



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

Council Name _____

Council No. _____

Tax ID No. _____

Attach a copy of 990 or 990-N Accepted with this return
For the Year Ending, December 31, 2016

(For use by the office of the Grand Recorder)

Date Received _____

Amount Paid _____

Check No. _____

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

RETURN NO LATER THAN MARCH 1, 2017
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, 2016

_____ COUNCIL NO. _____

LIST ALL OFFICERS FOR THE 2017 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, 2nd Saturday in December)

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

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASONS OF MISSOURI
YEAR ENDING DECEMBER 31, 2016

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, 2016

_____ 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	_____
City	_____	State	_____
Phone	_____	Email	_____
Lodge Name	_____	Lodge No.	_____
Chapter Name	_____	Chapter No.	_____
From Council	_____	Council No.	_____
RM Date	_____	SM Date	_____
		SEM Date	_____

Full Name	_____	Date of Birth	_____
Address	_____	Date Admitted	_____
City	_____	State	_____
Phone	_____	Email	_____
Lodge Name	_____	Lodge No.	_____
Chapter Name	_____	Chapter No.	_____
From Council	_____	Council No.	_____
RM Date	_____	SM Date	_____
		SEM Date	_____

Full Name	_____	Date of Birth	_____
Address	_____	Date Admitted	_____
City	_____	State	_____
Phone	_____	Email	_____
Lodge Name	_____	Lodge No.	_____
Chapter Name	_____	Chapter No.	_____
From Council	_____	Council No.	_____
RM Date	_____	SM Date	_____
		SEM Date	_____

Full Name	_____	Date of Birth	_____
Address	_____	Date Admitted	_____
City	_____	State	_____
Phone	_____	Email	_____
Lodge Name	_____	Lodge No.	_____
Chapter Name	_____	Chapter No.	_____
From Council	_____	Council No.	_____
RM Date	_____	SM Date	_____
		SEM Date	_____

Full Name	_____	Date of Birth	_____
Address	_____	Date Admitted	_____
City	_____	State	_____
Phone	_____	Email	_____
Lodge Name	_____	Lodge No.	_____
Chapter Name	_____	Chapter No.	_____
From Council	_____	Council No.	_____
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, 2016

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 _____

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, _____

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASON'S OF MISSOURI
YEAR ENDING DECEMBER 31, 2016

_____ COUNCIL NO. _____

**LIST ONLY THOSE SUSPENDED BY LODGE OR CHAPTER DURING THE PAST YEAR
(COMPLETE ALL INFORMATION - COPY AND USE ADDITIONAL SHEET IF NECESSARY)**

Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____
Full Name	_____	Date	_____	Susp. By:	_____

Total Suspensions by LODGE OR CHAPTER, *enter this number on page 11, line 10,* _____

**LIST ONLY THOSE SUSPENDED BY COUNCIL FOR NON-PAYMENT OF DUES 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	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____
Full Name	_____	Date	_____

Total Suspensions by COUNCIL for NON-PAYMENT of DUES, *enter this number on page 11, line 11,* _____

_____ COUNCIL NO. _____

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

Full Name	Date	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes
_____	_____	Past Master	<input type="checkbox"/> Yes

Total Deaths, enter this number on page 11, line 12, _____

ANNUAL RETURN TO THE GRAND COUNCIL OF CRYPTIC MASONS OF MISSOURI
YEAR ENDING DECEMBER 31, 2016

_____ COUNCIL NO. _____

LIST ONLY THOSE WHOSE DUES HAVE BEEN REMITTED FOR INABILITY TO PAY DURING THE PAST YEAR (COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY) DO NOT ENTER 50-YEAR MEMBER REMISSIONS IN THIS SECTION

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

Total Remissions, enter this number in the first blank on page 11, line 19, _____

_____ COUNCIL NO. _____

**LIST ONLY 50-YEAR MEMBERS WHOSE DUES HAVE BEEN REMITTED DURING THE PAST YEAR
(COMPLETE ALL INFORMATION – COPY AND USE ADDITIONAL SHEET IF NECESSARY)**

50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
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50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____
50-Year Member Full Name	_____	Date	_____

Total 50-Year Remissions, enter this number in the first blank on page 11, line 20, _____

_____ COUNCIL NO. _____

RECAPITULATION
(COMPLETE ALL INFORMATION)

1. Membership as of December 31, 2015 _____

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 \$14.60 (from line 14) _____
- 17. Balance owed from 2015 Return (as designated only by Grand Recorder) _____
- 18. **TOTAL PER CAPITA FEES** (add lines 15,16 & 17) _____

GRAND COUNCIL PER CAPITA CREDITS

- 19. 2016 Remissions for Inability to Pay (from page 9, _____ x \$14.60) _____
- 20. 2016 Remissions for 50-Year Members (from page 10, _____ x \$14.60) _____
- 21. Living Endowed Members of this Council (_____ x \$14.60) _____
- 22. General Grand Council Endowed Members (as designated by Gr. Recorder) (_____ x \$2.50) _____
- 23. Credits from 2015 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

<p>(For use by Grand Recorder)</p> <p>Membership Calculations Verified _____</p> <p>Financial Calculations Verified _____</p>

_____ 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

2015 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, 2016. Do not include 2016 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, 2015 _____
2. Total receipts for 2016 _____
3. Total (*add lines 1 & 2*) _____
4. Total expenditures for 2016 _____
5. Balance on hand December 31, 2016 _____
 (*line 5 must equal line 3 minus line 4*)

FINANCIAL REPORT

1. Cash on hand December 31, 2016 _____
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, 2017.***

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, 2016**, 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

