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	OUR BOARD OF DIRECTORS AUTHORIZES CHANGES TO OUR CONSTITUTION AND BY-LAWS, BUT IT IS OUR MEMBERSHIP THAT MUST APPROVE THE CHANGES APPROVAL HAPPENS AT OUR CONVENTIONS WHICH OCCUR EVERY TWO YEARS

Identifier	Return Reference	Explanation
DOCUMENTATION BY COMMITTEE	FORM 990, PAGE 6, PART VI, LINE 8B	MINUTES ARE TAKEN AT EACH BOARD OF DIRECTORS MEETING AS WELL AS THE PRODUCT INTEREST RATE REVIEW COMMITTEE. EFFORTS ARE BEING MADE TO EXTEND THIS PRACTICE TO OTHER COMMITTEES

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A MICHIGAN CERTIFIED PUBLIC ACCOUNTING FIRM, ANDREWS HOOPER PAVLIK PLC PREPARES OUR RETURN. THE REVIEW OF OUR RETURN WAS PERFORMED IN MAY 2012 BY GLEANER INTERNAL AUDITOR DAVID PITTMAN, A SEASONED HOLDER OF MANY PROFESSIONAL DESIGNATIONS INCLUDING A CERTIFIED PUBLIC ACCOUNTANT LICENSE AS WELL AS A GRADUATE DEGREE IN TAXATION. AS PART OF THE REVIEW, THE INPUT OF OUR BOARD MEMBERS WAS SOUGHT. A COPY OF OUR FORM 990 WAS PROVIDED TO EACH VOTING AND NON-VOTING MEMBER OF OUR BOARD OF DIRECTORS. BOARD MEMBERS WERE PROVIDED A COPY OF THE FORM 990 BEFORE THE MAY BOARD MEETING WHERE IT WAS DISCUSSED AMONGST THE BOARD MEMBERS. IF IT WERE NECESSARY TO MAKE ANY CHANGES, AN UPDATED COPY WAS PROVIDED TO EACH BOARD MEMBER PRIOR TO ELECTRONICALLY FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EVERY MEMBER OF THE BOARD OF DIRECTORS (BOARD OF DIRECTORS CONFLICT OF INTEREST POLICY) AS WELL AS EVERY EMPLOYEE (CONFLICT OF INTEREST POLICY FOR OFFICERS AND RESPONSIBLE EMPLOYEES) PROVIDES A SIGNED ACKNOWLEDGEMENT OF OUR CONFLICT OF INTEREST POLICY AT EACH YEAR-END. AN INDIVIDUAL'S SIGNED ACKNOWLEDGEMENT IS IN RESPONSE TO OUR WRITTEN POLICY THAT PRECEDES THE ACKNOWLEDGEMENT FORM. THE ONGOING MONITORING OF EACH CONFLICT OF INTEREST POLICY IS PERFORMED BY EACH INDIVIDUAL AS WELL AS OUR VICE PRESIDENT OF HUMAN RESOURCES. AT YEAR-END, OUR INDEPENDENT AUDITORS REVIEW THE CONFLICT OF INTEREST ACKNOWLEDGEMENTS. IF A CONFLICT EXISTS, THE INDIVIDUAL WILL REMOVE HIM/HERSELF FROM THE TRANSACTION OR HE/SHE IS REMOVED FROM THE TRANSACTION, IF A KNOWN CONFLICT EXISTS.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO OF THE ORGANIZATION INVOLVED THE FOLLOWING UTILIZING THE COMPENSATION COMMITTEE, USE OF COMPARABLE COMPENSATION, AND APPROVAL BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATIONS INCLUDES THE FOLLOWING VERBAL EVALUATIONS, UTILIZING THE COMPENSATION COMMITTEE, USE OF COMPARABLE COMPENSATION, AND APPROVAL BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VII	MR FRANK DICK, CHAIRMAN EMERITUS OF GLEANER LIFE INSURANCE SOCIETY (SOCIETY), INSTRUCTED THE SOCIETY TO DONATE THE COMPENSATION HE EARNED AS CHAIRMAN EMERITUS (17,667) TO GLEANER LIFE INSURANCE SOCIETY SCHOLARSHIP FOUNDATION THE FOUNDATION AWARDS SCHOLARSHIPS TO DESERVING STUDENTS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	THE FINANCIAL STATEMENTS ARE PREPARED UNDER STATUTORY ACCOUNTING PRACTICES AND PROCEDURES. OTHER CHANGES IN NET ASSETS ARE THE RESULT OF ITEMS THAT DIRECTLY IMPACT SURPLUS UNDER STATUTORY ACCOUNTING AND DO NOT IMPACT THE INCOME STATEMENT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GLEANER LIFE INSURANCE SOCIETY

Employer identification number
38-0580730

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GLEANER LIFE INS SOC SCHOLARSHIP FOUNDATION 5200 WEST US HIGHWAY 223 ADRIAN, MI 49221 38-3006741	SCHOLAR	MI	3	PF	NA	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GLEANER MARKETING CORPORATION 5200 WEST US HIGHWAY 223 ADRIAN, MI 49221 38-2718689	INSURANCE	MI	N/A				

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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