

TO THE
GRAND COUNCIL OF ROYAL AND SELECT MASTERS OF TEXAS
For the Year Ending June 23, 2023

Council No.

Held at _____ County of _____

Mailing Address _____

Stated Assembly Held: Day of month _____ Time _____

Location of Masonic Temple _____

Date of Charter: _____ District No.: _____

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OFFICERS FOR NEW YEAR

(Please give mailing address on each Elected Officer)

|          | <u>NAME</u> | <u>ADDRESS</u> | <u>CITY</u> | <u>ZIP</u> |
|----------|-------------|----------------|-------------|------------|
| 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 \*. .... \_\_\_\_\_

(\*subtract Total from Present Membership middle section on Page 3)

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

SYNOPSIS OF THE WITHIN RETURN

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

From June 24, 2022 to June 23, 2023, inclusive

RECAPITULATION OF ALL CHANGES FOR THE CRYPTIC 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 \_\_\_\_\_

PRESENT MEMBERSHIP (above)..... \_\_\_\_\_

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 Dues 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 ..... \$ \_\_\_\_\_

Make check or M.O. payable to: Grand Council R. & S.M. of Texas

**PLEASE USE AND INCLUDE PAGES A-G FROM THE ANNUAL RETURNS PROVIDED  
AND MAKE ANY ADDITONS OR DELETIONS ON THOSE PAGES**

## Grand Council Returns Increase - Greetings

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: 2023

(\* This number is transferred to Page 3 Recapitulation)

## 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: 2023

(\* This number is transferred to Page 3 Recapitulation)

## 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: 2023

(\* This number is transferred to Page 3 Recapitulation)

## 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: 2023

(\* This number is transferred to Page 3 Recapitulation)



**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: 2023

(\* This number is transferred to Page 3 Recapitulation)

**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 Printed: \_\_\_\_\_

Report Year: 2023

(\* This number is transferred to Page 3 Recapitulation)

Council No.

STATED :

CALLED :

**ATTENDANCE :**

[illegible]

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))

Amount of Council Endowment? .....  
(\$500.00 Minimum - Article C-145 (276A))

Date I.R.S. Form 990-N or 990 filed .....  
(Mandatory filing between July 1, 2023 and November 15, 2023)

Date I.R.S. receipt sent to Grand Recorder .....

I.R.S. I.D. Number (E.I.N.): .....

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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)