



RETURNS TO THE  
GRAND COUNCIL OF CRYPTIC MASONS  
OF THE STATE OF MISSOURI

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Council Name \_\_\_\_\_

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

Tax ID No. \_\_\_\_\_

**Attach a copy of 990 or 990N with this return (2009)**  
**For the Year Ending, December 31, 2009**

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*(For use by the office of the Grand Recorder)*

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check No. \_\_\_\_\_

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**SEND PER CAPITA WITH RETURN**

**ATTACH COMPLETE MEMBERSHIP LISTING TO INCLUDE EACH MEMBER FULL NAME,  
ADDRESS, CITY, STATE, ZIP, DATE OF BIRTH, AND DATES OF EACH DEGREE CONFERRED**

**SEND AUDIT WITH RETURN**

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**RETURN NO LATER THAN MARCH 1, 2010**  
**Late fees are \$15.00 per month after due date.**

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASONS OF MISSOURI  
YEAR ENDING DECEMBER 31, 2009

\_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

**LIST ALL OFFICERS FOR THE 2010 YEAR:**  
Use **FULL LEGAL NAME**, no abbreviations, no nicknames

Master _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	Cond. Council _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
Deputy Master _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	Marshal _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
PCW _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	Steward _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
Treasurer _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	Sentinel _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
Recorder _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	Chaplain _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
Capt. Guard _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	

**Name of Temple or Lodge where Council Meets & Street Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Date of Annual Election of Officers (for example, 2<sup>nd</sup> Saturday in December)**

\_\_\_\_\_

**Date and Time of Stated Assemblies (for example, 2<sup>nd</sup> Tuesday of each month at 7:30 p.m.)**

\_\_\_\_\_

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASONS OF MISSOURI  
YEAR ENDING DECEMBER 31, 2009

COUNCIL NO. \_\_\_\_\_

LIST ONLY THOSE ON WHOM **DEGREES HAVE BEEN CONFERRED (GREETED)** DURING THE PAST YEAR (COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Total New Members, enter this number on page 11, line 2, \_\_\_\_\_

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASONS OF MISSOURI  
YEAR ENDING DECEMBER 31, 2009

\_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

**LIST ONLY THOSE ADMITTED BY DIMIT (TRANSFER) OR CERTIFICATE OF GOOD STANDING (DUAL MEMBER) DURING THE PAST YEAR (COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY)**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Date Admitted \_\_\_\_\_ Dual Mbr.   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 From Council \_\_\_\_\_ Council No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Date Admitted \_\_\_\_\_ Dual Mbr.   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 From Council \_\_\_\_\_ Council No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Date Admitted \_\_\_\_\_ Dual Mbr.   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 From Council \_\_\_\_\_ Council No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Date Admitted \_\_\_\_\_ Dual Mbr.   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 From Council \_\_\_\_\_ Council No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Date Admitted \_\_\_\_\_ Dual Mbr.   
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 From Council \_\_\_\_\_ Council No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

**Total Admissions, enter this number on page 11, line 3, \_\_\_\_\_**

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASONS OF MISSOURI  
YEAR ENDING DECEMBER 31, 2009

COUNCIL NO. \_\_\_\_\_

**LIST ONLY THOSE REINSTATED (AFTER SUSPENSION OR DIMISSION) DURING THE PAST YEAR  
(COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY)**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Suspend Date \_\_\_\_\_ Reinstatement Date \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Suspend Date \_\_\_\_\_ Reinstatement Date \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Suspend Date \_\_\_\_\_ Reinstatement Date \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Suspend Date \_\_\_\_\_ Reinstatement Date \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Suspend Date \_\_\_\_\_ Reinstatement Date \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Suspend Date \_\_\_\_\_ Reinstatement Date \_\_\_\_\_  
 Lodge Name \_\_\_\_\_ Lodge No. \_\_\_\_\_ State \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
 RM Date \_\_\_\_\_ SM Date \_\_\_\_\_ SEM Date \_\_\_\_\_

**Total Reinstatements, enter this number on page 11, line 4, \_\_\_\_\_**

\_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

**LIST ONLY THOSE DIMITTED DURING THE PAST YEAR  
(COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY)**

Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____
Full Name _____	Date Dimitted _____
Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	To Council Name/No. _____ State _____

**Total Dimissions, enter this number on page 11, line 7, \_\_\_\_\_**

**LIST ONLY THOSE SUSPENDED FOR UN-MASONIC CONDUCT DURING THE PAST YEAR  
(COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY)**

Full Name _____	Date _____
Full Name _____	Date _____
Full Name _____	Date _____
Full Name _____	Date _____
Full Name _____	Date _____

**Total Suspension for Un-Masonic Conduct, enter this number on page 11, line 8, \_\_\_\_\_**

**LIST ONLY THOSE EXPELLED BY LODGE, CHAPTER, OR COUNCIL DURING THE PAST YEAR.  
STATE EITHER BY LODGE, CHAPTER, OR COUNCIL. (COMPLETE ALL INFORMATION – COPY  
AND USE ADDITIONAL SHEET IF NECESSARY)**

Full Name _____	Date _____
By: Lodge <input type="checkbox"/> Chapter <input type="checkbox"/> Council <input type="checkbox"/>	
Full Name _____	Date _____
By: Lodge <input type="checkbox"/> Chapter <input type="checkbox"/> Council <input type="checkbox"/>	
Full Name _____	Date _____
By: Lodge <input type="checkbox"/> Chapter <input type="checkbox"/> Council <input type="checkbox"/>	

**Total Expulsions, enter this number on page 11, line 9, \_\_\_\_\_**









\_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

**RECAPITULATION**  
**(COMPLETE ALL INFORMATION)**

**1. Membership as of December 31, 2008** \_\_\_\_\_

**MEMBERSHIP ADDITIONS**

- 2. **Greeted** (from page 3) \_\_\_\_\_
- 3. **Admitted** (number admitted by certificate) \_\_\_\_\_
- 4. **Reinstated** (number restored to membership) \_\_\_\_\_
- 5. **Total Additions** (add lines 2, 3, & 4) \_\_\_\_\_
- 6. **TOTAL MEMBERSHIP AFTER ADDITIONS** (add lines 1 & 5) \_\_\_\_\_

**MEMBERSHIP LOSSES**

- 7. **Dimitted** (removed from membership by certificate only) \_\_\_\_\_
- 8. **Suspended for un-Masonic Conduct** \_\_\_\_\_
- 9. **Expelled** \_\_\_\_\_
- 10. **Suspended by Lodge or Chapter** \_\_\_\_\_
- 11. **Suspended by Council for Non Payment of Dues** \_\_\_\_\_
- 12. **Died** \_\_\_\_\_
- 13. **Total Losses** (add lines 7, 8, 9, 10, 11, & 12) \_\_\_\_\_
- 14. **TOTAL MEMBERSHIP AFTER LOSSES** (line 6 minus line 13) \_\_\_\_\_

**GRAND COUNCIL PER CAPITA & FEES**

- 15. **No. of Greetings** \_\_\_\_\_ x \$7.00 each (from line 2) \_\_\_\_\_
- 16. **Membership** \_\_\_\_\_ x \$13.00 (from line 14) \_\_\_\_\_
- 17. **Balance owed from 2008 Return** (as designated only by Grand Recorder) \_\_\_\_\_
- 18. **TOTAL PER CAPITA FEES** (add lines 15,16, & 17) \_\_\_\_\_

**GRAND COUNCIL PER CAPITA CREDITS**

- 19. **2009 Remissions for Inability to Pay** (from page 9, \_\_\_\_\_ x \$13.00) \_\_\_\_\_
- 20. **2009 Remissions for 50-Year Members** (from page 10, \_\_\_\_\_ x \$13.00) \_\_\_\_\_
- 21. **Living Endowed Members of this Council** ( \_\_\_\_\_ x \$13.00) \_\_\_\_\_
- 22. **Credit for General Grand Council Endowed Members** (as designated only by Grand Rec.) \_\_\_\_\_
- 23. **Credits from 2008 Return** (as designated only by Grand Recorder) \_\_\_\_\_
- 24. **TOTAL PER CAPITA CREDITS** (add lines 19, 20, 21, 22 & 23) \_\_\_\_\_
- 25. **TOTAL AMOUNT OWED GRAND COUNCIL** (line 18 minus line 24) \_\_\_\_\_

**MAKE CHECK PAYABLE TO GRAND COUNCIL OF MISSOURI**

(For use by Grand Recorder)
Membership Calculations Verified _____
Financial Calculations Verified _____



COUNCIL NO. \_\_\_\_\_

**FINANCIAL REPORT (COMPLETE ALL INFORMATION)**

**RECEIPTS**

Dues on \_\_\_\_\_ members \_\_\_\_\_  
 Fees from \_\_\_\_\_ candidates \_\_\_\_\_  
 New Endowed Membership fees \_\_\_\_\_  
 Return on Endowed Membership \_\_\_\_\_  
 Interest on investments \_\_\_\_\_  
 Interest on Treasurer's balance \_\_\_\_\_  
 Contributions to CMMR \_\_\_\_\_  
 Contributions to Charity End. Fund \_\_\_\_\_  
 Contributions to other charities \_\_\_\_\_  
 Future dues collected \_\_\_\_\_  
 Miscellaneous (*specify*) \_\_\_\_\_

**Total Receipts** \_\_\_\_\_

**EXPENDITURES**

2008 Per Capita paid to Grand Council \_\_\_\_\_  
 Rent/Shared Expenses \_\_\_\_\_  
 New Endowed Mbrship pd to Grand Council \_\_\_\_\_  
 Trustees for investment \_\_\_\_\_  
 Fees returned \_\_\_\_\_  
 Charity & relief \_\_\_\_\_  
 Furniture & paraphernalia \_\_\_\_\_  
 Funeral expenses \_\_\_\_\_  
 Recorder Honorarium \_\_\_\_\_  
 Treasurer Honorarium \_\_\_\_\_  
 Refreshments \_\_\_\_\_  
 Printing \_\_\_\_\_  
 Receipts for dues cards \_\_\_\_\_  
 Postage & stationary \_\_\_\_\_  
 Premium on officer's bonds \_\_\_\_\_  
 Safe deposit box rent \_\_\_\_\_  
 Contributions to CMMR \_\_\_\_\_  
 Contributions to Charity End. Fund \_\_\_\_\_  
 Contributions to other charities \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Past Master stipend \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Miscellaneous (*specify*) \_\_\_\_\_

**Total Expenditures** \_\_\_\_\_

**DUES**

Annual dues charged each member \_\_\_\_\_  
 Uncollected dues \_\_\_\_\_  
     Owing 1 years dues \_\_\_\_\_  
     Owing 2 years dues \_\_\_\_\_  
     Owing 3 years dues \_\_\_\_\_  
 \_\_\_\_\_ members have paid in advance \_\_\_\_\_

**INDEBTEDNESS**

The following unpaid bills and obligations were due as of December 31, 2009. Do not include 2009 per capita.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECURITIES OWNED**

List securities owned, investments in Temple Assoc. or building funds, bonds or other securities.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BALANCE STATEMENT**

1. Balance on hand December 31, 2008 \_\_\_\_\_
2. Total receipts for 2009 \_\_\_\_\_
3. Total (*add lines 1 & 2*) \_\_\_\_\_
4. Total expenditures for 2009 \_\_\_\_\_
5. Balance on hand December 31, 2009 \_\_\_\_\_  
 (*line 5 must equal line 3 minus line 4*)

**FINANCIAL REPORT**

1. Cash on hand December 31, 2009 \_\_\_\_\_
2. Value of real estate & investments \_\_\_\_\_
3. Value of paraphernalia \_\_\_\_\_
4. Amount of uncollected dues \_\_\_\_\_
5. Total assets (*add lines 1 thru 4*) \_\_\_\_\_
6. Amount of indebtedness \_\_\_\_\_
7. Value of Council (*line 5 minus line 6*) \_\_\_\_\_

\_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

*The Recapitulation (page 12), Financial Report (page 13) and the Report of the Audit Committee (page 14) of this Annual Report must be presented to the Council at its stated assembly next succeeding January 1, read in full in open Council, spread upon the minutes of that assembly, and the **complete 14 page Annual Report** sent to the Grand Recorder **no later than March 1, 2010.***

**REPORT OF AUDIT COMMITTEE**

To the Illustrious Master, Deputy Master, Principal Conductor of the Work, officers and members of  
\_\_\_\_\_ Council No. \_\_\_\_\_ Royal & Select Masters:

The undersigned Auditing Committee respectfully report they have examined the books and accounts of the Treasurer and Recorder of the Council for the year ending **December 31, 2009**, compared the vouchers and found them **to be**  /  **not to be** correct. They have also examined the accounts of the Trustees and securities of the Council held by them and found them **to be**  /  **not to be** correct.

We find the Treasurer and Recorder **to be**  /  **not to be** bonded. We find all monies **to be**  /  **not to be** deposited in the name of the Council. We **find**  /  **do not find** that there are at least two signatures on all accounts in which the monies of this Council are deposited.

Fraternally Submitted,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Audit Committee

**To the Grand Council of Cryptic Masons of the State of Missouri:**

We certify that the return of this Council and Audit Committee Report herewith submitted is correct to the best of our knowledge and belief.

\_\_\_\_\_  
Signature of Retiring Master

\_\_\_\_\_  
Signature of Incoming Master

\_\_\_\_\_  
Signature of Recorder

\_\_\_\_\_  
Date

**ATTACH COMPLETE MEMBERSHIP LISTING TO INCLUDE EACH MEMBER FULL NAME, ADDRESS, CITY, STATE, ZIP, DATE OF BIRTH, AND DATES OF EACH DEGREE CONFERRED**



**Pages 15 thru 19 should NOT to be returned to the Grand Council. They may be discarded after you are finished with them.**

**Annual Return Instructions: Please read these instructions in full**

The Annual Return has been only slightly updated in an effort to make it easier for you to complete and provide the information needed maintain the membership records of the Grand Council. Many of you requested an annual return which is shorter and more brief; we find that this cannot be accomplished and fit the needs of all Councils of Missouri. Your organization may not have need for all the information requested, but others do.

With all due respect to Secretaries and Recorders, your return may be typed or neatly printed, and I stress neatly printed. Please try to have your return typed if you know your writing is difficult to read.

**Some of you have refused to submit the audit with your return; this will not be acceptable for any future returns. Some of you have questioned the need of the audit, however, it is a requirement outlined in the By-Laws of the Grand Council and therefore required.**

### GENERAL INFORMATION

**Date Fields:** A date must be complete, as in day, month, and year. Month and year are not acceptable for any date fields.

**Dimitis:** Many do not understand the Dimit section. A member may only dimit from your organization if their dues are paid in full for the current year, they request in writing such dimit, and (1) they choose to cease their membership in your organization, or (2) transfer their membership. You will issue a Certificate of Dimit to that member without vote. If you do not have a *form*, you may simply write a letter stating the necessary information, i.e., is a member in good standing and at his request is issued said dimit for the purpose of... You are required to inform the Grand Secretary/Recorder of this action when it happens, not just at the end of the year. A member who has not paid their dues may not request a dimit and have it granted.

**Suspensions:** A member must be suspended if they have not paid their dues and the organization has chosen not to remit their dues. A member may **not** request a dimit in order to terminate their membership if they are not current in their dues. Additionally, in the Return, there are two sections under suspensions (1) member has been suspended by the prerequisite organizational membership, i.e., Lodge or Chapter for non-payment of dues (SNP - Suspended), and (2) suspended by your organization for NPD – Non-Payment of Dues. We need you to complete the annual return properly so we can get an accurate accounting for why members were suspended.

**Paper Return:** In completing your return, if you find you need additional pages, simply have the necessary page copied and insert it where appropriate. You **may** use a blank sheet of paper for additional entries **only if** you supply us with all the necessary information. It **must** be typed or neatly printed.

**Electronic Return:** In completing your return, if you find you need additional pages, you will need to complete the page in question, print it off, then complete the page again with the new information and print it off again. To print a single page of the report, select File, Print, choose Print Current Page, and select OK. The form is set up for you to use the TAB key to move from field to field. You may use SHIFT-TAB to back up or simply click on the field.

If you have any questions with the completion of your Annual Return, please contact the office and we will assist you.

### DETAILED INSTRUCTIONS

**COVER PAGE:** Enter the official name of the Council. If unsure, refer to the charter. Enter the number of the Council. Enter the Tax ID number of the Council. If your Council doesn't have one, you must get one. Leave Date Received, Amount Paid, and Check No. blank, these are for office use only.

**PAGE 2:** Enter the name of the Council and Number at the top of *each page on the return*. List all Officers or officers-elected/appointed for next year. Use full legal names and complete all information requested. No officer may hold two offices at the same time. **Members may not hold office unless they have received the Super Excellent Master Degree.**

Meeting Location: Enter the name of the Masonic Temple or Lodge where the Council meets. Provide the complete physical address of the facility, not the mailing address of the Recorder. Provide a phone number if one is available.

Stated Assemblies: Enter the date and time of the stated assemblies of the Council in accordance with the approved by-laws of the organization.

**PAGE 3: GREETINGS:** Enter the full legal name, date of birth, address, city, state, zip, phone number of each new member Greeted during the year. Enter his email address if one is available. No Greeting may be authorized unless the member's Lodge and Chapter membership are verified, provide the appropriate information. Enter the date each Degree was conferred.

Enter the total of Greetings at the bottom of the page and on Line 2 of Page 11.

**PAGE 4: ADMISSION (AFFILIATION) BY DIMIT OR CERTIFICATE (DUAL MEMBERSHIP).** Enter the full legal name, date of birth, address, city, state, zip, phone number of each member who has gained membership in your Council during the current year. Admission includes those admitted by Certificate of Good Standing from another Council by for those seeking to rejoin via a legal Dimit presented to the body for action. Enter all information requested so we can update our membership database. Obviously, you may not admit anyone unless you can validate their prerequisite membership in the Lodge and Chapter.

Enter the total of Admissions at the bottom of the page and on Line 3 of Page 11.

**PAGE 5: REINSTATEMENTS:** Enter the full legal name, date of birth, address, city, state, zip, phone number of each member who has gained membership in your Council during the current year through Reinstatement. Enter all information requested so we can update our membership database. Obviously, you may not reinstate anyone unless you can validate their prerequisite membership in the Lodge and Chapter.

Enter the total of Reinstatements at the bottom of the page and on Line 4 of Page 11.

**PAGE 6: DIMITS:** Note: A member may not just quit. They may leave the organization only by death, dimit, suspension by a prerequisite organization (Lodge or Chapter), suspension for non-payment of dues in the Council, or expulsion.

Enter the full legal name, date Dimit was issued, indicate whether or not the dimit was issued for the purpose of a Transfer, and if for Transfer, identify the name and state of the Council transferred to, of each member who has requested and been granted a Dimit for the purposes of terminating their membership or for transfer to another Council.

A Dimit may only be issued if the member was in good standing (dues paid in full for the current year) and said request was submitted in writing from the member. Dimits do not have to be voted on and approved by the Council, they are issued immediately upon request only if their dues are current.

Transfers by Dimit should only be issued once you have been notified by the gaining Council that the Companion has been duly elected to membership. Then you issue the Dimit to the Companion.

For a Companion who is only transferring his membership, if you issue a Dimit before you receive notice of his election to another Council, the member is actually without membership until that election. This could cause a member to loose valuable time towards Veteran Membership.

Enter the total of Dimissions at the bottom of this section and on Line 7 of Page 11.

**PAGE 6: SUSPENSION FOR UN-MASONIC CONDUCT:** Enter the full legal name and date action was taken by the Council. If Suspension was in a prerequisite body, then that Companion would only be suspended (Page 7, top section) by the Council for failure to maintain membership in those prerequisite organizations, not reported here.

Enter the total of Suspensions for Un-Masonic Conduct at the bottom of this section and on Line 8 of Page 11.

**PAGE 6: EXPELLED BY LODGE, CHAPTER, OR COUNCIL:** Enter the full legal name and date action was taken. The date the expulsion was effective is the date effective in all organizations.

Enter the total of Expulsions at the bottom of this section and on Line 9 of Page 11.

**PAGE 7: SUSPENSIONS BY LODGE OR CHAPTER:** Enter the full legal name and date Suspension was issued by the Companion's Lodge or Chapter and the date. The date of Suspension is the actual date of suspension by the Lodge or Chapter. This suspension is automatic and does not have to be voted on by the Council. Do not list in this section those Suspended by the Council for Non-Payment of Dues.

Enter the total of Suspensions by Lodge or Chapter at the bottom of this section and on Line 10 of Page 11.

**PAGE 7: SUSPENSIONS BY COUNCIL FOR NON-PAYMENT OF DUES:** Enter the full legal name and date Suspension was acted upon by the Council. These suspensions do not include those Companions suspended in another body for non-payment of dues, those would be reported in the above section. Suspensions by Council for Non-Payment of Dues can only be approved by vote of the Council. We do not suspend Companions that have 50-years of membership or very close thereto.

No suspension for non-payment of dues should be initiated unless and until the Council has had direct contact with the Companion, his family, or have reasonable knowledge that he is not going to pay his dues. No suspension shall be issued unless and until you have notified the member of their pending suspension and given them a reasonable time to respond.

Enter the total of Suspension by Council for Non-Payment of Dues at the bottom of this section and on Line 11 of Page 11.

**PAGE 8: DEATHS:** Enter the full legal name and date of death. If member was a Past Illustrious Master, select Yes. Dates must include day, month, and year. If you are unsure, contact the Companion's Lodge Secretary or the Grand Lodge for this information.

Enter the total of Deaths at the bottom of the page and on Line 12 of Page 11.

**PAGE 9: REMISSIONS FOR INABILITY TO PAY:** Enter the full legal name and date of remission. You may not remit a Companion's dues in any year except the year being reported. Remissions must be voted on by the Council. Councils need to have good contact with the Companion or family to validate the need for remission.

Enter the total of Remissions at the bottom of the page, in the first blank of Line 19 on Page 11.

**PAGE 10: REMISSIONS FOR 50-YEAR MEMBERS:** Enter the full legal name and date of remission. You may not remit a Companion's dues in any year except the year being reported. Remissions for 50-year members need NOT be voted on by the Council.

Enter the total of Remissions for 50-year members at the bottom of the page, in the first blank of Line 20 on Page 11.

**PAGE 11: RECAPITULATION:**

Line 1: This number provided to you by the Grand Council may not be altered. This is the number you will start with in calculating your membership returns. If there is an error in this number, it is because the Council has failed to add or subtract membership on previous annual returns. You may correct it by finding out who is not accurately recorded in your membership records and reporting them on this return.

Line 2: From Page 3.

Line 3: From Page 4.

Line 4: From Page 5.

Line 5: Add Lines 2, 3, & 4 together and record.

Line 6: Add Lines 1 and 5 together and record.

Line 7: From first section of Page 6.

Line 8: From middle section of Page 6.

Line 9: From bottom section of Page 6.

Line 10: From top section of Page 7.

Line 11: From bottom section of Page 7.

Line 12: From bottom of Page 8.

Line 13: Add Lines 7, 8, 9, 10, 11, & 12 together and record.

Line 14: Subtract Line 13 from Line 6 and record.

Line 15: In the first blank, enter the number of Greetings found either on Line 2 or page 3. Multiply this number by \$7.00 and enter the total.

Line 16: In the first blank, enter the current membership number from Line 14. Multiply this number by \$13.00 and enter the total.

Line 17: If an entry is made here by the Grand Recorder, it shall be paid with this return. This represents a balance due from previous annual returns.

Line 18: Add Lines 15, 16, & 17 together and record.

Line 19: In the first blank, enter the total number of remissions as recorded on Page 9. Multiply this number by \$13.00 and enter the total. You are not required to pay Grand Council of Missouri per capita on remitted members. Here is where you apply for that credit.

Line 20: In the first blank, enter the total number of 50-year member remissions as recorded on Page 10. Multiply this number by \$13.00 and enter the total. You are not required to pay Grand Council of Missouri per capita on 50-year members. Here is where you apply for that credit.

Line 21: In the first blank, enter the total number of living endowed members of your Council. Multiply this number by \$12.65 and enter the total. You are not required to pay Grand Council of Missouri per capita on living life members. Here is where you apply for that credit.

Line 22: If an entry is made here by the Grand Recorder, it represents a credit to each Council for their members who are Endowed Members of the General Grand Council.

Line 23: If an entry is made here by the Grand Recorder, it represents a credit you have on file from previous annual returns.

Line 24: Adds Lines 19, 20, 21, 22 & 23 together and enter the total Grand Council credits for this return.

Line 25: Subtract Line 24 from Line 18 and enter the total. Make check payable to GRAND COUNCIL OF MISSOURI for this amount and return with your completed return to the Grand Recorder no later than March 1.

**PAGE 12: DUAL/PLURAL MEMBERS:** Enter the full legal name of all Companions who hold dual/plural membership in your Council, meaning your Council is NOT their home Council. Identify the name and number, city, and state of the Council where the member's primary membership is located. Enter the date affiliated with your Council.

**PAGE 13: FINANCIAL REPORT:** Complete all information requested. Total of receipts should match in the Balance Statement on this page, likewise for total of expenditures. Under the Balance Statement, Line 1 should be the same as Line 5 from your previous annual return.

**PAGE 14: REPORT OF AUDIT COMMITTEE:** This report is required in accordance with the By-Laws of the Grand Council of Missouri. The Committee should select the appropriate check boxes, no box groups shall be skipped. It shall be signed by the Audit Committee appointed by the Master. It shall also be signed by the Retiring Master, Incoming Master, Recorder, and dated. If the officer year is different from the fiscal year, the Incoming Illustrious Master and Retiring Illustrious Master shall be signed by the same Illustrious Master.

**PAGE 14: SEAL:** Many Councils forget to seal their return. This is the Grand Council's proof that you are in possession of Grand Council property, your seal. Please apply, affix, and emboss the seal of your Council in the appropriate location at the bottom of this page.

**Pages 15 thru 19 should NOT to be returned to the Grand Council. They may be discarded after you are finished with them.**