



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

C Name of organization  
Please use IRS label or print or type  
See Specific Instructions

D Employer identification number

## IMPROVED ORDER OF REDMEN OF MAINE

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

Room/Suite

10-0095329

20A VIVIAN VERRILL RD

E Telephone number

207-862-4351

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

F Group Exemption

Number

NEW GLOUCESTER, ME 04260-3257

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990 EZ or 990-PF)J Organization type (check only one) —  501(c) ( 10 ) (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 219,882.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	15,589.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	9,231.
5a	Gross amount from sale of assets other than inventory	5a	195,062.
b	Less: cost or other basis and sales expenses	5b	297,864.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-102,802.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ reported on line 1) <i>Recvd 09/01/2010</i> of contributions	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► )	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-77,982.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	2,100.
13	Professional fees and other payments to independent contractors	13	450.
14	Occupancy, rent, utilities, and maintenance	14	17,054.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► )	16	18,687.
17	Total expenses Add lines 10 through 16	17	38,291.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-116,273.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	522,667.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	406,394.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	86,201.	65,716.
23	138,602.	138,602.
24	297,864.	202,076.
25	522,667.	406,394.
26	0.	0.
27	522,667.	406,394.

832171  
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008)5

Process as Original

0423345189 SEP 15 2010

SCANNED OCT 01 2010  
Net Assets

59483

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

## Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 4

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**28 ACTIVITIES FOR THE BETTERMENT AND ENRICHMENT OF NATIVE AMERICANS**

(Grants \$

) If this amount includes foreign grants, check here



28a

29

(Grants \$

) If this amount includes foreign grants, check here



29a

30

(Grants \$

) If this amount includes foreign grants, check here



30a

31 Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here



31a

32 Total program service expenses (add lines 28a through 31a)



32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRUCE REMILLARD	GREAT CHIEF OF RECORDS 20.00	1,200.	0.	0.
CLAYTON HARMON	GREAT KEEPER OF WAMPUM 20.00	300.	0.	0.
BRUCE FARRELL	GREAT SACHEM 20.00	600.	0.	0.
WILLIAM CLOUTHARD	GREAT SENIOR 20.00	0.	0.	0.
RICHARD KELLY	GREAT PROHET 2.00	0.	0.	0.
ALAN MERRITHEW	GREAT SENIOR SAGAMORE 2.00	0.	0.	0.
ELMER FOX	GREAT BRAVE 2.00	0.	0.	0.
STEPHEN FLAGG	GREAT GUARD OF WIGWAM 2.00	0.	0.	0.
ALBERT DOUGLAS	GREAT GUARD OF FOREST 2.00	0.	0.	0.
KENNETH SMALL III	GREAT JR SAGAMORE 2.00	0.	0.	0.
TIMOTHY WARD	GREAT SANNAP 2.00	0.	0.	0.
MICHAEL HALL	GREAT MISHENAWA 2.00	0.	0.	0.
KENNETH MURPHY	GREAT WARRIOR 2.00	0.	0.	0.
FRANK BROWN	GREAT TRUSTEE 2.00	0.	0.	0.
STANLEY DYER	GREAT TRUSTEE 2.00	0.	0.	0.
DONAL FLOWER	GREAT TRUSTEE 2.00	0.	0.	0.

## Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

Yes	No
33	X
34	X

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

35a	X
35b	N/A

b If "Yes," has it filed a tax return on Form 990-T for this year?  
 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N  
 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

36	X
37b	X

b Did the organization file Form 1120-POL for this year?  
 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a	X
38b	N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39a	N/A
39b	N/A

39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9

39b	N/A
40b	N/A

b Gross receipts, included on line 9, for public use of club facilities

c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A ; section 4955 ► N/A

40c	0.
40e	X

d Enter amount of tax on line 40c reimbursed by the organization

40d	0.
40e	X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► NONE

42 a The books are in care of ► BRUCE REMILLARD Telephone no. ► 207-786-3673  
 Located at ► 20A VIVIAN VERRILL RD, NEW GLOUCESTER, ME ZIP + 4 ► 04260-3257

b 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)?  
 If "Yes," enter the name of the foreign country ► \_\_\_\_\_

Yes	No
42b	X

42c	X
43	N/A

43	N/A
44	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

45	X
Form 990-EZ (2008)	

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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 Yes  No   
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  
b If "Yes," was the related organization(s) a section 527 organization? 49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000 <b>N/A</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>Total number of other employees paid over \$100,000</b>				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

**N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>Total number of other independent contractors each receiving over \$100,000</b>		

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

**Sign Here** **► Bruce A. Remillard** **01/12/10**  
Signature of officer

**► BRUCE A REMILLARD GCR** **01/12/10**  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>► ROBERT J. KEARNS</b>	Date <b>01/12/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed). <b>► AUSTIN ASSOCIATES P.A., CPA'S</b>			EIN <input type="checkbox"/>
	address, and ZIP + 4 <b>► PO BOX 1414</b>			Phone <input type="checkbox"/> no. <b>(207) 892-6642</b>
	WINDHAM, ME 04062-1414			

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

Form 990-EZ (2008)

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
BOND	90.
TRAVEL	450.
SUPPLIES	740.
DONATIONS	199.
OFFICE EXPENSES	1,103.
JOURNAL CLERK	25.
NATIONAL PER CAPITA DUES	1,936.
GIFTS	1,400.
RELIEF OF ORPHANS	1,040.
INSURANCE	1,576.
MISCELLANEOUS	2,180.
MEETINGS	1,700.
TOTAL TO FORM 990-EZ, LINE 16	6,248.
	18,687.

FORM 990-EZ

GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES

STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
TO FORM 990-EZ, LINE 5	195,062.	297,864.	0.	-102,802.
	195,062.	297,864.	0.	-102,802.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 3**

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2

STATEMENT 4

RATERNAL ORGANIZATION FOR THE BENFIT OF AMERICAN INDIANS.