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Form 990

Department of the Treasury
Internal Revenue ServiceProcess
Original
Copy Only - Do Not Process
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning B Check if applicable. Address change Name change Initial return Termination Amended return Application pending		and ending		
		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) 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		
F Name and address of principal officer: C CHUCK CHURCHILL SAME AS C ABOVE		G Gross receipts \$ 223,886.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(10) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J Website: ► HTTP://WWW.KEMSHRINERS.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► UNINC		L Year of formation: 1910 M State of legal domicile: ND		
Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FRATERNITY WITH A PHILANTHROPIC MISSION			
	2 Check this box ► <input type="checkbox"/> 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.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	2,133.	1,800.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	915.	4,255.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8a, 9c, 10c, and 11e)	17,012.	8,293.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,459.	112,378.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	93,200.	110,412.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,200.	110,412.	
19 Revenue less expenses. Subtract line 18 from line 12	23,319.	16,314.		
Net Assets or Fund Balances	Beginning of Year	End of Year		
	20 Total assets (Part X, line 16)	395,204.	411,518.	
	21 Total liabilities (Part X, line 26)			
22 Net assets or fund balances. Subtract line 21 from line 20	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 ► JAMES MCCONNELL, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► <i>BRADY, MARTZ AND ASSOCIATES, P.C.</i> Firm's name (or yours if self-employed), address, and ZIP + 4 ► P.O. BOX 14296 GRAND FORKS, ND 58208-4296	Date	Check if self-employed ► <input type="checkbox"/>	
		EIN ►	Preparer's identifying number (see Instructions)	
			Phone no. ► 701-775-4685	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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.

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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 PERFROMS 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
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Name of the organization

Name of the organization **ANCIENT ARABIC ORDER OF THE NOBLES
KEM TEMPLE GROUP RETURN**

Employer 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