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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

2007

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

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

Open to Public  
Inspection

## A For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable.	C Name of organization <b>ANCIENT ARABIC ORDER OF THE NOBLES KEM TEMPLE GROUP RETURN</b>	D Employer identification number <b>51-0171595</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	E Number and street (or P O box if mail is not delivered to street address) <b>P.O. BOX 5268</b>	F Room/suite <b>701-772-7125</b>
<input type="checkbox"/> Specific instructions	G City or town, state or country, and ZIP + 4 <b>GRAND FORKS, ND 58206</b>	H Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►

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

G Website: ► [HTTP://WWW.KEMSHRINERS.ORG](http://WWW.KEMSHRINERS.ORG)

J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c)(10) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	K Check here ► <input checked="" type="checkbox"/> If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	L H and I are not applicable to section 527 organizations.
M Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		H(a)
N If "Yes," enter number of affiliates ► <b>2</b>		H(b)
O Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list.)		H(c)
P Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(d)
Q Group Exemption Number ► <b>0229</b>		I

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **213,365.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:	1a	1b	1c	1d	1e	1f
	a Contributions to donor advised funds						
	b Direct public support (not included on line 1a)						
	c Indirect public support (not included on line 1a)						
	d Government contributions (grants) (not included on line 1a)						
	e Total (add lines 1a through 1d) (cash \$ <b>2,133.</b> noncash \$ <b>)</b> )						
	2 Program service revenue including government fees and contracts (from Part VII, line 93)						
	3 Membership dues and assessments						
	4 Interest on savings and temporary cash investments						
	5 Dividends and interest from securities						
	6 a Gross rents	<b>6a</b>					
	b Less: rental expenses	<b>6b</b>					
	c Net rental income or (loss). Subtract line 6b from line 6a						
	7 Other investment income (describe) ►						
	8 a Gross amount from sales of assets other than inventory	<b>8a</b>					
	b Less: cost or other basis and sales expenses	<b>8b</b>					
	c Gain or (loss) (attach schedule)	<b>8c</b>					
	d Net gain or (loss). Combine line 8c, columns (A) and (B)						
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>						
	a Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	<b>9a</b>	<b>193,305.</b>				
	b Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>96,846.</b>				
	c Net income or (loss) from special events. Subtract line 9b from line 9a						
	10 a Gross sales of inventory, less returns and allowances	<b>10a</b>					
	b Less: cost of goods sold	<b>10b</b>					
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a						
	11 Other revenue (from Part VII, line 103)						
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11						
Expenses	13 Program services (from line 44, column (B))						
	14 Management and general (from line 44, column (C))						
	15 Fundraising (from line 44, column (D))						
	16 Payments to affiliates (attach schedule)						
	17 Total expenses. Add lines 16 and 44, column (A)						
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12						
	19 Net assets or fund balances at beginning of year (from line 73, column (A))						
	20 Other changes in net assets or fund balances (attach explanation)						
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20						

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FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SHRINE CIRCUS	189,176.		189,176.	96,846.	92,330.
FRATERNAL FUND					
RAISER-VARIOUS	4,129.		4,129.		4,129.
TO FM 990, PART I, LINE 9	193,305.		193,305.	96,846.	96,459.

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LINE H(C) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 2

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ANCIENT ARABIC ORDER OF THE NOBLES DBA MINOT SHRINE CLUB	2524 BURDICK EXPY E. - MINOT, ND 58701	23-7279182
ANCIENT ARABIC ORDER OF THE NOBLES DBA WILLISTON	LOCAL - WILLISTON, ND 58801	23-7132817

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OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	8,317.			
PROMOTION &				
PUBLICITY	1,254.			
FRATERNAL MEETING				
EXPENSE	220.			
INSURANCE EXPENSE	0.			
DUES	633.			
SOCIAL ACTIVITIES &				
MEALS	4,503.			
MISCELLANEOUS	26,484.			
MEMBER RELATIONS	3,167.			
HOSPITAL				
TRANSPORTATION	26,792.			
TAXES, LICENSES &				
PROMOTIONS	20.			
UNITS EXPENSE	4,918.			
CEREMONIALS	2,186.			
TOTAL TO FM 990, LN 43	78,494.			

STATEMENT(S) 1, 2, 3

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

## EXPLANATION

PROVIDE FOR THE FOSTERING OF BROTHERHOOD AND MUTUAL BENEFIT AMONG MEMBERS  
AND PROMOTE SHRINE PHILANTHROPY FOR SHRINERS HOSPITAL.

## FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND AND EQUIPMENT	104,427.	0.	104,427.
TOTAL TO FORM 990, PART IV, LN 57	<u>104,427.</u>	<u>0.</u>	<u>104,427.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 6  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEEXEMPT
IMPERIAL COUNCIL OF THE ANCIENT ARABIC ORDER OF THE MYSTIC SHRINE	X	

GENERAL EXPLANATION STATEMENT 7  
FORM AND LINE REFERENCES

FORM/LINE IDENTIFIER	DESCRIPTION/RETURN REFERENCE
FORM 990, PAGE 1, ITEM H(A)	AFFILIATE CLUBS

## GENERAL EXPLANATION

## STATEMENT 8

## AFFILIATES (CLUBS) THAT ARE PART OF THE GROUP RETURN -

## CLUBS WITH RECEIPTS UNDER \$25,000:

CROOKSTON	EIN 23-7324150
LAKE REGION	23-7331383
STEPHEN	23-7362088
CROSBY INTERNATIONAL	23-7324889
NORTHWEST	23-7322798
GOOSE RIVER	45-0384497
TURTLE MOUNTAIN	23-7324820
LAKE OF THE WOODS	23-7426034
RED RIVER	23-7323349
FORTY NINERS	23-7319505

## CLUBS WITH RECEIPTS OVER \$25,000:

MINOT	EIN 23-7279182
WILLISTON	23-7132817