

TO THE

GRAND ROYAL ARCH CHAPTER OF TEXAS

For the Year Ending June 23, 2017

Chapter No. _____

Held at _____ County of _____

Mailing Address _____

Stated Convocation Held: Day of month _____ Time _____

Location of Masonic Temple _____

Date of Charter: _____ District No.: _____

~~~~~

OFFICERS FOR NEW YEAR

(Please give mailing address on each ELECTED OFFICER)

| <u>NAME</u> | <u>ADDRESS</u> | <u>TOWN</u> | <u>ZIP</u> |
|-------------|----------------|-------------|------------|
| H.P.        | _____          | _____       | _____      |
| King        | _____          | _____       | _____      |
| Scribe      | _____          | _____       | _____      |
| Treas.      | _____          | _____       | _____      |
| Secy.       | _____          | _____       | _____      |
| Chap.       | _____          | _____       | _____      |
| C.O.H.      | _____          | _____       | _____      |
| P.S.        | _____          | _____       | _____      |
| R.A.C.      | _____          | _____       | _____      |
| M.3rd V.    | _____          | _____       | _____      |
| M.2nd V.    | _____          | _____       | _____      |
| M.1st V.    | _____          | _____       | _____      |
| Guard       | _____          | _____       | _____      |

Chapter No.

Enter alphabetically the names of all members who are exempted from the payment of dues in compliance with Paragraph 3 of Article C-116 (253A) - "Exemptions. All dues being remitted due solely to financial circumstances, shall be certified by the Secretary of the Subordinate Chapter to the Grand Chapter, which shall exempt annual dues to the Grand Chapter."

- 1. \_\_\_\_\_ 21. \_\_\_\_\_
2. \_\_\_\_\_ 22. \_\_\_\_\_
3. \_\_\_\_\_ 23. \_\_\_\_\_
4. \_\_\_\_\_ 24. \_\_\_\_\_
5. \_\_\_\_\_ 25. \_\_\_\_\_
6. \_\_\_\_\_ 26. \_\_\_\_\_
7. \_\_\_\_\_ 27. \_\_\_\_\_
8. \_\_\_\_\_ 28. \_\_\_\_\_
9. \_\_\_\_\_ 29. \_\_\_\_\_
10. \_\_\_\_\_ 30. \_\_\_\_\_
11. \_\_\_\_\_ 31. \_\_\_\_\_
12. \_\_\_\_\_ 32. \_\_\_\_\_
13. \_\_\_\_\_ 33. \_\_\_\_\_
14. \_\_\_\_\_ 34. \_\_\_\_\_
15. \_\_\_\_\_ 35. \_\_\_\_\_
16. \_\_\_\_\_ 36. \_\_\_\_\_
17. \_\_\_\_\_ 37. \_\_\_\_\_
18. \_\_\_\_\_ 38. \_\_\_\_\_
19. \_\_\_\_\_ 39. \_\_\_\_\_
20. \_\_\_\_\_ 40. \_\_\_\_\_

Total listed above .....

CERTIFIED BY:

Exempt Members from Page E ..

Secretary

Total Exempt Members .....

Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

SYNOPSIS OF THE WITHIN RETURN

Chapter No. \_\_\_\_\_

From June 24, 2016, to June 23, 2017, inclusive

RECAPITULATION OF ALL CHANGES FOR THE YEAR

Members on Last Report \_\_\_\_\_ Demitted (L) .... - \_\_\_\_\_
Exalted (H) ..... + \_\_\_\_\_ Susp N.P.D. (M) - \_\_\_\_\_
Affiliated (J) ..... + \_\_\_\_\_ Susp U.M.C. (M) - \_\_\_\_\_
Affiliated Plural (J). + \_\_\_\_\_ Expelled (M) .... - \_\_\_\_\_
Reinstated (K) ..... + \_\_\_\_\_ Deaths (N) ..... - \_\_\_\_\_
Reinstated Amnesty (K) + \_\_\_\_\_ PRESENT MEMBERSHIP \_\_\_\_\_

\*\*\*\*\*

Total PRESENT MEMBERSHIP .....
Less Exempt Members (Total Page 2 & Page E) .....-
Less Amnesty Reinstated .....-
Total Number of Members Dues Payable ..... \_\_\_\_\_

\*\*\*\*\*

STATEMENT OF DUES - Per Capita due Grand Chapter - \$18.00
(\$16.00 to Grand Chapter General Fund)
(\$2.00 to Texas Masonic Retirement Center)

\_\_\_\_\_ Members @ \$18.00 each .....\$ \_\_\_\_\_

\_\_\_\_\_ Reinstatements @ \$18.00 each \$ \_\_\_\_\_

TOTAL DUES ..... \$ \_\_\_\_\_

STATEMENT OF DEGREE FEES:

\_\_\_\_\_ Exaltation Fees @ \$50.00 Each \$ \_\_\_\_\_

\_\_\_\_\_ Exaltation Fees Previously Paid \$ \_\_\_\_\_

\_\_\_\_\_ Exaltation Fees Balance Due ..... \$ \_\_\_\_\_

TOTAL DUES AND FEES PAYABLE ..... \$ \_\_\_\_\_

### Grand Chapter Returns Increase - Exaltations

Chapter Number: \_\_\_\_\_

Name:

Mailing Address and Zip Code:

ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

(include a membership change form for each)

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Chapter Returns Increase - Affiliations

Chapter Number: \_\_\_\_\_

| Name: | Mailing Address and Zip Code: | ID Number: |
|-------|-------------------------------|------------|
| 1.    | _____                         | _____      |
| 2.    | _____                         | _____      |
| 3.    | _____                         | _____      |
| 4.    | _____                         | _____      |
| 5.    | _____                         | _____      |
| 6.    | _____                         | _____      |
| 7.    | _____                         | _____      |
| 8.    | _____                         | _____      |
| 9.    | _____                         | _____      |
| 10.   | _____                         | _____      |

(include a membership change form for each)

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Chapter Returns Increase - Reinstatements

Chapter Number: \_\_\_\_\_

Name:                      Mailing Address and Zip Code:                      ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

(include a membership change form for each)

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Chapter Returns Decrease - Demissions

Chapter Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Demission: \_\_\_\_\_

ID Number: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Chapter Returns Decrease - Suspensions

Chapter Number: \_\_\_\_\_

Name:

Date of Suspension:

ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Records Printed: \_\_\_\_\_

Report Year: 2017



### Grand Chapter Returns Decrease - Deaths

Chapter Number: \_\_\_\_\_

Name:

Date of Death:

ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Records: \_\_\_\_\_

Report Year: 2017



Chapter No. \_\_\_\_\_

QUESTIONS TO BE ANSWERED BY THE SECRETARY

Have you a substantial book in which your minutes are kept? \_\_\_\_\_

Have all approved minutes been duly recorded? ..... \_\_\_\_\_

Have they been signed by the High Priest? ..... \_\_\_\_\_

Did you elect Officers this year? ..... \_\_\_\_\_

Have they been installed? ..... \_\_\_\_\_

When? ..... \_\_\_\_\_

By Whom? ..... \_\_\_\_\_

Amount of Annual Chapter Dues per member? .....  
(\$30.00 Minimum Dues - Article C-108 (248))

Amount of Chapter Degree Fee? .....  
(\$100.00 Minimum Fee - Article C-123 (261))

Date I.R.S. Form 990-N or 990 filed .....  
(Mandatory filing by November 15, 2017)

Date I.R.S. copy sent to Grand Secretary ..... \_\_\_\_\_

I.R.S. I.D. Number: ..... \_\_\_\_\_

~~~~~

THE NEW OFFICER SHOULD SIGN THE CERTIFICATE BELOW

I hereby certify that the within Return is true and correct.

SIGNED BY: _____, SECRETARY

PHONE NUMBERS: RES: A/C _____

CELL: A/C _____

OTHER: A/C _____

E-Mail Address of Secretary: _____

Chapter Website: _____

DATE: _____ (Seal)

TO THE

GRAND COUNCIL OF ROYAL AND SELECT MASTERS OF TEXAS

For the Year Ending June 23, 2017

Council No. _____

Held at _____ County of _____

Mailing Address _____

Stated Assembly Held: Day of month _____ Time _____

Location of Masonic Temple _____

Date of Charter: _____ District No.: _____

~~~~~

OFFICERS FOR NEW YEAR

(Please give mailing address on each ELECTED OFFICER)

|          | NAME  | ADDRESS | TOWN  | ZIP   |
|----------|-------|---------|-------|-------|
| T.I.M.   | _____ | _____   | _____ | _____ |
| R.I.D.M. | _____ | _____   | _____ | _____ |
| I.P.C.W. | _____ | _____   | _____ | _____ |
| Treas.   | _____ | _____   | _____ | _____ |
| Rec.     | _____ | _____   | _____ | _____ |
| Chap.    | _____ | _____   | _____ | _____ |
| C.O.G.   | _____ | _____   | _____ | _____ |
| C.O.C.   | _____ | _____   | _____ | _____ |
| Steward  | _____ | _____   | _____ | _____ |
| Sent.    | _____ | _____   | _____ | _____ |

Council No.

Enter alphabetically the names of all members whose dues are being remitted due solely to financial circumstances, which exempts annual dues to Grand Council.

- 1. \_\_\_\_\_ 21. \_\_\_\_\_
- 2. \_\_\_\_\_ 22. \_\_\_\_\_
- 3. \_\_\_\_\_ 23. \_\_\_\_\_
- 4. \_\_\_\_\_ 24. \_\_\_\_\_
- 5. \_\_\_\_\_ 25. \_\_\_\_\_
- 6. \_\_\_\_\_ 26. \_\_\_\_\_
- 7. \_\_\_\_\_ 27. \_\_\_\_\_
- 8. \_\_\_\_\_ 28. \_\_\_\_\_
- 9. \_\_\_\_\_ 29. \_\_\_\_\_
- 10. \_\_\_\_\_ 30. \_\_\_\_\_
- 11. \_\_\_\_\_ 31. \_\_\_\_\_
- 12. \_\_\_\_\_ 32. \_\_\_\_\_
- 13. \_\_\_\_\_ 33. \_\_\_\_\_
- 14. \_\_\_\_\_ 34. \_\_\_\_\_
- 15. \_\_\_\_\_ 35. \_\_\_\_\_
- 16. \_\_\_\_\_ 36. \_\_\_\_\_
- 17. \_\_\_\_\_ 37. \_\_\_\_\_
- 18. \_\_\_\_\_ 38. \_\_\_\_\_
- 19. \_\_\_\_\_ 39. \_\_\_\_\_
- 20. \_\_\_\_\_ 40. \_\_\_\_\_

Total listed above .....

CERTIFIED BY:

Exempt Members from Page E ..

Recorder

Total Exempt Members .....

Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

SYNOPSIS OF THE WITHIN RETURN

Council No. \_\_\_\_\_

From June 24, 2017 to June 23, 2017, inclusive

RECAPITULATION OF ALL CHANGES FOR THE YEAR

Members on Last Report \_\_\_\_\_ Demitted (L).... - \_\_\_\_\_
Greeted (H)..... + \_\_\_\_\_ Susp. N.P.D. (M) - \_\_\_\_\_
Affiliated (J)..... + \_\_\_\_\_ Susp. U.M.C. (M) - \_\_\_\_\_
Affiliated Plural (J). + \_\_\_\_\_ Expelled (M).... - \_\_\_\_\_
Reinstated (K)..... + \_\_\_\_\_ Deaths (N)..... - \_\_\_\_\_
Reinstated Amnesty (K) + \_\_\_\_\_ PRESENT MEMBERSHIP \_\_\_\_\_

Total PRESENT MEMBERSHIP .....
Less Exempt Members (Total Page 2 & Page E) .....-
Less Amnesty Reinstated .....-
Total Number of Members Dues Payable .....

STATEMENT OF DUES - Per Capita due Grand Council - \$18.00
(\$16.00 to Grand Council General Fund)
(\$ 2.00 to Texas Masonic Retirement Center)

Members @ \$18.00 each ..... \$
Reinstatements @ \$18.00 each \$
TOTAL DUES ..... \$

STATEMENT OF DEGREE FEES AND DONATIONS TO YORK RITE DEVELOPMENT FUND (Art. C-142)

Greeting Fees @ \$25.00 each \$
Greeting Fees Previously Paid \$-
Greeting Fees Balance Due ..... \$
Donation to York Rite Dev Fund \$
Donation to York Rite Dev Fund Previously Paid ..... \$-
Donation Balance Due @ \$10.00..... \$

TOTAL DUES, FEES and DONATIONS PAYABLE ..... \$

### Grand Council Returns Increase - Exaltations

Council Number: \_\_\_\_\_

Name: \_\_\_\_\_ Mailing Address and Zip Code: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

(include membership change form for each)

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Council Returns Increase - Affiliations

Council Number: \_\_\_\_\_

Name:                      Mailing Address and Zip Code:                      ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

(include membership change form for each)

Total Records Printed: \_\_\_\_\_

Report Year: 2017



### Grand Council Returns Increase - Reinstatements

Council Number: \_\_\_\_\_

Name:                      Mailing Address and Zip Code:                      Reinstatement Date:                      ID Number:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Council Returns Decrease - Demissions

Council Number: \_\_\_\_\_

Name:

Date of Demission:

ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Council Returns Decrease - Suspensions

Council Number: \_\_\_\_\_

| Name | Date of Suspension: | ID Number: |
|------|---------------------|------------|
| 1.   | _____               | _____      |
| 2.   | _____               | _____      |
| 3.   | _____               | _____      |
| 4.   | _____               | _____      |
| 5.   | _____               | _____      |
| 6.   | _____               | _____      |
| 7.   | _____               | _____      |
| 8.   | _____               | _____      |
| 9.   | _____               | _____      |
| 10.  | _____               | _____      |

Total Records Printed: \_\_\_\_\_

Report Year: 2017

### Grand Council Returns Decrease - Deaths

Council Number: \_\_\_\_\_

Name:

Date of Death:

ID Number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Records: \_\_\_\_\_

Report Year: 2017



Council No. \_\_\_\_\_

QUESTIONS TO BE ANSWERED BY THE RECORDER

Have you a substantial book in which your minutes are kept? .... \_\_\_\_\_

Have all approved minutes been duly recorded? ..... \_\_\_\_\_

Have they been signed by the Thrice Illustrious Master? ..... \_\_\_\_\_

Did you elect Officers this year? ..... \_\_\_\_\_

Have they been installed? ..... \_\_\_\_\_

When? ..... \_\_\_\_\_

By Whom? ..... \_\_\_\_\_

Amount of Annual Council Dues per member? ..... \_\_\_\_\_  
(\$30.00 Minimum Dues - Article C-144 (276))

Amount of Council Degree Fee? ..... \_\_\_\_\_  
(\$50.00 Minimum Fee - Article C-142 (274))

Date I.R.S. Form 990-N or 990 filed ..... \_\_\_\_\_  
(Mandatory filing by November 15, 2017)

I.R.S. I.D. Number: ..... \_\_\_\_\_

~~~~~

THE NEW OFFICER SHOULD SIGN THE CERTIFICATE BELOW

I hereby certify that the within Return is true and correct.

SIGNED BY: _____, RECORDER

PHONE NUMBER: RES: A/C _____

CELL: A/C _____

OTHER: A/C _____

E-MAIL ADDRESS: _____

Council Website: _____

DATE: _____ (Seal)