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# 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

**2010**

Open to Public  
Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011**

**B Check if applicable.**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**

**IMPROVED ORDER OF REDMEN OF MAINE**

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

**44 THOMAS ROAD**

**D Employer identification number**

**01-0095329**

**E Telephone number**

**207-892-4351**

**F Group Exemption Number ►**

**G Accounting Method**  Cash  Accrual Other (specify) ►

**I Website:** ►

**J Tax-exempt status (check only one) —**  501(c)(3)  501(c) ( 10 ) (insert no)  4947(a)(1) or  527

**K Check ►**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ**

► \$ **44867.**

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

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	<b>2310.</b>
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	<b>28950.</b>
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		of contributions
c Less direct expenses from gaming and fundraising events	6b	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	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)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3-4, 5c, 6d, 7c, and 8	9	<b>44867.</b>
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	<b>2100.</b>
13 Professional fees and other payments to independent contractors	13	<b>20312.</b>
14 Occupancy, rent, utilities, and maintenance	14	<b>7075.</b>
15 Printing, publications, postage, and shipping	15	<b>4745.</b>
16 Other expenses (describe in Schedule O)	16	<b>5961.</b>
17 Total expenses. Add lines 10 through 16	17	<b>40193.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>4674.</b>
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	<b>392536.</b>
20 Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>397210.</b>

**LHA For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2010)

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	64531.22	95512.
23 Land and buildings	138602.23	109652.
24 Other assets (describe in Schedule O)	189403.24	192046.
25 Total assets	392536.25	397210.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	392536.27	397210.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? See Schedule O

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, and other relevant information for each program title.

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

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

(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	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)Check if the organization used Schedule O to respond to any question in this 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
DAVID K THOMAS 44 THOMAS ROAD, STANDISH, ME 04084	GREAT CHIEF OF RECORDS 20.00	1200.	0.	0.
SETH MARTIN, 384 B ACADIA HIGHWAY, MONTVILLE, ME 04941	GREAT KIMOPR SAGA, PRE 2.00	0.	0.	0.
STEVE FLAGG, 722 BACK BELMONT ROAD, BELMONT, ME 04952	GREAT SACHEM 2.00	600.	0.	0.
QUINCY BOWDEN PO BOX 110, BELFAST, ME 04952	GREAT JR. SAAMORE 2.00	0.	0.	0.
KEN GRANT PO BOX 119, SEBACO, ME 04029	GREAT TRUSTEE 2.00	0.	0.	0.
DOUG FROST SR 93 SMART ROAD, BELFAST, ME 04952	GREAT KEEPER OF WAMPUM 2.00	300.	0.	0.
DON FLOWER PO BOX 264, RICHMOND, ME 04357	GREAT TRUSTEE 2.00	0.	0.	0.
BRUCE REMILLARE, 20A VIVIAN VERRILL RD, NEW GLOUSTER, ME 04260	GREAT SR. SAGAMORE 2.00	0.	0.	0.
BRUCE FARRELL 172 WEYMOUTH TD, MORRILL, ME 04952	GREAT TRUSTEE 2.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►  0.

37a ►  0.

b Did the organization file Form 1120-POL for this year?

38a 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 outstanding at the end of the tax year covered by this return?

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

39 Section 501(c)(7) organizations Enter.

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►  , section 4912 ►  , section 4955 ►

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

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 ► ME

42a The organization's books are in care of ► DOUGLAS FROST Telephone no. ► 207-745-9307  
Located at ► 93 SMART ROAD, BELFAST, ME ZIP + 4 ► 04915

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 ►

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  ►  N/A

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40a	N/A	
40b	N/A	
40c	N/A	
40d	N/A	X

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3)organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
Check if the organization used Schedule O to respond to any question in this Part VI 

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

	Yes	No
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's 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) 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
N/A				

1 Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 ► 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

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

Sign Here

Signature of officer

12-28-2011

Date

Douglas P. Frost TREASURER

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	WAYNE A HAND	WAYNE A HAND	12/20/11		P01435623
	Firm's name ► HAND ACCOUNTING & TAX SERVICES		Firm's EIN ►		
Firm's address ► 397 ST RT 46 BUCKSPORT, ME 04416		Phone no 207-469-7589			

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

032174  
03-04-11►  Yes  No

Form 990-EZ (2010)

**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 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

IMPROVED ORDER OF REDMEN OF MAINEEmployer identification number  
01-0095329Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
<u>INTEREST</u>	<u>8593.</u>
<u>DIVIDEND</u>	<u>5014.</u>
<u>Total to Form 990-EZ, line 8</u>	<u>13607.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>GIFTS</u>	<u>2610.</u>
<u>SUPPLIES</u>	<u>201.</u>
<u>TRAVEL EXPENSES</u>	<u>2990.</u>
<u>JOURNAL CLERK</u>	<u>100.</u>
<u>BANK SERVICE CHARGES</u>	<u>60.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>5961.</u>

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>INVESTMENTS SECURITIES</u>	<u>189403.</u>	<u>192046.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - FRATERNAL ORGANIZATION FOR  
THE BENEFIT OF AMERICAN INDIANSForm 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

2010

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Inspection**

**Department of the Treasury  
Internal Revenue Service**

## IMPROVED ORDER OF REDMEN OF MAINE

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**Employer identification number**  
01-0095329

or indirectly, on a personal benefit contract.