

**The Grand Council Of Knight Masons Of The U.S.A.**

**Annual Return**

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

Year ending December 31, 2010

Officers for year starting January 1, 2010

Date officers installed \_\_\_\_\_

SUBMIT REPORT IMMEDIATELY AFTER THE ANNUAL MEETING

OFFICE	NAME (print)
EXCELLENT CHIEF EXCELLENT CHIEF ADDRESS	
TELEPHONES	(H) _____ (Email) _____ EXCELLENT CHIEF NATIONAL No. _____
SENIOR KNIGHT	
JUNIOR KNIGHT	
SCRIBE SCRIBE ADDRESS	
TELEPHONES	(H) _____ (FAX) _____ (O) _____ (Email) _____
TREASURER	
SENIOR WARDEN	
JUNIOR WARDEN	
DIRECTOR OF CEREMONIES	
PRIEST	
STEWARD or 1 <sup>st</sup> GUARD	
SENTINEL or 2 <sup>nd</sup> GUARD	

Received:

Signed

\_\_\_\_\_  
Grand Scribe

\_\_\_\_\_  
Scribe

**I. GAINS**

**A. New Members Installed**

No.	Local No.	National No.	Full Name - (First Middle Last)	Reside State	Knighted Date mm/dd/yy
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

**Total New Members** \_\_\_\_\_

**I. GAINS CONTINUED**

**B. Affiliations**

	Local No.	National No.	Full name (if known)	Reside State	Knighted Date mm/dd/yy	Previous Council	Dual Y/N	Date Affiliated mm/dd/yy
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**Total Affiliations** \_\_\_\_\_

**C. Restorations**

	Local No.	National No.	Name	Reside State	Restored Date mm/dd/yy	Dual Y/N	Comments
1							
2							
3							
4							

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

**II. LOSSES**

	Local No.	National No.	Name	Dual Y/N	Action Date mm/dd/yy	----- Action -----			
						Death	Demit	SNPD	Trans to Cncl
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

**Total Losses** \_\_\_\_\_

**LIVING PAST EXCELLENT CHIEFS**

(Initials, last name & year)

1 _____	8 _____	15 _____
2 _____	9 _____	16 _____
3 _____	10 _____	17 _____
4 _____	11 _____	18 _____
5 _____	12 _____	19 _____
6 _____	13 _____	20 _____
7 _____	14 _____	21 _____

**SUMMARY SINCE LAST RETURN**  
(Details on pages 2 & 3)

	<b>TOTALS</b>
Number of members on last return as of Dec. 31, 2009	_____ (A)
<b>GAINS</b> Installed ( ) Affiliated ( ), Restored ( )	
Dual Members      Affiliated ( ), Restored ( )	
Sub-total gains	_____ (B)
<b>LOSSES</b> REGULAR Death ( ) SNPD ( ) Transfer ( ) Withdraw ( )	
DUAL Death ( ) SNPD ( ) Withdraw ( )	
Sub-total losses	_____ (C)
Total Membership (except Honorary) as of December 31, 2010 (A + B - C)	_____
Honorary members as of December 31st	_____

**CALCULATIONS**

_____ New members installed during year @ \$25.00 each	\$ _____
_____ New Dual Members by Affiliation @\$10 each	\$ _____
_____ Restored Members (NOT a member on 1/1/2008) @\$10 each	\$ _____
Filing Fee	\$ <u>1.50</u>
Total owed (Sum of above)	\$ _____ (T)
Amounts Previously Paid	\$ _____ (P)
Total enclosed for Year 2010 (T minus P)	\$ _____

\_\_\_\_\_ Council No. \_\_\_\_\_ hereby requests the Grand Council of Knight Masons to include this council in the Group Exemption, GEN number 3006 as a tax exempt body under the IRS Regulations.

Our Local E.I. No: \_\_\_\_\_

SIGNED \_\_\_\_\_  
(Scribe)