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

ANNUAL REPORT
YEAR ENDING
DECEMBER 31, 20__

SUPEME 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 …… $10.00 X 0 **members = $** 0.00
I.LINE O — **MAKE CHECK PAYABLE TO SUPREME FOREST TCL**

2. ANNUAL ASSESSMENT……..$3.00 X 0 **members = $** 0.00
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		**G. Demitted**	
C. At-Sight		**H. Suspended (NPD)**	
D. Affiliated		**I. Deceased**	
E. Reinstated		**J. Suspended/Expelled**	
F. Total Gains	0	**K. Total Losses**	0

L. Membership total including Life & At-sight (**'A' plus 'F' minus 'K'**) 0

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'**) 0

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)	**$** 0.00

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)	0.00

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:

1. TCF Life Members, previous year December 31, 20__	
2. TCF Life Members purchased current year	
3. TCF Life Member losses current year	
4. Total TCF Life Members on Forest Records (**line '1' plus line '2', minus line '3' equals line '4'**)	0

B. ASSESSMENT:

5. Membership as of December 31, 20__ (Section I/line O)	0
6. Minus TCF living Life Members (line 4 above)	0
7. Total (line'5' minus line '6')	0
8. Assessment due $3.00 X line '7' equals	$ 0.00

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