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Form 990-EZ

2949234911612 8

OMB No. 1545 1150

2017

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990EZ for instructions and the latest informationOpen to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization THE GREAT COUNCIL OF MAINE IORM SASANOA TRIBE #64 I.P.F.		D Employer identification number 01-0095329
<input checked="" type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 20A VIVIAN VERRILL RD		E Room/suite 10
<input checked="" type="checkbox"/> Name change	F City or town, state or province, country, and ZIP or foreign postal code NEW GLOUCESTR, ME 04260-3257		G Telephone number 207-892-4351
<input type="checkbox"/> Initial return	H Group Exemption Number ► 0280		
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ► _____

I Website ► **N/A**

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

H Check ► if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990-PF)

K Form of organization Corporation Trust Association OtherL 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ ► \$ **103223.****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		<input checked="" type="checkbox"/>	
1	Contributions, gifts, grants, and similar amounts received	1	7580.
2	Program service revenue including government fees and contracts	2	187.
3	Membership dues and assessments	3	3429.
4	Investment income	4	12235.
5a	Gross amount from sale of assets other than inventory	5a	79792.
5b	Less cost or other basis and sales expenses	5b	65816.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	13976.
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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 in Schedule O) — — —	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	37407.
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	
13	Professional fees and other payments to independent contractors	13	2400.
14	Occupancy, rent, utilities, and maintenance	14	9600.
15	Printing, publications, postage, and shipping	15	3248.
16	Other expenses (describe in Schedule O)	16	11876.
17	Total expenses Add lines 10 through 16	17	27124.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10283.
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	383312.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	393595.

LHA For Paperwork Reduction Act Notice, see the separate instructions

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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	383312.	22 23801.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	0.	24 369794.
25	Total assets	383312.	25 393595.
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)	383312.	27 393595.

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 the organization's program service accomplishments for each of its three largest program services as measured by expenses in a clear and concise manner. describe the services provided, the number of persons benefited and other relevant information for each program title

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid enter 0)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
DAVID K THOMAS				
GREAT CHIEF OF RECORDS	20.00	0.	0.	0.
SETH MARTIN				
GREAT KIMOPR SAGA, PRE	2.00	0.	0.	0.
STEVE FLAGG				
GREAT SACHEM	2.00	0.	0.	0.
QUINCY- BOWDEN				
GREAT JR. SAAMORE	2.00	0.	0.	0.
KEN GRANT				
GREAT TRUSTEE	2.00	0.	0.	0.
DOUG FROST SR				
GREAT KEEPER OF WAMPUM	2.00	0.	0.	0.
DON FLOWER				
GREAT TRUSTEE	2.00	0.	0.	0.
BRUCE REMILLARE				
GREAT SR. SAGAMORE	2.00	0.	0.	0.
BRUCE FARRELL				
GREAT TRUSTEE	2.00	0.	0.	0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V

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

	Yes	No
33	X	

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)

34	X
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
-----	---

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b	N/A
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c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c	X
-----	---

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

36	X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a 0.

37a	X
-----	---

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

37b	X
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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?

38a	X
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

38b	N/A
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39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a N/A

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

39b N/A

40a 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

40b	N/A
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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

► N/A

► N/A

40e	X
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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

	Yes	No
42b	X	

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States? ►

If "Yes," enter the name of the foreign country ►

42c	X
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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

► 43 N/A

	Yes	No
43		

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

44a	X
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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

44b	X
-----	---

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

44c	X
-----	---

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

44d	
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a	X
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b 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 (see instructions)

45b	
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		Yes	No
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	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II	47	
48	Is the organization 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? b If "Yes," was the related organization a section 527 organization?	49a	
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"	49b	

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
N/A				

f 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

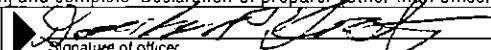
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

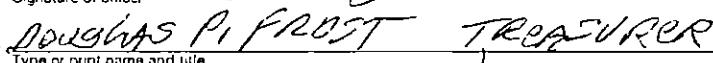
52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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



11-13-2018
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		11/11/18		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

► Yes No

Form 990-EZ (2017)

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
► Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2017
Open to Public
Inspection

Name of the organization

THE GREAT COUNCIL OF MAINE IORM
SASANOA TRIBE #64 PDF

Employer identification number
01-0095329

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
INTEREST	7592.
DIVIDENDS	4643.
Total Included on Form 990-EZ, line 4	12235.

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

<u>Description of Other Expenses:</u>	<u>Amount:</u>
GIFTS	2717.
OFFICE SUPPLIES	674.
TRAVEL EXPENSES	2618.
JOURNAL CLERK	250.
BANK SERVICE CHARGES	123.
TAXES	2678.
SUPPLIES	716.
DONATIONS	1500.
ADMIN	600.
Total to Form 990-EZ, line 16	11876.

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

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
ORPHANS INVEST ACCOUNT-6010883	0.	60871.
KEYBANK GEN INVESTMENT-6010891	0.	33330.
KEYBANK INVESTMENT-6010867	0.	102346.
NOTE RECEIVABLE-MARCIA WELCH	0.	173247.
Total to Form 990-EZ, line 24	0.	369794.

Name of the organization	THE GREAT COUNCIL OF MAINE IORM SASANOA TRIBE #64 WPF	Employer identification number 01-0095329
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Form 990-EZ, Part III, Primary Exempt Purpose - FRATERNAL ORGANIZATION FOR
THE BENFIT OF AMERICAN INDIANS

Form 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,
or indirectly, on a personal benefit contract.