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FWTERWAL REVENUE SERVICE

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2011

Inter	rnal Re	evenue Service	Note.	The foundati	on may be	able to	use a copy of t			_	ing requirements	
For	r cal	endar year 2011	or tax	year begir	ning			, 2011	, and endi			, 20
N	lame	of foundation		-						İ	A Employer identific	
_0	<u>LE</u>	NN FAMILY FO	<u>UND</u>	ATION								1569913
N	lumb	per and street (or P O	box nu	ımber ıf mail ıs	not delivere	to stre	et address)		Room/su	ite	B Telephone number	(see instructions)
7	142	O BISCAYNE W	ΑΥ (SE.							(61)	6) 364-6161
	City or town, state, and ZIP code						\dashv		<u>-,</u>			
	•	, .									C If exemption applicati pending, check here	on is
	GRAND RAPIDS, MI 49546 G Check all that apply: Initial return			-		Initial return	of a formar	aublia abar		_	▶□	
G	Crie	ck all that apply:				-	1	-	Jublic chai	ינא	D 1 Foreign organization 2 Foreign organization	
	Final return				-	Amended re				85% test, check he		
_	<u> </u>			Address ch		(0)	Name chang				computation • •	
H _	_	ck type of organiza			Г	_					E If private foundation	
		ection 4947(a)(1) no					her taxable pr				under section 507(b)	(1)(A), check here .
		market value of al					nethod: X C		crual		-	a 60-month termination
	-	ear (from Part II, co			Oth	er (sp	ecify)				under section 507(b)	(1)(B), check here . >
				<u>571.</u>	' 	olumn	(d) must be o	n casn basis. T	/			(d) Dishipped and a
Pā	art I	Analysis of Reve total of amounts in may not necessaril column (a) (see ins	colun y equa	nns (b), (c), ar al the amount	nd (d)		evenue and penses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
T	1	Contributions, gifts, grants	, etc , re	eceived (attach sc	hedule)							
	2	Check ► X if the	founda	ation is not req B	uired to							
1	3	Interest on savings and					26		26.			STMT 1
	4	Dividends and inter	est fro	m securities	[3,920		3,920.			STMT 2
	5a	Gross rents										
	ь	Net rental income or (I	oss)									
		Net gain or (loss) from					246,720					
Ž		Gross sales price for a assets on line 6a			570.		<u> </u>					
Revenue	7	Capital gain net inc	ome (f					24	46,720.			
~	8	Net short-term capit							•			
	9	Income modification	-									
ŀ	_	Gross sales less return	s									·
	Ь	and allowances • • • Less Cost of goods so				-					_	
		Gross profit or (loss	_	ch schedule)					Carrie in	* DI '	-1-201 ×	
		Other income (attac						1	k ~ ≠	١/	111	
	12	Total. Add lines 1 t			10		250,666	2:	50,666.	-	[6]	
\neg	13	Compensation of office								2 0	4 2012	
	14	Other employee sal			1				NONE		NONE	
S	15	Pension plans, emp		-				 	NONE	.,,	NONE	
Se		Legal fees (attach s						i		``	: 3, 6 1 1	
g		Accounting fees (at				-		 				
; <u>i</u> ii		Other professional f					150		75.			75
<u>`</u>		•			·		130		, , ,			,,,
Tat	17	Interest					·	 				
	18	Taxes (attach schedule						 				<u> </u>
Ē	19	Depreciation (attach			′ г							
Ad	20	Occupancy			i i			 	NONE		NONE	
<u> 5</u>	21	Travel, conferences,			i							
a	22	Printing and publica							NONE		NONE	
Ęi,	23	Other expenses (att						 				
era.	24	Total operating and					150		7.		MONTH	5.5
ă		Add lines 13 through					150	 	75.		NONE	75
1	25	Contributions, gifts,	-	•			18,900	 				18,900
\neg	26	Total expenses and disb			4 and 25		19,050	 	75.		NONE	18,975
-	27	Subtract line 26 fro	m line	12:								
		Excess of revenue over e			· · · -		231,616	<u> </u>				
	b	Net investment inc	ome (ıf negative, e	nter -0-)		<u> </u>	2	50,591.			
					- L I							i

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2011)

JSA

P	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
	21 L II	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1.	NONE	
	2	Savings and temporary cash investments	26,104.	307,571.	307,571.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶		_	
		Pledges receivable			
		Less: allowance for doubtful accounts ▶			
		Grants receivable		, .	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			<u></u>
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶NONE			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges STMT .4			
As	10 a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) . STMT .5	49,850.		
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	1		<u>.</u>
	13	Investments - other (attach schedule)			<u> </u>
	* *	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
_		Instructions Also, see page 1, Item I)	75,955.	307,571.	307,571
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
_		Total liabilities (add lines 17 through 22)	· · · · · · · · · · · · · · · · · · ·		
		Foundations that follow SFAS 117, check here ►			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ва	26	Unrestricted			
밑		Foundations that do not follow SFAS 117,			
Ţ		check here and complete lines 27 through 31. $\blacktriangleright X$			
ō	27	Capital stock, trust principal, or current funds	75,955.	307,571.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
et '	30	Total net assets or fund balances (see instructions)	75,955.	307,571.	
Z	31	Total liabilities and net assets/fund balances (see			
		mistractions/	75,955.	307,571.	
		Analysis of Changes in Net Assets or Fund		,	
1		net assets or fund balances at beginning of year - Part		-	85 055
_		f-year figure reported on prior year's return)			75,955.
2	Enter	amount from Part I, line 27a			231,616.
					205 555
		ines 1, 2, and 3		l l	307,571.
		eases not included in line 2 (itemize)		5_	205 551
<u>6</u>	rotal	net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b), line 30 6	307,571.

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	d describe the kind(s) of property sold (rick warehouse; or common stock, 200	-	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
a PUBLICLY TRADED	SECURITIES				
b					_
<u></u>					
<u>d</u>				 	
<u>e</u>	(A) D	(g) Cost or other basis		(h) Coin or (le	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (k (e) plus (f) min	
a 296,570.	· · · · · · · · · · · · · · · · · · ·	49,850.		2.4	46,720.
250,570.		13,030.			
<u>*</u> ;					
i					
)					
Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
(i) F M.V as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	col	(k), but not less	
(1) 1 141.4 85 01 127 5 17 05	as of 12/31/69	over col. (j), if any		Losses (from co	
a				2.	<u>46,720.</u>
<u>b</u>					
<u>C</u>			-	_ .	
<u> </u>			ļ		
9	. 15	-sin also enter in Port Line 7	 		
Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		246,720.
Net short-term capital gain	or (loss) as defined in sections 12		-		240,720.
	rt I, line 8, column (c) (see inst				
-		•	3		
		uced Tax on Net Investment I	ncome		
		outable amount of any year in the b	ase perio	d?	Yes X N
		see the instructions before making	any entr	ies.	
(a)	(b)	(c)	<u> </u>	(d)	at a
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution r (col (b) divided by	y col (c))
2010	60,125.	372,271.			0.161509
2009	18,200.	388,249.			0.046877
2008	68,413.	274,648.	<u> </u>		0.249093
2007	42,660.	356,565			0.119642
2006	111,109.	408,282.	 		0.272138
—					0 040050
Total of line 1, column (d),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2		_0.849259
•	for the 5-year base period - divide	• • •			0 160050
number of years the foun	dation has been in existence if less	s than 5 years	3	-	0.169852
Financial in the Control of the Cont	abadahla (; 0044 (;	m Port V line 5	4		21/1 170
Enter the net value of nor	icharitable-use assets for ZUTT fro	m Part X, line 5	+		314,178
Multiply line 4 by line 3			5		53,364
Multiply line 4 by line 3	• • • • • • • • • • • • • • • • • • • •		-	-	
Enter 1% of net investmen	nt income (1% of Part I line 27h)		6		2,506
-ittor 170 of thet investine					
Add lines 5 and 6			7		55,870
Enter qualifying distribution	ons from Part XII, line 4		8		18,975
If line 8 is equal to or gr	reater than line 7, check the box	ın Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See t

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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Х

X

Х

8b

10

4a

Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? .

SEE STATEMENT 7 NONE NONE NONE

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compensation

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	rees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	. 11
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE
SEE STATEMENT 8	NONE
otal number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE	
2	•
3	
_	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments. See instructions	
3 <u>NONE</u>	
Total Add lines 1 through 2	

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	n four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	_318,962.
	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	318,962.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	318,962.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	4,784.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	314,178.
6	Minimum investment return. Enter 5% of line 5	6	15,709.
Pa	The provided HTML representation of the provided HTML representat	part.)	
1	Minimum investment return from Part X, line 6	1	15,709.
2 a	Tax on investment income for 2011 from Part VI, line 5 2a 5, 012.		
b	Income tax for 2011. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	5,012.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,697.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	10,697.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
-	line 1 · · · · · · · · · · · · · · · · · ·	7	10,697.
		<u> </u>	
	rt XII Qualifying Distributions (see instructions)	T T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40.055
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	18,975.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	18,975.
5	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 instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,975.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years.	culating	whether the foundation

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υć	rt XIII Undistributed Income (see instructi	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				10,697.
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only			NONE	
b	Total for prior years: 20 09 , 20 , 20		NONE		
3	Excess distributions carryover, if any, to 2011:				
а	From 2006 90,814.				
b	From 2007				
C	From 2008				
d	From 2009				
	From 2010	212,127.			
	Total of lines 3a through e	212,127.			
4	Qualifying distributions for 2011 from Part XII, line 4: > \$ 18,975.				
•	Applied to 2010, but not more than line 2a			NONE	
					
a	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	Treated as distributions out of corpus (Election				
·	required - see instructions)	NONE			
d	Applied to 2011 distributable amount				10,697.
	Remaining amount distributed out of corpus	8,278.			
5	Excess distributions carryover applied to 2011	NONE			NONE
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	220,405.			
b	Prior years' undistributed income. Subtract		NONE		
	line 4b from line 2b Enter the amount of prior years' undistributed		NONE		
·	income for which a notice of deficiency has been			Ì	
	issued, or on which the section 4942(a) tax has		NONE		
	been previously assessed		HOME		
d	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
е	Undistributed income for 2010. Subtract line				
	4a from line 2a Taxable amount - see instructions			NONE	
_					
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be				
	distributed in 2012				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)	90,814.			
9	Excess distributions carryover to 2012.	100 501			
	Subtract lines 7 and 8 from line 6a	129,591.			
	Analysis of line 9.				
	Excess from 2007 24, 987 . Excess from 2008 54, 744 .				
D					
c d	41 500				
	Excess from 2010				
	0,270.1				Form 990-PF (2011)

Pai	rt XIV Private Oper	ating Foundations (see instructions and	d Part VII-A, questi	on 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling	g is effective for 2011, en	ter the date of the ruling		▶	
b	Check box to indicate who	ether the foundation is a	private operating founda		on 4	942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years	·	(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2011	(ы) 2010	(c) 2009	(d) 2008	
	year listed					
D	85% of line 2a				-	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter		·			
	 Value of all assets Value of assets qualifying under section 					
b	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest-				<u> </u>	
	ment 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)					
	port from an exempt organization					
_	(4) Gross investment income	1.6. 1.6		1 15 11 1		
Pai		ary information (C during the year - sec		only if the foun	dation had \$5,0	000 or more in assets
1	Information Regarding					
a	• •	the foundation who h	nave contributed mor			eceived by the foundation (2).)
<u>_</u>	MICHAEL B	GLENN	over 109/ or more o	f the stock of a cor	noration for an or	qually large portion of the
J	ownership of a partner					quality large portion of the
_	N/A Information Regarding					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if t unsolicited requests for other conditions, comp	or funds. If the found	ation makes gifts, gra	to preselected cha ants, etc. (see instru	ırıtable organizatic ıctions) to individu	ons and does not accept als or organizations under
а	The name, address, an	d telephone number o	of the person to whom	applications should	be addressed:	
b	The form in which app	lications should be su	bmitted and informati	on and materials the	y should include:	00000
С	Any submission deadli	nes:			<u> </u>	
d	Any restrictions or li factors:	mitations on awards	, such as by geogra	aphical areas, chari	table fields, kınds	of institutions, or other

art XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual,	Foundation						
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year	or substantial contributor							
,								
SEE STATEMENT 9								
		1						
		1						
Total			<u></u>	18,900				
b Approved for future payment								
				<u></u>				
Total			▶ 3b					

ter gross amounts unless otherwise indicated	Unrela	vities Ited business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
	(a)	(b)	(c)	(d)	function income
Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
b					· · · · · · · · · · · · · · · · · · ·
·					
d					
e			 		
T					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments	-	<u>-</u>	14	26.	NOI
Dividends and interest from securities			14	3,920.	NOI
Net rental income or (loss) from real estate	_				
a Debt-financed property					
b Not debt-financed property			-		
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	246,720.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					*
c					<u>.</u>
d					
e					
Subtotal Add columns (b), (d), and (e)				250,666.	NO:
e worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities	ulations) to the Ac	complishment of E	xempt Purp		
e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac y for whic	complishment of E	xempt Purp	ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-3 Relationship of Activities Relationship of Activities Explain below how each activities	to the Ac y for whic	complishment of E	in column (ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-8 Relationship of Activities Relationship of Activities Explain below how each activities	to the Ac y for whic	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to
worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities e No. Explain below how each activities	to the Ac y for whic	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-3 Relationship of Activities Relationship of Activities Explain below how each activities	to the Ac	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-8 Relationship of Activities Relationship of Activities Explain below how each activities	to the Ac	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to
e worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ne No. Explain below how each activities	to the Ac	complishment of E h income is reported it purposes (other that	in column (ooses e) of Part XVI-A contribu	uted importantly to 1

Part	XVII			ransfers To a	nd Transacti	ons ar	nd Relationships	With None	hari		ge I
1 0	id the			engage in any	of the following	with a	ny other organization	described		Yes	No
							section 527, relating				
0	rganıza	tions?									
		s from the reporting	-								
									1a(1)		<u> X</u>
									1a(2)		X
		ansactions:									v
									1b(1)		X X
									1b(2) 1b(3)		X
									1b(4)		X
									1b(5)		X
									1b(6)		X
									1c		X
							Column (b) should		$\overline{}$	fair m	narke
							. If the foundation r				
v	alue in	any transaction of	r sharing arran	igement, show i	in column (d) tl	ne value	of the goods, other	assets, or s	ervice	s rece	eivec
(a) Line	e no	(b) Amount involved	(c) Name of	noncharitable exemp	ot organization	(d) De	scription of transfers, transa	actions, and shar	ing arra	ngeme	nts
					·····		,				
	-										
			 								
							- · · · · · · · · · · · · · · · · · · ·				
-											
-											
					• •						
			-								
d	lescribe	oundation directly d in section 501(c) complete the follow	of the Code (other than sectio			ore tax-exempt organ on 527?	izations	Y	es 📑	X No
		(a) Name of organizatio			e of organization		(c) Descri	iption of relation	ship		
			<u> </u>								
	,			<u> </u>							
C:	Under p correct,	penalties of penuvy, I declar and complete Declaration o	ere that I have exam fpreparer (ather than	mined this return, inclu- expayer) is based on all	ding accompanying so It information of which	hedules an preparer has	d statements, and to the bes sany knowledge	st of my knowleds	e and	belief, it	ıs tri
Sign	.	11/ala	03	111				May the IR	discu	ss this	retur
Here	1 ×	g yeru			4/2012		SIDENT	-	eparer		belov
	1	ture of officer or trustee	. /	Date		Title		(see instruction	ns)? X	Yes	
		<u>CHAEL B GLENN</u> Print/Type preparer's		Preparer's sign	anatura		Date . C		PTIN		
Paid					Il W		1 1	, III	1114		
Prepa	rer 📙	DALE R. VAND	EK MAAS		w pyaar		8/24/2012 S	elf-employed			

F<u>irm's El</u>N ▶

Phone no. 800-400-0439

49501-3636

Firm's name ► FIFTH THIRD BANK

GRAND RAPIDS,

ΜI

Use Only Firm's address ▶ P.O. BOX 3636

84-1569913

	NET INVESTMENT INCOME	26.
INTEREST ON TEMPORARY CASH INVESTMENTS ====================================	REVENUE AND EXPENSES PER BOOKS	26. TOTAL ====================================
FORM 990PF, PART I - INTEREST (DESCRIPTION	MONEY MARKET INTEREST

GLENN FAMILY FOUNDATION

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET	INVESTMENT	INCOME	1 1 1 1	3,920.	3,920.	
REVENUE	AND	EXPENSES	PER BOOKS		3,920.	3,920.	U
						TOTAL	
			DESCRIPTION		DOMESTIC DIVIDENDS		

STATEMENT

		CHARITABLE	PURPOSES		75.	75.	
	NET	INVESTMENT	INCOME	1 1 1 1 1	75.	75.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1	150.	150.	
			DESCRIPTION		INVESTMENT MANAGEMENT FEES	TOTALS	

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

EXCISE TAX

TOTALS

INN FAMILI FOUNDALION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

UNIVERSAL FOREST PRODUCTS COM

TOTALS

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

MICHAEL B GLENN

ADDRESS:

7420 BISCAYNE WAY SE

GRAND RAPIDS, MI 49546

TITLE:

PRES/DIR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

GLENDA G GLENN

ADDRESS:

7420 BISCAYNE WAY SE

GRAND RAPIDS, MI 49546

TITLE:

SEC/DIR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

MICHAEL S GLENN

ADDRESS:

7420 BISCAYNE WAY SE

GRAND RAPIDS, MI 49546

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

LINDSEY A GLENN

ADDRESS:

7420 BISCAYNE WAY SE

GRAND RAPIDS, MI 49546

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

99QPF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EMPLOYEE NAME: NONE

99QPF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME: NONE

84-1569913

RECIPIENT NAME: BRANDONS DEFENSE FOUNDATION ADDRESS: PO BOX #8 DEWITT, MI 48820 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CONTRIBUTION FOUNDATION STATUS OF RECIPIENT: 501(C)(3) 250. AMOUNT OF GRANT PAID RECIPIENT NAME: GILDA'S CLUB ADDRESS: 1806 BRIDGE ST NW GRAND RAPIDS, MI 49504 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUND CONTRIBUTION FOUNDATION STATUS OF RECIPIENT: PUBLIC 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: TRADITION ARNOLD PALMER ADDRESS: 78505 OLD AVENUE 52 LA OUINTA, CA 92253 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT

PUBLIC

TOTAL GRANTS PAID:

9

Ε

13,650.

18,900.

GENERAL FUND CONTRIBUTION FOUNDATION STATUS OF RECIPIENT:

Form **8868**

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service File a separate application for each return.								
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
		unless you have already been gran						
a corporation 8868 to req	n required t juest an ext	You can electronically file Form to file Form 990-T), or an addition ension of time to file any of the	ial (not aut forms liste	tomatic) 3-month extened in Part I w	sion of time. You can ith the exception of F	electronically orm 8870, li	file Form formation	
		ssociated With Certain Personal						
		details on the electronic filing of th				rities & Nonp	Protits.	
		Month Extension of Time. On			•			
		o file Form 990-T and requesting				•	. —	
Part I only				· · · · · · · · · · · · · · · · · · ·			. ▶ 🔝	
		ncluding 1120-C filers), partnership	os, REMICs	, and trusts must use Fo	orm 7004 to request ai	n extension o	f time	
to file incom	Y				Enter filer's identify			
Type or	Name of ex	empt organization or other filer, see ins	structions		Employer identification number (EIN) or			
print					X 84-1569913			
File by the		FAMILY FOUNDATION	 					
due date for		eet, and room or suite no. If a P.O. box	, see instruc	rtions	Social security number (SSN)			
filing your return See		ISCAYNE WAY SE		<u> </u>				
instructions		or post office, state, and ZIP code For a	s foreign add	dress, see instructions.				
<u> </u>		RAPIDS, MI 49546						
	turn code fo	or the return that this application is	s for (file a	separate application to	r each return)		. [0]4]	
Application			Return	Application			Return	
Is For			Code	Is For			Code	
Form 990			01	Form 990-T (corporati	ion)		07	
Form 990-BL			02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·		08	
Form 990-EZ	· · · · · · · · · · · · · · · · · · ·		01	Form 4720				
Form 990-PF			04	Form 5227	227			
Form 990-T	(sec. 401(a)	or 408(a) trust)	05	Form 6069	orm 6069			
Form 990-T	(trust other	than above)	06	Form 8870			12	
		care of ► MICHAEL B GLENN						
		516)364-6161		EAX No. ▶	_			
		es not have an office or place of b					▶ 🛄	
		eturn, enter the organization's fou				lf thi		
		eck this box ▶ 🔃 . If		rt of the group, check th	his box ▶	and atta	ach	
		d EINs of all members the extension						
1 I reques	st an autom	atic 3-month (6 months for a corp		•	·			
untıl		$\phantom{00000000000000000000000000000000000$	exempt org	janization return for the	organization named a	bove. The ex	tension is	
for the	organizatio	n's return for:						
► X	calendar ye	ar 20 <u>11</u> or						
▶	tax year be	ar 20 <u>11</u> or ginning	, 20	, and ending		, 20		
		red in line 1 is for less than 12 mg						
		counting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.								
			4720 or	6069 enter any re	efundable credite and	3a \$	5,012.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 29.							29.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS								
(Electronic Federal Tax Payment System) See instructions. (Electronic Federal Tax Payment System)								
		ng to make an electronic fund v	vithdrawal	with this Form 8868,	see Form 8453-EO	and Form 88	379-EO for	
payment inst	ructions.							

Form 8868 (Re	ev 1-2012)					Page 2			
 If you are 	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II and	check this box		▶ X			
	complete Part II if you have already been gran								
	e filing for an Automatic 3-Month Extension,			•					
Part II	Additional (Not Automatic) 3-Month Ex			I (no copies need	ded).				
			Enter	filer's identifying nu	mber, see	instructions			
	Name of exempt organization or other filer, see instructions Employer identification								
Type or									
print	GLENN FAMILY FOUNDATION X 84-1					569913			
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)								
	7420 BISCAYNE WAY SE								
filing your		City, town or post office, state, and ZIP code For a foreign address, see instructions.							
return See instructions	GRAND RAPIDS, MI 49546								
		a for /file a	annesta anniination for and u	-4\		. 04			
Application	eturn code for the return that this application i	í _		eturn)	· · · · ·				
Is For		Return	Application			Return			
		Code	ls For			Code			
Form 990	1	01							
Form 990-B		02	Form 1041-A			08			
Form 990-E		01	Form 4720			09			
Form 990-P		04	Form 5227			10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	(trust other than above)	06	Form 8870			12			
	ot complete Part II if you were not already g		automatic 3-month extension	on a previously fi	led Form	8868.			
	s are in the care of MICHAEL B GLENN		· · · · · · · · · · · · · · · · · · ·		_•				
	e No. ► <u>(616)364-6161</u>	<u> </u>	FAX No. ►						
• If the org	anization does not have an office or place of b	ousiness in	the United States, check this b	ox		▶ 🔲			
	or a Group Return, enter the organization's foi				If thi	is is			
	le group, check this box ▶ 🔃 . If		rt of the group, check this box	▶ ∟	_ and atta	ach a			
	names and EINs of all members the extension								
	est an additional 3-month extension of time ur			<u> 15</u> , 20 <u>12</u> .					
5 For cal	lendar year 2011_{\perp} , or other tax year beginn:	ng	, 20 , and er	ding	,	20			
		TIONAL	TIME IS REQUIRED IN	ORDER TO					
	7 State in detail why you need the extension <u>ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN</u>								
			100						
8a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	or 6069, enter the tentativ	e tax, less any					
	undable credits. See instructions.	a \$	5,012.						
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundah		<u> </u>	<u> </u>			
	d tax payments made. Include any prior year overpayment allowed as a credit and any								
	paid previously with Form 8868.					5,129.			
	e Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS					<u> </u>			
	onic Federal Tax Payment System). See instru		cire with this form, if required,			NONE			
(210011)			t he commisted for Dout		c \$	NONE			
11-d			t be completed for Part	-					
it is true, corre	s of perjury, I declare that I have examined this form,)அட்டையில் நடித்து that are auth prized to prepare this fo	rm	ompanying schedules and statements	, and to the best of n	ny knowled	ge and belief,			
Signature >	DORVIL Maan, CA		Title ►Sr Tax Account	ant Date ▶	08/14	/2012			
						(Rev 1-2012)			
	FIFTH THIRD BANK					,			

P.O. BOX 3636

GRAND RAPIDS, MI 49501-3636