

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



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

OMB No 1545-0047

2009

Department of the Treasury

benefit trust or private foundation)

Open to Public

		ue Service	<u> </u>		anization may	nave to use	a copy or	i inis return				quiremen	15		Specinon
<u> </u>	For the	2009 calend	ar year, or							and en	ding			, 20	1
В	Check if a	applicable	Please C Name of organization IMPROVED ORDER OF REDMEN D Employer identification no												
_ /	Address	change	use IRS label or	Doing B	Susiness As Mo	OHAWK TRI	BE NUM	BER 174					1	31-123	1341
ı	Name cha	ange	print or	Number	and street (or P	O box if mail is	not delivered	to street add	ress)		Roon	n/suite	T	E Telephone	e number
<u> </u>	nıtıal retu	ım	type. See	POB	OX 122								_ [(740) 5	92-9864
=	Terminate		Specific Instruc-	City or to	own, state or cou	ntry, and ZIP + 4	1				•			G Gross rec	eipts
=	Amended		tions	,	s, OH 457	• •							ı	s	77,117
=		on pending	F Name	and address	s of principal offic	er DAN WE	ST SR							<u> </u>	
	фриосио	ni ponding			ROAD, New			45766			H(a)	Is this a gr affiliates?	oup ret	um for	Yes X No
	Tay ayar	npt status	X 501(c) (4947(a)(1) c		527			H(b)	Are all affil			Yes No
		► N/A	A) 30 ((c) (10, 1	(misertio) (+34/(a)(i) (<u>"</u>)Z1		•	- ' '	If "No," atta	ach a li:	st (see instru	ctions)
			Corporation					- 1		1	<u> H(c)</u> 950				ОН
				Trust	Association	Other			L Year of forma	ation -		M State	or lega	Il domicile	
Pa		Summar Brothy docor			'a mission of	most signific	ant actuat		ער אוייט אוי	ID WEI	PADE	OF ME	MOPD		
	1	Briefly descr	ibe the org	ganization	's mission or	most signific	ant activit	ies	HEALTH AN	AD MEI	LF ARE	OF MEI	MBER	<u> </u>	
A															
G	Q														
v	0														
v e ∣r	CS _i		_	_	nızatıon dısco		-		d of more tha	ın 25%	of its ne	et assets	,		
n	9		-		ie governing l	• •	•						3	ļ	0
e n	9	Number of in	ndepender	nt voting n	nembers of th	e governing	body (Par	rt VI, line 1b)			• • • •	4		0
S C		Total numbe	r of emplo	yees (Par	t V, line 2a)	• • • • • •	• • • • •	• • • • •				• • • •	5		2
& Č	ക	Total numbe	r of volunt	eers (estii	mate if neces	sary) • • •	• • • • •	• • • • •		• • • •		• • • •	6		
	(Za	Total gross u	unrelated b	ousiness r	evenue from	Part VIII, col	umn (C), I	line 12 •					7a		0
	\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Net unrelate	d business	taxable ı	income from f	orm 990-T,	line 34 •						7b		0
_	Z										Р	nor Year		Cun	rent Year
R e	200	Contributions	s and gran	its (Part V	'III, line 1h)					[⁻					3,162
٧		Program ser	vice reven	ue (Part \	/III, line 2g)					[0
e n	10				lumn (A), line					-			21	1	5
u e	11		•	•	(A), lines 5,		•			_		38	,572		45,892
C	12		-		igh 11 (must			-		<u> </u>	-	38	,593		49,059
	13				I (Part IX, coli								<u> </u>		0
	14				(Part IX, colu							i	,848		0
E x	15	•			mployee bene		•		10)				,290		30,290
p		•	•	•	art IX, column	•	•	• •	•	🗀			, <u>.</u>		
e n				•	t IX, column (•		0	4	281.785	A SEE	1.3	- X 8: 22	"42"旅程劃
s e	1				n (A), lines 11				<u>_</u>	<u> </u>	#		.016		21,596
S	18	Total expens	es Add I	noc 13-17	7 (must equal	Part IX colle	mn-(A)-lu	25		:├			,154		51,886
	19	Pavanua las	c avnanca	e Subtra	ct line 18 fror	n line 12	RE	CEIVI	-D				,561		(2,827)
	13		3 expense	3 Jubila	Ct line 10 hor	11 11116 121	· · · · · · · ·	J-22,1-0-1	101	-	.			 	
Vet Asset:	20	Total assets	(Dad V lie	۱۵ ۱۶۱		ဖ	NOW	7 7 7C		<u> </u>	segmning	of Current \	, 348		101,114
or Fund	1.		•	•		39	I - IAO A	· 1 7· 20		` ├-					
Bal-	21	Total liabilitie	• •	•			j	• • • • •	RS:	· · · -			,593		7,186
nces				_	ibtract line 21	from line 20	~~~	INE AT					,755	l	93,928
<u>.Pa</u>	rt-II:	Signatu				d then and an area		DEN.				at at an			
		and belief, it is	es or penjury, s true, correct	and comple	it I have examine ete Declaration o	o mis return, inc of preparer (othe	r than officer	npanying sche r) is based on a	all information of	which pre	eparer has	st of my knowle any knowle	owieagi edge	3	
٠.		1.11	· /	NA -	$\overline{}$									1/6	(0
Sigi	n	7010	chull	/// ~	<u>~~~</u>								14	1-5-1	<u>, O</u>
Her	е	Signatur	e of officer	1	, _								Dat	е	
		<i> [[[</i>]]	hae	1 /VO	150)										
		Type or	print name ar	nd title						,					
		Preparer's		Λ	/	7		Date		Check of self-	d	Prepari		ntifying numbe	žr
Paid		signature		/	n V					employ	_{ed} ▶[] '>ee "	JU 11CUO	11-3)	
	arer's			ma,	1 pre			10-26	5-2010	<u> </u>		_1			
•	Only	Firm's name (or your		h & Barne	_					EIN	>			
	,	if self-employe	ed).		Johnson Ro		8								
		address, and	ZIP + 4	The	Plains, C	он 45780					Phone n	o ► 740	79	7-4542	
	S IDC	· diagrapa this	sofuso well	the prop	arer shown a	hovo2 /coo u	notruotion.	٠١						🕡 v	es No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

Forr	n 990 (2009) IMPROVED ORDER OF REDMEN	31-123134	Page 2
įPa	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	HEALTH AND WELFARE OF MEMBERS		
			- -
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	· · · · [Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v •-	₩
	If "Yes," describe these changes on Schedule O	· · · · L Tes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$51,886 including grants of \$) (Revenue)
	PROVIDED GENERAL YEAR ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES OF THE 215 ACTIVE MEMBERS THEIR FAMILIES AND GUESTS.	HE	
	215 ACTIVE MEMBERS THEIR FAMILIES AND GOESTS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
40	(Code) (Expenses \$) (Nevenue	Ψ	 '
		•	
		
		·	
			· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 51,886	En	m 990 (2009)
	EEA	1 01	(2003)

	rtiV Checklist of Required Schedules				age c
rF.d	rtilVi 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,"	ſ		165	INO
•	complete Schedule A · · · · · · · · · · · · · · · · · ·		1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ŀ			
·	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	ŀ		-	_
7	Schedule C, Part II · · · · · · · · · · · · · · · · · ·		4	i	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-			\vdash
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	ا ا	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	· · · }		 	
U	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	``}	<u> </u>		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		v
0		•			Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	- 1	8		٠,,
		· · · }	0		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	l			
40			9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		40		
44	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				ĺ
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·		11 (3) 27	X	6 4° 00
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	÷	-	\mathbf{Z}	
	Schedule D, Part VI	2	energy descrip-		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1			14.00
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	-		-	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		1 (m)	****	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				Tal.
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	į.	1	1	X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ţ	$\tilde{\eta}_{x_{\tau}}$	سياروت	ne dia
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u> </u>	ેઓક	and the	4
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	7.	200		
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		1.42		1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F	12		34.34
404	Schedule D, Parts XI, XII, and XIII		12	- 1 m 3 m	X State
1 ZA		No ?		***	
40				Mil	المتحسن
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	-	13		X
14a	Did into digentation manners and one of one project of the control	\	14a	-+	_X_
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		445		
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	 	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		45		3.5
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		4.		12
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	}	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		4.7		4.7
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	}	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		4.		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	 	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- [4.		
	If "Yes," complete Schedule G, Part III		19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		<u>X</u>

31-1231341

:Pa	rt IV* Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	 -	X
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? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	23	<u> </u>	X
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? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			İ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	200		6
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	3.45		逐
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		.	
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		. 1	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		.	
	Part IV · · · · · · · · · · · · · · · · · ·	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ı	ı	1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ł
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		[
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			ĺ
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ī	Ţ	_ _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	Ī	Ī	
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Par	t-Vi Statements Regarding Other IRS Filings and Tax Compliance			
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	A. N. 20	Yes	No Exercise
1a	U.S. Information Returns Enter -0- if not applicable	100	34.	53.50
_	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			100
С	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c	12 100	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Same !	- E	ELECT.
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			+33
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	325/-	TO RES
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	40	्रेड्ड - इंक) (S-2)
		300	22.5	3,5
2-	instructions)	SE 9	3	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	TEST:	200
L	this return?	3b		X
		130		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		١,,
	account)? · · · · · · · · · · · · · · · · · · ·	4a	48°, 24	X
D	If "Yes," enter the name of the foreign country	و مناه	7-3-4 E 1	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	180		A. Fin
_	and Financial Accounts	200	1222	لمثثث
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		<u> </u>
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	ፍቱ አረካ	
7	Organizations that may receive deductible contributions under section 170(c).	34.5	100	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	. معتقد	المحكنا
	and services provided to the payor?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? • • • • • • • • • • • • • • • • • • •	70		
_		7c	5.77	20 × 20 × 28
	If "Yes," indicate the number of Forms 8282 filed during the year	X.5		***
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	76.00	T3 36
				_
t -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		
h	required? • • • • • • • • • • • • • • • • • • •	7h		ĺ
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7° - 12° - 74	<u>ं इन्ह</u> ्य
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		1.5
		8	ودوسي	التعصند
•	organization, have excess business nothings at any time during the year	-3.2	1 3	1 30
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	- Carrier - C	أعتضم
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	133 L		- 12 F 19
10	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	200	3,	1.5
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	3		-
	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		E	100
	Gross income from other sources (Do not net amounts due or paid to other sources against		新	
b	amounts due or received from them) · · · · · · · · · · · · · · · · · ·	1. J.		3.64
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u></u>	<u> 145 %, </u>	<u>- *******</u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		18.54B	G. 152.7
b	ii 165, enter the amount of tax-exempt interest received of accided during the year		· 5 · 5 ·	76252K.

Page 6

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · · ·			3913+3 4454
b	Enter the number of voting members that are independent · · · · · · · · · · · · · · · · · · ·			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2 - 17 d
	any other officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body? • • • • • • • • • • • • • • • • • • •	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1778.72	4.58	19856
•	the year by the following			7
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	3-41
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	 " 		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9		v
-	tion B. Policies (This Section B requests information about policies not required by the Internal	3		X
	enue Code)			
Keve	side Code)	—т		
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	·	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44		.,
44-	form?	11 3) 7(1)	الري تهامر	X Kippell Spell y carless,
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		. 44.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	426		
	noc to commete	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-	i	
	describe in our daile of new this is done	12c		
13	Boos the organization have a million windlessons, policy	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	-4.75 ·	<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by	William I	100	2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			***
а	The organization's CEO, Executive Director, or top management official	15a		_X_
b	Other officers or key employees of the organization	15b	1 30 504	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	14.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	*	
	with a taxable entity during the year?	16a	30	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		100	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► MICHAEL NORRIS (740)592-9864			
	19310 MILL SCHOOL ROAD GUYSVILLE, OH 45735			

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.

- 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 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, and 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

(A)	(B)	(C)						(O)	(E)	(F)	
Name and Title	Average hours per week	Position (check all that apply) I t d I t O K H c e F or I om o d ur i sul f y g mp o r i se t s i e t t e e					For	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
		v t co	t e e e e e e e e e e e e e e e e e e e	cer	e m p l o y e e	e e o s n y t s e t e d	e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
DAN WEST SR		 		1		1		-			
SACHEM	2.00		Ì	x	1				d o	(
SHAWN BAKER											
SR SAGAMORE	2.00			x	•	ļ	ŀ		o o	(
MICHAEL NORRIS						<u> </u>					
KEEPER OF REC	5.00			X					d o	(
STEVE SECOY											
KEEPER OF WAM	2.00		Ì	x	ł	İ			d o	C	
		<u> </u>				<u> </u>					
		<u> </u>	<u> </u>			L	<u> </u>				
						1					
		ļ	<u> </u>	ļ	<u> </u>						
			İ			1					
		ļ	ļ	ļ	ļ						
	i										
		<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>				_	
		1									
			-		_	ļ	<u></u>				
		Ì									
		 	-	_		 	ļ				
		 									
		├	-		┝						
	1										
		 -	\vdash	-	\vdash		-		 		
		 	\vdash		 					-	
		1	l		Ī						

31-1231341

P	art VII- Section A. Officers, Directors, Trustees, K	ey Employe	es, an	d Hı	ghe	st C	ompen	sate	d Employees (con	tinued)	
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and Title	Average hours per week		l t	0	all th	Hce Iom	F	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		WEEK	dur se vtc leo ur ao Ir	t s i t t e	f c e	y employee	gmplesy tense tense d	r me r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
										_	
						-					
					-						
									.		
									·		
									·		
			ļ i								
1b	Total							>	d	C	0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above	e) w	ho re	ecen	ved mo	ore th	nan \$100,000 in	C)
3	Did the organization list any former officer, director or t employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	r such individable compe	dual nsatioi	· · n an	d ot	 her	ompe	 nsatı	on from		Yes No 3 X
5	Individual	pensation fr	om an	y un	relat	ed o	organiz	ation	n for		4 X 5 X
<u>Se</u> 1	Complete this table for your five highest compensated	ındependen	t contr	acto	rs th	at re	eceive	d mo	ore than \$100,000	of	
	compensation from the organization (A)								(B)		(C)
	Name and business address								Description of se	ervices	Compensation
_											
2	Total number of independent contractors (including but		to thos	e lis	sted	abo	ve) wh	o rec	ceived		

Part \	VIII:	Statement of Revenu	1e					
··· English	1		差别的基础是	· 1000000000000000000000000000000000000	(A)	(B)	(C)	(D)
支上等的			State of the state		Total revenue	Related or	Unrelated	Revenue
		And the second s	to the same and the same	The second of the second	3	exempt function	business revenue	excluded from tax under sections
1.22 5.5		The state of the state of the state of	MY LE CONTRACT	ने हैं । अभिनेत्रीयात्रिक के स्टेस्ट्री	S L. There is a common of the	revenue	Land Training & a go	512, 513, or 514
	1a	Federated campaigns · · ·	1	a		1	7	
	b	Membership dues • • • • •	• • • • • 1	b 3,162	文: 一			
Contri- outoons,	C	Fundraising events · · · ·	1	С	H Carlo		13 14-55	
pfts,	ď	Related organizations · · ·	1	d				为"基础"。
yrants	ء ا	Government grants (contributi						
and	١		<u> </u>	-	15-43 3-25		点的·连播线。	Str. Commence
other	f	All other contributions, gifts, g			"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
amiliar amounts		and similar amounts not include	ded above 1	<u>' . l</u>				market of the same of the same
	g	Noncash contributions include	ed in lines 1a-1f	\$	cor Tort State		一种的一种	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	h	Total. Add lines 1a-1f · ·		• • • • • • •	3,162		文学表 "一个	- Salak Salak Salak
				Business Code	C. BALLERY	The said was the said	LANGE TO SELECT	A GARA
	2a							
	ь	· · · · · · · · · · · · · · · · · · ·		-	 			
rogram								
ervice	С							
Revenue	d			_				
	е							
	f	All other program service rever	nue · · · · ·	•				
	g	Total. Add lines 2a-2f · · ·				· 4 14 , 78 3 3 5 5 5	· · · · · · · · · · · · · · · · · · ·	عليفين تسيد كاليورا تحاسرون
	2		·····			7 7 7		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	3	Investment income (including dother similar amounts) • • •			.			
		•			-			-
	4	Income from investment of tax-						·
	5	Royalties		•••••	4, 10 0	The difference when the main special land	The second secon	
			(i) Real	(II) Personal		国际的		
	6a	Gross Rents			医 《数据》	The same of the sa	An article of the state of the	
	b	Less rental expenses · · · ·				からない コイス かいりょうかい		
	С	Rental income or (loss) · · ·						是以特殊的
- 1		Net rental income or (loss)		•••••				STALL CONTRACTOR
				1	الرام إوافيتها الأسافة الأرمانية على بدايتها	Stigned good of the St	P31 325-3 27 128412	and a series of the series of
i	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						The state of the state of
	b	Less cost or other basis			10000000000000000000000000000000000000	(A) (E) (A)		
ا م		and sales expenses · · · ·				10 mg		
ť	C	Gain or (loss)						等。这个是有
h	d	Net gain or (loss) · · · · ·		• • • • • • •				
e	8a	Gross income from fundraising			16年 全部	THE WAY THE	Jan 16 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 - 15 Tar 1 - 2 Tar 1
ı		events (not including \$			وشدة وقع سوتين أوي	Section 10 15		
R		of contributions reported on line	10)					· · · · · · · · · · · · · · · · · · ·
е			; IC)	_	Samuel E B B St. St. 36 7		Car Andrews	
V		See Part IV, line 18 · · · · ·		·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Market State of	The second of the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e n		Less direct expenses · · ·	1	· L	FOLD 2-3-152	PERSONAL STATES	1	
ü	C	Net income or (loss) from fundr	aising events	· <u>· · · · · · · · · · · · · · · · · · </u>				
е	9a	Gross income from gaming acti	vities	_	1300年1300年	高い かっこう かっこう かっこう かっこう かっこう かっこう かっこう かいかい かいかい かいかい かいかい かい かいかい かいかい かいかい		な。で <u>である</u> する
}		See Part IV, line 19 · · · ·		ı·				
	b	Less direct expenses	1	,	製作者できずる		(4. 2 hand 1	
:		Net income or (loss) from gamil	na activities .			18-17 - 125 W	2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		, .			11:36 15-1	\$ 40° -0, 250° 1' 7' 7'	では無難してあると い	数据数1 法 国
	10a	Gross sales of inventory, less		72 050	就 "大小","特色	3.00	不是一个	是是一个一个
		returns and allowances · · ·		73,950	4 2 2 4 4 5 1 5 2 7 5 1 5 1 5 1	Sand Sand	1. 第二章 周	经验证证据
		Less cost of goods sold · ·	1	28,058		5 # 1 1 1 1 Th	As 2 12 2 67 - 674 ,	医、学、多、图、别
L	С	Net income or (loss) from sales	of inventory ·	• • • • • • • • •	45,892	45,892		
		Miscellaneous Revenue		Business Code	是學學學	4年的特別	A Company of the Party of	造成等於學以
Ì	11a							
	ь							
	c							
	-	All other revenue · · · · ·		-	 			
						Affirmation of the first states of the	\$ "\$0" > \$25 + \$9 L "\$" \$5 F - \$4	المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة ا
		Total. Add lines 11a-11d •				- with CITY TO	1.544.745.73	をからなる。
l l	12	Total revenue. See instructions			49,059	45,892	q	5

Page 9

31-1231341

Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum	nn (A) but are not requ	ired to complete colur	nns (B), (C), and (D).	
	o not include amounts reported on lines 6b, b, 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		0.,,	1.7.15%。《华西西华语	1990年1
	organizations in the U.S. See Part IV, line 21 · · · · ·			general expenses	
2	Grants and other assistance to individuals in			"一张市宝兴长"	· · · · · · · · · · · · · · · · · · ·
_	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,			SALE CARE THE	WAR ALEXANDA
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·		•		
4	Benefits paid to or for members			THE LOWEST	
5	Compensation of current officers, directors,				
_	trustees, and key employees · · · · · · · · · · · · · · · · · ·				
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 · · · · · · · · · · · · · · · · · · ·	30,290	30,290	-	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions) · · · · ·				
9	Other employee benefits		 		
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)	<u> </u>			
'' a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				
C	Accounting			· · · · · · · · · · · · · · · · · · ·	
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17		不是以来的一个人	東京語 (京都 1773年)	
f	Investment management fees	<u> </u>	The state of the s	Land Continue State Associate Applied	
	Other · · · · · · · · · · · · · · · · · · ·	-			
g 2	Advertising and promotion				
13	Office expenses · · · · · · · · · · · · · · · · · ·	213	213		<u> </u>
14	Information technology · · · · · · · · · · · · · · · · · · ·		213		
5	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	14,956	14,956		
17	Travel · · · · · · · · · · · · · · · · · · ·	14,550	14,550		
18	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials • • • • •				
9	Conferences, conventions, and meetings				
20	Payments to affiliates				
21	Depreciation, depletion, and amortization · · · · · · ·				
22 23	Insurance				
23 24	Other expenses Itemize expenses not	ANTO CAMENTE MA	Water Harthala Estati	Concessor States a Bellin	المنافرة والمنافرة المنافرة المنافرة المنافرة المنافرة
.4	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	The state of the s		The second secon	
	·	200 Colored to 100 The			
_	5% of total expenses shown on line 25 below) DUES	3,185	3,185	The state of the s	674 1 1 1 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2
a L	DEPRECIATION	2,304	2,304		
b	LICENSES	938	938		
G	DICENSES	336	338		
d					
e	All other evenence				<u></u>
f	All other expenses	51,886	51,886	0	0
25 26	Total functional expenses. Add lines 1 through 24f · · · Joint Costs. Check here ▶ ☐ if following	31,886	31,000		<u> </u>
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				

	330 (2)			1 12	31341 Page 11
Par	t-X∶	Balance Sheet	T (2)		(F)
			(A)		(B)
	,		Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·		1	
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	5,260	2	8,330
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		A STORY	
	1	employees, and highest compensated employees. Complete Part II of		1	
	-	Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section		1,10	
Α		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		-	
s		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
S	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use	1,000	8	1,000
s	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or	A STATE OF THE STA	F. 12	THE WASHINGTON THE STATE OF THE
		other basis Complete Part VI of Schedule D · · · · · 10a 142,528	The state of the s	35/30 V	
	b	Less accumulated depreciation · · · · · · · · · 10b 50,744	94,088	10c	91,784
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	"	12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	100,348	16	101,114
	17	Accounts payable and accrued expenses	3,593	17	7,186
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
ı a	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
į	22	Payables to current and former officers, directors, trustees, key	新华地区	5 0 To	25000000000000000000000000000000000000
i		employees, highest compensated employees, and disqualified			war war with
t		persons Complete Part II of Schedule L		22	
l e	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
s	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	3,593	26	7,186
		Organizations that follow SFAS 117, check here ► X and	能逐步的特別	- 10	"是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是
NF		complete lines 27 through 29, and lines 33 and 34.		Tree and	
e u	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	96,755	27	93,928
t n	28	Temporarily restricted net assets $\cdots \cdots		28	
A	29	Permanently restricted net assets $\ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot \ $		29	
s B		Organizations that do not follow SFAS 117, check here	Personal Maria Con	1, 100 mg	机动脉络数型流流
el		and complete lines 30 through 34.			
a	30	Capital stock or trust principal, or current funds		30	(b)
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ре	32	Retained earnings, endowment, accumulated income, or other funds		32	
rs	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	96,755	33	93,928
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	100,348	34	101,114

Form 990 (2009)

Page	12
	_

990 (2009)	IMPROVED	ORDER	OF	REDMEN
990 (2009)	IMPROVED	OKDEK	ŲЕ	Kebhen

Form	990 (2009) IMPROVED ORDER OF REDMEN 31-12313	41	P	age 12
Par	tُ≱XÍ₃ Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 X Cash	25	1 mg 20	1
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	1		
	Schedule O	in in S	7.73	2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• 2a		X
b	Were the organization's financial statements audited by an independent accountant?	- 2b		Х
С	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?	. 2c	l	
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	47.00
	Schedule O	17.00	7	4
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	000	2 VA S	3
	issued on a consolidated basis, separate basis, or both	-	13.74	美國
1	Separate basis Consolidated basis Both consolidated and separate basis		De Riverie	المورية المراكبة المراكبة المراكبة
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		سممست	
	the Single Audit Act and OMB Circular A-133?	. 3a		X
	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	. 3b		
	EEA	Form	990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Openito Public

Internal Revenue Service Name of the organization Employer identification number 31-1231341 IMPROVED ORDER OF REDMEN Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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? 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 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

Schedule D (Form 990) 2009

90) 2009 IMPROVED ORDER	OF REDMEN				31-123134	41	Page 2
Organizations Maintaining						ets (contir	nued)
organization's acquisition, accession							
items (check all that apply)							
exhibition	d 🗌 Loai	n or exchange pro	grams				
arly research	e 🗌 Othe	er					
rvation for future generations							
description of the organization's colle	ctions and explain he	ow they further the	organization's exer	npt p	urpose in		
e year, did the organization solicit or re	eceive donations of a	ırt, historical treasi	ires, or other simila	r			
be sold to raise funds rather than to b						· Yes	No
Escrow and Custodial Arra	ingements. Com	plete if organization					
Part IV, line 9, or reported an amour							
anization an agent, trustee, custodian	or other intermediary	for contributions	or other assets not				
on Form 990, Part X?	• • • • • • • • • •	• • • • • • • • •	• • • • • • • • •	• •	• • • • • • • • •	·Yes	∐ No
xplain the arrangement in Part XIV an	d complete the follow	ving table	-			· · · · · · · · · · · · · · · · · · ·	
			Ĺ		Amou	nt	
balance	• • • • • • • • •	• • • • • • • • •	• • • • • • • • [1c			
during the year • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •		• • • • • • • • [1d			
ns during the year	• • • • • • • • •		[1e			
lance • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •		[1f			
ganization include an amount on Forr	n 990, Part X, line 21	?				Yes	☐ No
xplain the arrangement in Part XIV							
Endowment Funds, Complete	if the organization ar	nswered "Yes" to F	orm 990, Part IV, lu	ne 10	ı		
	(a) Current year	(b) Prior year	(c) Two years back		d) Three years back	(e) Four year	s back
of year balance				17.	被投票完全等。	3 3 3	K SEC
ons · · · · · · · · · · · · · · · · · · ·			《李斯特》		李州等(李明)		松俊
ment earnings, gains, and losses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7.53
scholarships			Control of the second	34	Principal Control	1952 B	FAC 20
enditures for facilities			The state of the s	1 P	REPORT FOR		18 / F. 18 . 1
ams · · · · · · · · · · · · · · · · · · ·			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			رغای اور معاجمها درمه معادر رسالت	走る地
ative expenses		•	37 4 NEW 17 18 18 18 18 18 18 18 18 18 18 18 18 18	7 1		Carlos Section	A 18
ar balance			THE RESERVE AND ASSESSED.	2 3	大学 "	1 137	المناسبة تعروه
e estimated percentage of the year e	nd balance held as		property car in 20 and a		» [`آگله شم ا` عبد معه •"ندساه بد	THE REAL PLAN	A F 0 - 1
ignated or quasi-endowment	%						
at endowment > %							
owment \(\bigverb							
JWINGIL 70							

J	Osing the organization's acquisition, accession,	and other records	s, check any c	i the following that a	re a signi	ilicant use of its			
	collection items (check all that apply)								
а	Public exhibition	d ∐ L	oan or exchar	nge programs					
b	Scholarly research	e 🗌 O	ther						
С	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain	how they fur	her the organization	s exempt	purpose in			
	Part XIV								
5	During the year, did the organization solicit or re	ceive donations o	of art, historica	al treasures, or other	sımılar				
	assets to be sold to raise funds rather than to be						[Yes	No
Pai	rt IV Escrow and Custodial Arra								
. i, Qj	Part IV, line 9, or reported an amoun								
1a	Is the organization an agent, trustee, custodian			outions or other asset	s not				
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in Part XIV and							,	_
-			·-···· y ···			Am	ount		
С	Beginning balance			. 	10				-
d	Additions during the year · · · · · · · ·						-		
e	Distributions during the year · · · · · · ·								
f	Ending balance · · · · · · · · · · · · · · · · · · ·				11				
_	Did the organization include an amount on Form				· · · <u>- · · · · · · · · · · · · · · · ·</u>		[Yes	No
2a		1 330, Falt X, line	21.				· · _) 103	
	If "Yes," explain the arrangement in Part XIV rt:V Endowment Funds, Complete	of the economication	annuared "V	oo" to Form 000. Bor	4 I\/ Juno	10			
Rai	rt:V. Endowment Funds. Complete						1		
	Parama of man habana	(a) Current year	(b) Prio	r year (c) Two yea	ars back	(d) Three years back	(e) F	our years	back
1a	Beginning of year balance			234773755A	ath the la	THE RESERVE OF THE	1 245 E	2	25 25 34 11 12 25 34
b	Contributions			100 TO 10	77-41-5-5	大学 12 15 15 15 15 15 15 15 15 15 15 15 15 15	\$ 100 3 h man	SP Hall	13 m
С	Net investment earnings, gains, and losses		_	14 15 To 15 16 10 100	7.34 7.13 A	THE STATE OF THE S	1000		4-4-2
đ	Grants or scholarships			The section of	Fr 1.7:13	2 4 3 1 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 100		14.79.71
е	Other expenditures for facilities			77.4	Total Control		1 3 pt (1	2.0	
	and programs			بعبيرة فأور فوانع	ر کران الله الله الله الله الله الله الله ال		,	Jan mary	1 6 3
f	Administrative expenses	. ,		A STREET				5. 37	
g	End of year balance			18.00 M	实系。这	E E E	1.4	經點	A MARKET
2	Provide the estimated percentage of the year en	d balance held as	3						
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organizat	tion that are h	eld and administered	for the				
	organization by							Yes	No
	(i) unrelated organizations · · · · · · · ·					• • • • • • • • •	· 3a(i)	
	(ii) related organizations · · · · · · · · ·						· 3a(i	i)	
b	If "Yes" to 3a(II), are the related organizations lis	ted as required or	n Schedule R	?			. 3b	,	
4	Describe in Part XIV the intended uses of the or	ganization's endo	wment funds						
Pår	TVI Investments - Land, Buildir	gs, and Equi	pment. Se	e Form 990, Part X,	line 10				
	Description of investment	(a) Cost or o	· I	(b) Cost or other	(c)	Accumulated	(d) B	ook vatue	
	Description of threshring	(invest		basis (other)	1 ''	epreciation	(4, 5	ook value	
1a	Land · · · · · · · · · · · · · · · · · · ·					A 100 100 100 100 100 100 100 100 100 10			
b	Buildings			142,528		50,744		91	,784
c	Leasehold improvements · · · · · · · · ·			<u>:</u>	1	 -			
d	Equipment				<u> </u>		-		
e	Other · · · · · · · · · · · · · · STMD1	.E			 				
	Add lines 1a through 1e. (Column (d) must equ		X column (R) line 10(c)) • •	·			91	. 784

Schedule D (Form 990) 2009 IMPROVED ORDER OF REDMEN
Partill Organizations Maintaining Collection

EEA

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	ivatives · · · · · · · · · · · · · · · · · · ·	•		
Closely-held	equity interests • • • • • • • • • • • • • • • • • •	•		
Other				
		_		
		_		
		_		
		-		
		<u>- </u>		
		-		
	(h) must equal Form 990 Part Y, cot. (8) line 12.)		A CARL TO A CARL	The state of
	(b) must equal to this 350, if all X, our (b) line 12 /			a saffada ari
Part VIII	Investments - Program Related.			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
				
Total (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			pro Tree Barret
Part IX	Other Assets. See Form 990, Part X, lir	ne 15		
	(a	a) Description	(b) Book val	ue
				-
				
				-
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line	15)		
Part-X	Other Liabilities. See Form 990, Part X	line 25		
1	(a) Description of liability	(b) Amount	The same of the sa	3 C 64.
Federal incon		(b) Allouit		
- Caciai incon	TO CONCO			
				が一方で
			The state of the s	19
· · · · · · · · · · · · · · · · · · ·			The second secon	ر استان در
		· · · · · · · · · · · · · · · · · · ·		12 14 A 4 14
			the state of the s	32 24 424

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	fule D (Form 990) 2009 IMPROVED ORDER OF REDMEN	31-1231341	Page 4
Рa	Reconciliation of Change in Net Assets from Form 990 to Financial Staten	nents	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5	" - '
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	<u>-</u>
8	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
<u> 1</u>	Reconciliation of Revenue per Audited Financial Statements With Revenue Total revenue, gains, and other support per audited financial statements	··· 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	# 20 P FE	
2	Net unrealized gains on investments		
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIV)		
е			
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	<u> </u>	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Ρä	Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses · · · · · · · · · · · · · · · · · ·	194 1950 144 3.55	
đ	Other (Describe in Part XIV)	1.	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· · · 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	77	
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	· · · 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	TCXIV Supplemental Information		
i a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line	es 1b	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp		
	part to provide any additional information		
			
		_	
		- 	
			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

Attach to Form 990.

IMPROVED ORDER OF REDMEN	31-1231341
01. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS REVIEWED BY OFFICERS BEFORE FILING	
02. Officer, director, etc mailing address (Part VI, line 9)	
RETURN IS FILED BY SECRETARY	
Idiota to timb bi observati	
on a supplier (Port VI lanc 10)	
03. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS ARE NOT MADE AVAILABLE TO PUBLIC	