



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Process Original

Copy Only - Do Not Process

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.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ 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

F Name and address of principal officer: DALE A DUCHSCHERER
SAME AS C ABOVE

D Employer identification number

51-0171595

E Telephone number

701-772-7125

G Gross receipts \$ 233,518.

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 Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other ► UNINC **L Year of formation:** 1910 **M State of legal domicile:** ND

Part I Summary

| | |
|--|---|
| 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 net 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, column (C), line 12 | 7a 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. |
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year 1,800. Current Year 6,365. |
| 9 Program service revenue (Part VIII, line 2g) | 4,255. 3,991. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 8,293. 6,983. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 112,378. 97,043. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 126,726. 114,382. |
| 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) | 110,412. 73,498. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 110,412. 73,498. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 16,314. 40,884. |
| 20 Total assets (Part X, line 16) | Beginning of Current Year 411,518. End of Year 452,402. |
| 21 Total liabilities (Part X, line 26) | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 411,518. 452,402. |

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 signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Preparer's Use Only

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
ENVELOPE DATE AUG 29 2013
SCANNED OCT 21 2013

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
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 B, LINE 11: 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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 LINE H(B) - LIST OF AFFILIATED STATEMENT 1
 ORGANIZATIONS INCLUDED IN GROUP RETURN

| 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 |

FOOTNOTES

STATEMENT 2

~~AFFILIATE CLUBS NOT INCLUDED IN RETURN-NOT REQUIRED TO FILE:~~ ↓

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

*This should have
 read the same as
 2007 (see Attached).*