

**SUPREME FOREST OF THE
TALL CEDARS OF LEBANON OF N.A.**

**ANNUAL REPORT
YEAR ENDING
DECEMBER 31, 20__**

Please mail form with check

SUPREME FOREST USE ONLY	
Check # _____	_____
Amounts _____	_____
Date Rec'd. _____	_____

_____ Forest No. _____ District No. _____

CERTIFICATIONS

I do hereby certify that this Report for the year ending December 31st 20__ to be correct, and the Per Capita Tax and Foundation Annual Assessment is as follows:

1. PER CAPITA \$9.50 X _____ members = \$ _____
I.LINE O MAKE CHECK PAYABLE TO SUPREME FOREST TCL
2. ANNUAL ASSESSMENT.....\$3.00 X _____ members = \$ _____
V. LINE 7 MAKE CHECK PAYABLE TO TALL CEDAR FOUNDATION

_____ (signature) Grand Tall Cedar for closing year 20__

_____ (signature) Scribe for closing year 20__

I. MEMBERSHIP

- | | |
|--|-------|
| A. Total Membership as reported on last Annual Report | _____ |
| B. Initiated | _____ |
| C. At-Sight | _____ |
| D. Affiliated | _____ |
| E. Reinstated | _____ |
| F. Total Gains | _____ |
| G. Demitted | _____ |
| H. Suspended (NPD) | _____ |
| I. Deceased | _____ |
| J. Suspended/Expelled | _____ |
| K. Total Losses | _____ |
| L. Membership total including Life & At-sight ('A' plus 'F' minus 'K') | _____ |
| M. Number of "At-sight" members on Forest roster | _____ |
| N. Number of members residing in Masonic Homes | _____ |
| O. Number of members subject to Per Capita Tax ('L' minus 'M' and 'N') | _____ |

II. TREASURER'S REPORT: Name of Bank: _____ Acct. No. _____

Balance on hand, December 31, 20__ as per last report	(1) \$ _____
Total Receipts	(2) \$ _____
Total Expenditures	(3) \$ _____
Balance on hand, December 31, 20__ (1 plus 2 minus 3)	\$ _____

Treasurer's Signature _____

III. TRUSTEES' REPORT: Name of Bank: _____ Acct. No. _____

Balance on hand, December 31, 20__ as per last report	(1) \$ _____
Total Receipts	(2) \$ _____
Total Expenditures	(3) \$ _____
Balance on hand, December 31, 20__(1 plus 2 minus 3)	_____

Trustee's Signature _____

IV. FOREST LIFE MEMBERSHIP FUND: Name of Bank: _____ Acct. No. _____

- A. Amount in Forest Life Membership Fund \$ _____
- B. Officer in charge of Life membership Fund _____ Treasurer _____ Trustee _____

V. TALL CEDAR FOUNDATION – ANNUAL FINANCIAL REPORT

- A. LIFE MEMBER REPORT:**
- TCF Life Members, previous year December 31, 20__ _____
 - TCF Life Members purchased current year _____
 - TCF Life Member losses current year _____
 - Total TCF Life Members on Forest Records _____
(line '1' plus line '2', minus line '3' equals line '4')
- B. ASSESSMENT:**
- Membership as of December 31, 20__ (Section I/line O) _____
 - Minus TCF living Life Members (line 4 above) _____
 - Total (line'5' minus line '6') _____
 - Assessment due \$3.00 X line '7' equals \$ _____

This Foundation report completed by: _____ Forest No. _____ Date _____
TCF Chm./Scribe/Grand Tall Cedar