DLN: 93493301007919 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization
GREAT COUNCIL OF THE UNITED STATES D Employer identification number B Check if applicable ☐ Address change IMPROVED ORDER OF REDMEN 74-1388584 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 4521 SPEIGHT STREET □ Application pending (254) 732-5365 City or town, state or province, country, and ZIP or foreign postal code WACO, TX  $\,$  76711 G Gross receipts \$ 290,406 Name and address of principal officer H(a) Is this a group return for **BRAD BUCHANAN** □Yes ☑No subordinates? 4521 SPEIGHT STREET H(b) Are all subordinates WACO, TX 76711 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (10) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► IORM ONLINE L Year of formation 1847 M State of legal domicile TX K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ GOVERNMENT CREATED ORGANIZATION Summary 1 Briefly describe the organization's mission or most significant activities DEDICATED TO INSPIRE GREATER LOVE FOR THE UNITED STATES OF AMERICA & THE PRINCIPLES OF LIBERTY, THRU THE COMMON BOND OF BROTHERHOOD AND FRIENDSHIP Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 252,729 8 Contributions and grants (Part VIII, line 1h) . . 301,137 9 Program service revenue (Part VIII, line 2g) . . 3,675 3,435 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10,144 10,043 14,070 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,824 329,026 278.031 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 102,165 108,699 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 56,622 59,389 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 118,796 134,103 277,583 302,191 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 51,443 -24,160 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,226,619 1,196,193 21 Total liabilities (Part X, line 26) . 9,246 1,985 22 Net assets or fund balances Subtract line 21 from line 20 1.217.373 1,194,208 Signature Block 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 2019-10-21 Signature of officer Sign Here BRAD BUCHANAN GREAT CHIEF OF RECORDS - SECRETARY Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00079864 Paid self-employed Firm's name ► PATTILLO BROWN & HILL LLP Firm's EIN ▶ 74-1130599 **Preparer** Use Only Firm's address ▶ P O BOX 20725 Phone no (254) 772-4901 WACO, TX 767020725 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

(Expenses \$ including grants of \$ ) (Revenue \$ )	orm	990 (2018)				Page <b>2</b>
1 Brefly describe the organization's mission Or DEAPPTLATE THE PRINCIPLES OF FREE GOVERNMENT, INSTITL A HIGHER LOVE FOR THE FLAG OF OUR COUNTRY, NISSTRE A GREATER LOVE OR OUR COUNTRY, CULTIVATE THE SPIRIT OF FRATERNAL AND BROTH-BEXY LOVE, CARE FOR THE SICK, AND PROVIDE FOR WIDOWS AND ORPHANS OF OUR DECEASED MEMBERS WHILE INVOKING GUIDANCE FROM THE GREAT SPIRIT  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-EZ?  1 If "Yes," describe these new services on Schedule O  3 Did the organization clease conducting, or make significant changes in how it conducts, any program services?  1 If "Yes," describe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses services?  4 Describe the organization is program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total  4 (Code ) (Expenses \$ 222,557 including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	Pa	rt III Stater	nent of Program Servic	e Accomplishments		
1 Brefly describe the organization's mission O DERPETLIATE THE PRINCIPLES OF FREE GOVERNMENT, INSTILL A HIGHER LOVE FOR THE FLAG OF OUR COUNTRY, INSPIRE A GREATER LOVE OR OUR COUNTRY, CULTIVATE THE SPIRIT OF FRATEWAL AND BROTHERLY LOVE, CARE FOR THE SICK, AND PROVIDE FOR WIDOWS AND BRPHANS OF OUR DECEASED MEMBERS WHILE INVOKING GUIDANCE FROM THE GREAT SPIRIT  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Check i	f Schedule O contains a respo	ense or note to any line in this	Part III	🗹
OR OUR COUNTRY, CULTIVATE THE SPIRIT OF FRATERIAL AND BROTHERLY LOVE, CARE FOR THE SICK, AND PROVIDE FOR WIDOWS AND RPHANS OF OUR DECEASED MEMBERS WHILE INVOKING GUIDANCE FROM THE GREAT SPIRIT  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  4 If "Yes," describe these new services on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  44 (Code ) (Expenses \$ 222,557 including grants of \$ ) (Revenue \$ )  45 See Additional Data	1	Check if Schedule O contains a response or note to any line in this Part III				
the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a	OR	OUR COUNTRY,	CULTIVATE THE SPIRIT OF FR	RATERNAL AND BROTHERLY LO	VE, CARE FOR THE SICK, AND PROVIDE	SPIRE A GREATER LOVE FOR WIDOWS AND
If "Yes," describe these new services on Schedule O  Dut the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section Solic()(3) and Solic()(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 222,557 including grants of \$ ) (Revenue \$ )  See Additional Data  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  If "Yes," describe these changes on Schedule O (Expenses \$ including grants of \$ ) (Revenue \$ )  If "Yes," describe these changes on Schedule O (Expenses \$ including grants of \$ ) (Revenue \$ )	 2	Did the organiz	zation undertake any significa	nt program services during the	e year which were not listed on	
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services?		If "Yes," descri	be these new services on Sch	iedule O		
If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section \$501c(2)(3) and \$501c(2)(4) and \$5	3	Did the organiz	zation cease conducting, or m	ake significant changes in how	it conducts, any program	
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See Additional Data  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Describe the or Section 501(c)	rganızatıon's program service (3) and 501(c)(4) organizatio	accomplishments for each of i		
See Additional Data  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	(Code	) (Expenses \$	222,557 including grants	s of \$ ) (Revenue \$	)
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(Expenses \$ including grants of \$ ) (Revenue \$ )						
	4d		,	•	) (Revenue \$	)
	4e	, ,			, , , , , , , , , , , , , , , , , , ,	

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Νo 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . 11b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its Νo 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

22

Yes

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Nο

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12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Was the organization included in consolidated, independent audited financial statements for the tax year?

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Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction 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		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· ;	Vee	<u> </u>
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
-	The state of the s			

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

**1**c

Yes

13c

14a

14b

15

No

Nο

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c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗹
Se	ction A. Governing Body and Management			
_		$\overline{}$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year  1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  NARON WYATT 4521 SPEIGHT STREET WACO, TX 76711 (254) 732-5365			

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Part VII Compensation of Officers, D and Independent Contracto		stees,	Key	/ Er	npl	oyee	s, F	lighest Comper	nsated Employ	ees,	
Check If Schedule O contains a resp										<u> <math>\square</math></u>	
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd I	lig	hest	Con	npensated Emp	loyees		
1a Complete this table for all persons required to year	·									ganızatıon's tax	
<ul> <li>List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a</li> </ul>	and (F) if no cor	mpensa	tion v	was	paid	ł					
List all of the organization's current key em											
<ul> <li>List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations</li> </ul>											
<ul> <li>List all of the organization's former officers, of reportable compensation from the organization</li> </ul>	n and any relate	ed orga	nızatı	ons	-					0,000	
• List all of the organization's <b>former directo</b> organization, more than \$10,000 of reportable co	ompensation fro	m the	organ	ıızat	ion	and ar	ny re	elated organizations	5		
List persons in the following order individual truscompensated employees, and former such perso		rs, ınst	itutioi	nal t	trusi	tees, c	office	ers, key employees	s, highest		
Check this box if neither the organization no	r any related o	ʻganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	T	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than c	ne b	ox, ι n of tor/t	t ch unle ficei	r and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	related organizations	
(1) ANTHONY GROMELSKI PAST PRESIDENT	1 00	х		х				0	0	0	
(2) EUGENE TRUAX PRESIDENT	1 00	х		x				0	0	0	
(3) CLARENCE SWARTZ 1ST VP	1 00	х		х				0	0	0	
(4) TIM AVERY 2ND VP	1 00	×		×				0	0	0	
(5) BRAD BUCHANAN SECRETARY	1 00	X		×				7,500	0	0	
(6) JOSEPH WINSLOW JR TREASURER	8 00	Х		x				0	0	0	

Form 990 (2018)										Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title							on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

					_

1b Sub-Total											
c Total from continuation sheets to Pa	c Total from continuation sheets to Part VII, Section A										

1b Sub-Total	art VII <b>, Section</b>	<b>*</b>	7,500	0	0		

1b Sub-Total													
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶□							
d Total (add lines 1b and 1c)													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000													

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

of reportable compensation from the organization ▶ 0

**Section B. Independent Contractors** 

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

1b Sub-Total		<b>&gt;</b>					
c Total from continuation sheets to Pa	art VII <b>, Section</b>	•					
d Total (add lines 1b and 1c)		▶□	7,500	0	0		

Yes

3

4

5

(B)

Description of services

No

No

No

Nο

(C)

Compensation

Form 990 (2018)

Part		Statement of	Revenue								rage s
		Check if Schedul	e O contains a	a respo	onse or note to any						
							A) revenue	Rela exe fun	B) ted or empt ction enue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
(4)	<b>1</b> a	Federated campaig	ns	1a				160	ende		312 314
ants unt	ı	Membership dues		<b>1</b> b	123,673						
0 12 13 13 13 13 13 13 13 13 13 13 13 13 13		: Fundraising events		1c							
ffs, ≓A		l Related organizatio	ns	1d							
ij. Ii¦	•	Government grants (co	ontributions)	1e							
ons Sir	1	All other contributions, and similar amounts n			130.056						
Contributions, Gifts, Grants and Other Similar Amounts	٩	above  Noncash contribution		1f	129,056						
Cont	1	<b>1 Total.</b> Add lines 1a	-1f		•		252,729				
<u>1</u>					Business	Code					
Program Service Revenue	2a	SURETY BONDS				900099		3,435	3	,435	
g.	ь										
.MC€	c			_				_			
Set	d										
ranı	e f	All other program se									
Prog		<b>Fotal.</b> Add lines 2a-2			_	3,435					
_		nvestment income (ii			interest and other	1		1			
	S	ımılar amounts) .			,		10,043	3	10,043		
		ncome from investme				<b>-</b>					
	5 1	Royalties	(ı) Real		(II) Personal	<u>*  </u>					
	6a	Gross rents	(1) 1134		(11) 1 21 22 11 41						
	b	Less rental expenses				-					
	c	Rental income or				1					
	d	(loss)  Net rental income o	r (loss)			4					
		Net rental income o	(i) Securit		(II) Other						
	7a	Gross amount from sales of assets other than inventory									
	Ь	Less cost or other basis and sales expenses									
		Gain or (loss)				_					
		Net gain or (loss) . Gross income from fi			<u> </u>	_					
Other Revenue			ed on line 1c)	of	2,761						
Re		Less direct expense		b							
her		Net income or (loss) Gross income from g		_	ents 🕨		2,76:	<u> </u>			2,761
ō	Ju	See Part IV, line 19	· · ·		J						
				a		_					
		Less direct expense Net income or (loss)		<b>b</b> activit	les						
		Gross sales of invent			ies •						
		returns and allowand	ces	a	18,484						
	ь	Less cost of goods s	sold	a b							
		Net income or (loss)					6,109	9	6,109		
		Miscellaneous			Business Code						
	11	OTHER FEES			90009	9	2,700		2,700		
	b	POSTAGE			90009	19	254	1	254		
	c										
								<u>L</u> _			
		All other revenue .									
		Total. Add lines 11a			•		2,954	1			
	12	Total revenue. See	Instructions		• • •		278,03		22,541		0 2,761
											Form <b>990</b> (2018)

Part IX	Statement of Functional Expenses	5
C . FO.	( )(3)	

	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	108,699	108,699		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,500	7,500		
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	42,796		42,796	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,200		1,200	
9	Other employee benefits	3,825		3,825	
10	Payroll taxes	4,068	607	3,461	
11	Fees for services (non-employees)				
ā	a Management				
ı	b Legal				
•	c Accounting	1,200		1,200	
•	d Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	f Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	16,428	10,793	5,635	
14	Information technology	1,736		1,736	
15	Royalties				
16	Occupancy	13,742		13,742	_
17	Travel	29,725	29,725		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,881	16,881		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,439		2,439	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a EXPENSE REIMBURSEMENTS	25,108	25,108		
	b SPECIAL EVENTS	21,335	21,335		
	c NATIONAL DOP BOARD EXPE	3,600		3,600	
	d MEMBERSHIP PROGRAM EXPE	1,909	1,909		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	302,191	222,557	79,634	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

20

21

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26

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28

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

	1	Cash-non-interest-bearing	276,268	1	269,736
	2	Savings and temporary cash investments	907,544	2	885,839
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,581	4	1,949
	6	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L.		5	
ets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	39,226	8	38,669
4	9	Prepaid expenses and deferred charges		9	

ets	7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	ations o (see in	of section 501(c)(9) structions) Complete		6 7	
sset	8	Inventories for sale or use			39,226	8	
A	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	<b>10</b> b			10c	
	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 equ	al line	34)	1,226,619	16	1

Š		Inventories for sale or use		•	39,226	8	38,669
4	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	Ь	Less accumulated depreciation	<b>10</b> b			10c	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ	34)	1,226,619	16	1,196,193	
	17	Accounts payable and accrued expenses			9,246	17	1,985
	18	Grants payable				18	

19

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21

22 23

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25

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27 28

29

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31

32

33

34

1.985

0

1,194,208

1,194,208

1,196,193

Form **990** (2018)

9.246

1,217,373

1,217,373

1,226,619

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			278,031
2	Total expenses (must equal Part IX, column (A), line 25)	2			302,191
3	Revenue less expenses Subtract line 2 from line 1	3			-24,160
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,217,373
5	Net unrealized gains (losses) on investments	5			995
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,194,208
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

**b** 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 Form **990** (2018)

## Additional Data

Software ID:

INSPIRING A GREATER LOVE FOR THE UNITED STATES OF AMERICA AND THE PRINCIPLES OF AMERICAN LIBERTY. THROUGH ITS MEMBERS LINKED TOGETHER IN COMMON BOND OF BROTHERHOOD AND FRIENDSHIP. & TO HELP OTHERS THROUGH ORGANIZED LOCAL CHARITABLE EFFORTS THE NATIONAL CHARITY PROJECT OF THE

Software Version: **EIN:** 74-1388584

IMPROVED ORDER OF REDMEN

Form 990, Part III, Line 4a:

Form 990 (2018)

ORGANIZATION IS ALZHEIMER'S RESEARCH SINCE 1991, THE ORGANIZATION HAS GIVEN OVER \$2 MILLION TO THE ALZHEIMER'S ASSOCIATION

Name: GREAT COUNCIL OF THE UNITED STATES

efile GRAPHIC print - [	O NOT PROCESS	As Filed Data -					DLN:	934933010	07919
Note: To capture the fu	ll content of this d	ocument, please se	lect landscape mode	(11" x 8.5") whe	n printing.		I ом	B No 1545-004	7
(Form 990)		Governments	Other Assistand and Individuals Ition answered "Yes," o	in the Unite	d States			2018	,
Department of the Treasury Internal Revenue Service			► Attach to Form w.irs.gov/Form990 for	990.	•			pen to Public Inspection	
Name of the organization GREAT COUNCIL OF THE UNIT IMPROVED ORDER OF REDME Part I General Info		and Assistance				74-13	yer identificati 88584	ion number	
Does the organization r     the selection criteria us	naintain records to subseed to award the grants	stantiate the amount of it or assistance?	the grants or assistance, t	· · · · · · · · ·	for the grants or assistance	e, and		☐ Yes	✓ No
				nts. Complete if the or	rganızatıon answered "Yes"	on Form 990, F	Part IV, line 2	1, for any recipi	ent
(a) Name and address of organization or government	nization (if applicable) grant cash (book, FMV, appraisal,						(g) Description of noncash assistance (h) Pur		
(1) FREEDOMS FOUNDATIO P O BOX 67 VALLEY FORGE, PA 194810		501(C)(3)	5,554					CHAPEL RESTOR	RATION
(2) ALZHEIMER'S ASSOCIATIOI 225 N MICHIGAN AVE FL 17 CHICAGO, IL 606017633		501(C)(3)	103,145					ASSIST IN ALZHEIMER'S RESEARCH	
		-	listed in the line 1 table .				<u> </u>		
For Paperwork Reduction Act N	otice, see the Instruction	ns for Form 990.		Cat No 50055	iP.		Sched	lule I (Form 990)	2018

Schedule I (Fo	rm 990) 2018					Page <b>2</b>
	rants and Other Assistance to art III can be duplicated if addition			anızatıon answered "Yes'	on Form 990, Part IV, line 22	
<b>(a)</b> T <sub>\</sub>	pe of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV	Supplemental Information	<b>on.</b> Provide the ir	nformation required in	Part I, line 2; Part III	, column (b); and any other	additional information.

## Explanation Schedule I (Form 990) 2018

efile GRAPHI	C print - DC	NOT PROCE	SS	As Fi	led Data -					DL	.N: 93	4933	010	07919	
Schedule L (Form 990 or 990										25b, 26		MB No	1545	5-0047	
			•	<ul><li>Attac</li></ul>	th to Form 990	or Form 99						20	1	8	
Department of the Tre Internal Revenue Serv											(	Open Ins			
Name of the org GREAT COUNCIL O IMPROVED ORDER	F THE UNITED S	TATES							-	yer ide 8584	entifica	ation r	umb	er	
		Transactions anization answei						ganız	ation:	s only)	ne 40b				
		qualified person					lified person an			escript		(d	) Cor	rected?	
	,				organization					transaction				No	
								+							
								+							
Part II Lo	ans to and properties of the orted an amount (b) Relation	unt on Form 990 ship (c) Purpos	vered " , Part )	ed Per Yes" or X, line 5 Loan t orgai	rsons. In Form 990-EZ, In Form 990-EZ, In Form 990-EZ, In Form 1990-EZ, In	Z, Part V, line 3		90, Part IV, line 26  (g) In default? Approvious hoar comm			h) ved by rd or nittee?	or if the organization  (i)Written  ed by agreement?  d or  ttee?			
				То	From			Yes	No	Yes	No	Yes		No	
 Total						<u> </u> ▶ \$	1								
Part III Gra	ints or Assi	stance Benef	iting	Inter	ested Perso	ns.									
		organization a					1								
(a) Name of interested person		(b) Relationsh interested per organiz	son an					e of assistance (e				Purpose of assistan			
							+								
For Paperwork Rec	luction Act Not	ice, see the Insti	uctions	s for Fo	rm 990 or 990-E	<b>Z.</b> Ca	at No 50056A		Sc	nedule I	L (Form	1 990 o	r 990-	·EZ)	

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's	
				Yes	No	
(1) AARON WYATT	SPOUSE OF OFFICER	·	SALARY FOR POSITION OF ADMINISTRATIVE ASSISTANT SPOUSE ABSTAINS FROM VOTING ON SALARY		No	

**Return Reference** 

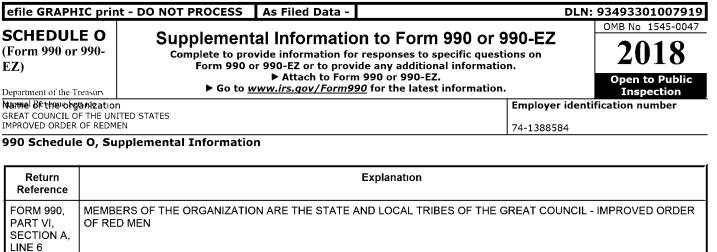
Part V

**Supplemental Information** 

Provide additional information for responses to questions on Schedule L (see instructions)

Explanation

Schedule L (Form 990 or 990-EZ) 2018



Return Explanation
Reference

FORM 990,	REPRESENTATIVES OF THE STATE AND LOCAL ORGANIZATONS MEET EVERY OTHER YEAR TO ELECT THE OFF
PART VI,	ICERS OF THE GREAT COUNCIL OF THE UNITED STATES - IMPROVED ORDER OF RED MEN
SECTION A,	
LINE 7A	

Explanation Return Reference

FORM 990. AT THE BIENNIAL MEETING. REPRESENTATIVES OF THE STATE AND LOCAL ORGANIZATIONS APPROVE THE DECISIONS OF THE GOVERNING BODY OF THE GREAT COUNCIL OF THE UNITED STATES PART VI.

SECTION A.

990 Schedule O, Supplemental Information

LINE 7B

Return Explanation
Reference

FORM 990, THE FORM 990 IS REVIEWED BY THE SECRETARY OF THE ORGANIZATION BEFORE FILING AS THE OFFICER PART VI, S OF THE ORGANIZATION RESIDE IN DIFFERENT STATES THE ORGANIZATION WILL CONSIDER EXPANDING SECTION B, THE REVIEW TO INCLUDE ALL OFFICERS OF THE GREAT COUNCIL OF THE UNITED STATES

Return Explanation
Reference

FORM 990, GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST PART VI, SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	ANTHONY GROMELSKI - 55 UNION STREET, FRANKLIN, MA 10887 EUGENE TRUAX - 23 RIDGE RD, NEW C ASTLE, DE 19363 CLARENCE SWARTZ - 16064 SPIELMAN RD, WILLIAMSPORT, MD 21795 TIM AVERY - 1213 POCOSIN RD, WINTERVILLE, NC 28590 BRAD BUCHANAN - 601 N 3RD ST, OXFORD, PA 19363 JO SEPH WINSLOW, JR - P O BOX 2386, ELIZABETH CITY, NC 27906

efile GRAPHIC print - DO NOT PROCESS DLN: 93493301007919 As Filed Data -OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GREAT COUNCIL OF THE UNITED STATES IMPROVED ORDER OF REDMEN 74-1388584 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (f) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes (1) GREAT COUNCILS-IMPROVED ORDER OF REDMEN STATE & LOCAL ORGANIZATIONS ΤX

(a) ess, and EIN of prganization		Legal domicile (state or foreign country)	Direct controlling entity		ted, total incom om		Disprop alloca	rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	nging ner?	Percent owners
							Yes	No		Yes	No	
ations Taxable as a Coorganizations treated as	Corporation a corporation	or Trus on or tru	<b>t</b> Complete st during th	   If the orga   ne tax year.	nization ans	 swered "Yes	" on F	l orm 99	l 90, Part IV,	line	34	
<b>(b)</b> Primary activity	L do (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Perce	ntage	(13	(i) ection ! 3) con entit
												Yes
												$\perp$
												$\dashv$
	organizations treated as	(b) Primary activity  (state	zations Taxable as a Corporation or Trus organizations treated as a corporation or tru	rations Taxable as a Corporation or Trust Complete organizations treated as a corporation or trust during the legal domicile (state or foreign	country)  sections 51 514)  rations Taxable as a Corporation or Trust Complete If the orga organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity  (d)	country)  sections 512- 514)  Eations Taxable as a Corporation or Trust Complete If the organization ansorganizations treated as a corporation or trust during the tax year.  (b) Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity (C corp, S corp, or trust)	country)  sections 512- 514)  Eations Taxable as a Corporation or Trust Complete if the organization answered "Yes organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity (C corp, S corp, or trust)  (Type of entity (C corp, S corp, or trust)  (state or foreign)	rations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Forganizations treated as a corporation or trust during the tax year.    Corporation   Corporat	country)  sections 512- 514)  Yes No  Yes No  Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 9 organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity  (Corp., S corp., or trust) organizations  (g)  Share of total income year assets	country)  sections 512- 514)  Yes No  Yes No  Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal domicile (state or foreign  Direct controlling entity  (C)  Type of entity  Type of entity  (C)  Share of total income year assests assests assests assests	country)    Sections 512-   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes	country)  sections 512- 514)  Yes No  Yes No

Gift, grant, or capital contribution from related organization(s).

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Described (i) unbound (ii) unsurface (iii) unsurface autic) would form a combination of the combined on the co	4.		No

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity.

2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction

type (a-s)

(c)

Amount involved

(a)

Name of related organization

1b 1c

1d

1e

**1**g 1h

11

1 m

1n

10

**1**q

1r

1s

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(d)

Method of determining amount involved

No No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)			(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	total end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No				
		Schedule R (Form 990) 2018														

