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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 60 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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$
	PROVIDE FOR LIFE, SICKNESS, ACCIDENT, OR OTHER BENEFITS TO HOLDERS OF 75,819 CERTIFICATES			

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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 and XII 	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	24,119	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.	74	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	7	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
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 this 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. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
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 during the tax year	
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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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						117,441	0	0
(2) BILL B WARNER CHAIRMAN	2 00	X						33,640	0	0
(3) DAVID E SUTTON VICE CHAIR	2 00	X						21,000	0	0
(4) MARK A WILLS DIRECTOR	2 00	X						18,000	0	0
(5) TERRY L GARNER DIRECTOR	2 00	X						18,000	0	0
(6) DUDLEY L DAUTERMAN DIRECTOR	2 00	X						18,000	0	0
(7) RICHARD J BENNETT DIRECTOR	2 00	X						18,000	0	0
(8) SUANN D HAMMERSMITH DIRECTOR	2 00	X						18,000	0	0
(9) ELLSWORTH STOUT FORMER PRES/	40 00			X				505,440	0	434,652
(10) JEFFREY S PATTERSON VP/SEC/TREAS	40 00			X				281,638	0	157,568
(11) KEVIN MARTI PRESIDENT AN	40 00			X				204,434	0	10,577
(12) JANET GOULART VP HR	40 00			X				187,769	0	201,746
(13) DEBRA KELLER VP IT	40 00			X				140,905	0	154,464
(14) SHERRY NINO VP FRAT OPER	40 00			X				133,043	0	126,740
(15) DANIEL GORDON VP AGENCY &	40 00			X				59,911	0	6,611
(16) WALLACE TAYLOR VP LIFE OPER	40 00			X				45,781	0	300
(17) DR MICHAEL MCAULIFFE MED DIRECTOR	3 00			X				12,000	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,320,354		1,296,646

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. 11

		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) Name and business address	(B) Description of services	(C) Compensation
ASSET ALLOCATION MANAGEMENT 30 N LASALLE STREET STE 3500 CHICAGO IL 60602	INVEST ADVISOR	988,230
JOEANN STEELE 130 N MAIN ST ADRIAN MI 49221	REPRESENTATIVE	405,565
FRASER TREBILCOCK DAVIS & DUNLAP 124 W ALLEGAN 1000 LANSING MI 48933	ATTORNEY	342,636
A PLUS MARKETING ENT 708 VIEWPOINTE DR ST CHARLES IL 60126	REPRESENTATIVE	337,854
THE TAYLOR AGENCY OF SO MI 203 NORTH BROAD STREET ADRIAN MI 49221	REPRESENTATIVE	314,656
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 ▶13		

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	90,136,664	90,136,664		
	b	INVESTMENT INCOME	900001	67,557,145	67,557,145		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		157,693,809			
	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			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		-195,377	-195,377	
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		TERMINATION OF POSTRETIREMENT	900099	877,281	877,281		
b	OTHER RECEIPTS	900099	6,897	6,897			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		884,178				
12	Total revenue. See Instructions		158,382,610	158,382,610			

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)

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	152,002			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	138,631,808			
5	Compensation of current officers, directors, trustees, and key employees	2,925,659			
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	3,673,853			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	915,991			
9	Other employee benefits	1,201,677			
10	Payroll taxes	387,142			
11	Fees for services (non-employees)				
a	Management				
b	Legal	404,799			
c	Accounting	379,080			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	986,492			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	439,780			
12	Advertising and promotion	30,159			
13	Office expenses	422,519			
14	Information technology				
15	Royalties				
16	Occupancy	423,262			
17	Travel	204,544			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,126			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	756,568			
23	Insurance	24,085			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	COMMISSIONS	4,094,094			
b	MISCELLANEOUS	1,401,283			
c	FIELD EXPENSE ALLOWANCE	479,518			
d	EQUIP MAINT & RENTAL	428,625			
e	All other expenses	765,972			
25	Total functional expenses. Add lines 1 through 24e	159,215,038	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,351,991	1	1,110,601
	2	Savings and temporary cash investments			39,517,415	2	23,910,691
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	3,758,061			
	b	Less: accumulated depreciation	10b	2,015,172	2,101,130	10c	1,742,889
	11	Investments—publicly traded securities			1,292,306,727	11	1,343,713,113
	12	Investments—other securities. See Part IV, line 11.			51,979,369	12	49,198,867
	13	Investments—program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			17,999,444	15	17,931,454
	16	Total assets. Add lines 1 through 15 (must equal line 34).			1,409,256,076	16	1,437,607,615
Liabilities	17	Accounts payable and accrued expenses			12,080,775	17	14,018,280
	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	Loans and other 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.			1,315,676,885	25	1,342,780,800
	26	Total liabilities. Add lines 17 through 25.			1,327,757,660	26	1,356,799,080
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ 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 (ASC 958), check here ☒ 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			81,498,416	31	80,808,535
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			81,498,416	33	80,808,535
	34	Total liabilities and net assets/fund balances			1,409,256,076	34	1,437,607,615

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	158,382,610
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,215,038
3	Revenue less expenses Subtract line 2 from line 1	3	-832,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,498,416
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	142,547
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,808,535

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 ☐ Cash ☐ Accrual ☒ Other STATUTORY 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		
3b	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		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

Part III

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

- 3

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

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No
- 4

Describe in Part XIII 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	95,000	3,524,326	1,916,646	1,702,680
c Leasehold improvements				
d Equipment		138,735	98,526	40,209
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,742,889

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	156,068,885
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	2b	420,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	493,273
e	Add lines 2a through 2d	2e	913,273
3	Subtract line 2e from line 1	3	155,155,612
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	4a	3,226,998
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	3,226,998
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	158,382,610

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	156,901,313
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	420,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	493,273
e	Add lines 2a through 2d	2e	913,273
3	Subtract line 2e from line 1	3	155,988,040
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	4a	3,226,998
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	3,226,998
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	159,215,038

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	REINSURANCE CEDED 494,254 LOADING ON DEFERRED & UNCOLLECTED PREMIUM -981
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	REINSURANCE CEDED 494,254 LOADING ON DEFERRED & UNCOLLECTED PREMIUM -981

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) Book Value
	AGGR RES FOR LIFE CERT & CONTRACTS	1,324,876,839
	SUPP CONTRACT NOT INVOLVING LIFE	10,018,269
	INTEREST MAINTENANCE RESERVE	6,649,138
	CERT & CTRT CLAIMS - LIFE	842,133
	AGG RES FOR ACC & HEALTH CERT	213,199
	PROV FOR REFUNDS PAYABLE NEXT YEAR	136,027
	PREM & ANNUITY RECEIVED IN ADVANCE	23,827
	CERT & CTRT CLAIMS ACC & HEALTH	21,250
	REFUNDS DUE AND UNPAID	118

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

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

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3	Enter total number of other organizations listed in the line 1 table	60

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.
Part III can be duplicated 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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization GLEANER LIFE INSURANCE SOCIETY	Employer identification number 38-0580730
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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			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☒ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes	
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
	a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	5b		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
	a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a		
8	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			
	a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		
9	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			
	a The organization? b Any related organization? If "Yes," to line 6a or 6b, 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
	a The organization? b Any related organization? If "Yes," to line 6a or 6b, 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)?			
	a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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, KEVIN MARTI, JEFFREY PATTERSON, JANET GOULART, ANTHONY CLARK, DEBRA KELLER, LARRY GORDON, AND DANIEL GORDON. THESE AMOUNTS WERE CONSIDERED TAXABLE COMPENSATION TO THE INDIVIDUALS. THE FOLLOWING INDIVIDUALS 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 ELLSWORTH STOUT 139,423 0 0 ANTHONY CLARK 57,419 0 0 LARRY GORDON 74,843 0 0

Software ID:

Software Version:

EIN: 38-0580730

Name: GLEANER LIFE INSURANCE SOCIETY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ELLSWORTH STOUT	(i) (ii)	110,577	1,500	393,363	421,403	13,249	940,092	
JEFFREY S PATTERSON	(i) (ii)	193,337	500	87,801	131,515	26,053	439,206	
KEVIN MARTI	(i) (ii)	125,481	73,634	5,319		10,577	215,011	
JANET GOULART	(i) (ii)	117,050	500	70,219	192,599	9,147	389,515	
DEBRA KELLER	(i) (ii)	97,706	500	42,699	128,402	26,062	295,369	
SHERRY NINO	(i) (ii)	85,742	500	46,801	117,737	9,003	259,783	
ANTHONY CLARK	(i) (ii)	91,988	500	63,178	3,022	19,116	177,804	
DAVID PITTMAN	(i) (ii)	84,048	500	34,770	54,924	8,972	183,214	
KAYLENE WARNER	(i) (ii)	84,048	500	27,655	40,173	9,003	161,379	
LARRY GORDON	(i) (ii)	18,192	500	81,473	60,355	8,423	168,943	

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.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
GLENER LIFE INSURANCE SOCIETY**Employer identification number**

38-0580730

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	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 60 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 GLENER 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, 2012 THROUGH DECEMBER 31, 2012 IN TOTAL, OVER 529,900 HOURS WERE VOLUNTEERED AND OVER 391,149 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 CHAIRMAN 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 INSURED (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, THROUGH ELECTED DELEGATES, 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	THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY THE COMMITTEES MAY MAKE RECOMMENDATIONS IN COMMITTEE BUT THESE RECOMMENDATIONS MUST BE VOTED UPON BY THE ENTIRE GOVERNING BODY THE COMMITTEE MEETINGS ARE CONTEMPORANEOUSLY DOCUMENTED WITH MINUTES

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 JULY 2013 BY GLEANER TAX & FINANCIAL PROJECTS MANAGER 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 AUGUST 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	DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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 (18,000) TO GLEANER LIFE INSURANCE SOCIETY SCHOLARSHIP FOUNDATION THE FOUNDATION AWARDS SCHOLARSHIPS TO DESERVING STUDENTS

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	REINSURANCE CEDED 494,254 LOADING ON DEFERRED & UNCOLLECTED PREMIUM -981 REINSURANCE CEDED -494,254 LOADING ON DEFERRED & UNCOLLECTED PREMIUM 981

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	CHANGE IN NON-ADMITTED ASSETS 4,769,420 CHANGE IN NET UNREALIZED GAINS 200,800 CHANGE IN ASSET VALUATION RESERVE 924,024 CHANGE IN MINIMUM PENSION LIABILITY 3,903,649 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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						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" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GLEANER MARKETING CORPORATION 5200 WEST US HIGHWAY 223 ADRIAN, MI 49221 38-2718689	INSURANCE	MI	N/A					Yes	

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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