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OMB No. 1545-0047

2008

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

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)

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

**A** For the 2008 calendar year, or tax year beginning and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type.  
See Specific Instructions

**C** Name of organization  
ANCIENT ARABIC ORDER OF THE NOBLES  
KEM TEMPLE GROUP RETURN  
Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. BOX 5268  
City or town, state or country, and ZIP + 4  
GRAND FORKS, ND 58206

**D** Employer identification number  
51-0171595

**E** Telephone number  
701-772-7125

**G** Gross receipts \$ 223,886.

**H(a)** Is this a group return for affiliates? ☒ Yes ☐ No  
**H(b)** Are all affiliates included? ☐ Yes ☒ No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number 0229

**I** Tax-exempt status: ☒ 501(c) (10) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: HTTP://WWW.KEMSHRINERS.ORG

**K** Type of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other UNINC

**L** Year of formation: 1910 **M** State of legal domicile: ND

**F** Name and address of principal officer: C CHUCK CHURCHILL  
SAME AS C ABOVE

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: FRATERNITY WITH A PHILANTHROPIC MISSION

**2** Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its assets.

**3** Number of voting members of the governing body (Part VI, line 1a) 3 7

**4** Number of independent voting members of the governing body (Part VI, line 1b) 4 7

**5** Total number of employees (Part V, line 2a) 5 0

**6** Total number of volunteers (estimate if necessary) 6 0

**7a** Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0.

**7b** Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) 8	2,133.	1,800.
<b>9</b> Program service revenue (Part VIII, line 2g) 9	915.	4,255.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	17,012.	8,293.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	96,459.	112,378.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	116,519.	126,726.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) 14		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) 16a		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 16b		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17	93,200.	110,412.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	93,200.	110,412.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 19	23,319.	16,314.
<b>20</b> Total assets (Part X, line 16) 20	Beginning of Year 395,204.	End of Year 411,518.
<b>21</b> Total liabilities (Part X, line 26) 21		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 22	395,204.	411,518.

**Part II 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.

**Sign Here**  
Signature of officer  
Date  
JAMES MCCONNELL, TREASURER  
Type or print name and title

**Paid Preparer's Use Only**  
Preparer's signature  
Date  
Check if self-employed ☐  
Preparer's identifying number (see instructions)  
Firm's name (or yours if self-employed), address, and ZIP + 4  
BRADY, MARTZ AND ASSOCIATES, P.C.  
P.O. BOX 14296  
GRAND FORKS, ND 58208-4296  
EIN  
Phone no. 701-775-4685

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Statute clear 0436877814 SEP 11 '13

SCANNED OCT 11 2007 18:10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

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Inspection

Name of the organization

ANCIENT ARABIC ORDER OF THE NOBLES  
KEM TEMPLE GROUP RETURN

Employer identification number  
51-0171595

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

UNINCORPORATED ASSOCIATION

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS

MEMBERS/STOCKHOLDERS WHO PAY MEMBERSHIP DUES

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS/STOCKHOLDERS ELECT THE

BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 7B: MAJOR DECISIONS MAY REQUIRE

APPROVAL FROM A MAJORITY OF MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 10: THE GOVERNING BODY DOES NOT REVIEW  
THE COMPLETED 990 PRIOR TO FILING; HOWEVER, ONE OR MORE OFFICERS PERFORMS A  
CURSORY REVIEW PRIOR TO SIGNING THE FORM. IN ADDITION, IMPERIAL  
HEADQUARTERS STAFF PERFORMS A COMPLIANCE REVIEW AFTER THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH OUR CODE OF ETHICS  
IS MONITORED AND ENFORCED BY OUR IMPERIAL COUNCIL BYLAWS SECTION 210.7.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990  
AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: WE DO NOT MAKE OUR GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO  
THE PUBLIC.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
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Inspection

Name of the organization

ANCIENT ARABIC ORDER OF THE NOBLES  
KEM TEMPLE GROUP RETURNEmployer identification number  
51-0171595

FORM 990, PART XI, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE ANNUAL REVIEW OF THE ORGANIZATION'S  
FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR'S PROCESS.

FORM 990, PAGE 1, ITEM H(B):

~~AFFILIATE CLUBS NOT INCLUDED~~~~CLUBS WITH RECEIPTS UNDER \$25,000:~~*This should have read The  
same as 2007 (see Attached)*

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

FORM 990

LINE H(B) - 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