Instructions for filing Annual

Return And List of Chapter Companions to Grand Chapter

Companion Scribes Ezra:

1. **Please note that the per capita for the year 2025 is $30.00.**
2. **Membership information is required for all of your members. Please supply name, rank, address, contact information and date of exaltation if available. Also, please provide age and activity of each member in the Chapter. Please attach either a spreadsheet or a list of your Companions in the Chapter. Note – new requirements of age and activity of each member in Chapter.**
3. **Please use this current form for the Annual Return. Errors in reporting are occurring due to the wrong form or out dated forms being used.**
4. **Please use the attached financial report form for your chapter revenue and expenses.**
5. **This return and per capita are due by March 1, 2025, please refer to Sections 51.2 and 51.3 of the Constitution.**

Please email or send in the mail the following to the Grand Scribe Ezra:

1) **Annual Return – Form with cheque if paying by cheque.**
2) **Financial Statement**
3) **Membership List of ALL COMPANIONS with rank, address, date of exaltation, phone number and email address**
4) **Cheque must be made out to: Royal Arch Masons of BC & Yukon**
5) **5) E-Transfers can be to: GrandScribeE@GrandChapter.ca**
6) **Send the Security answer by separate email to the Grand Scribe.**

Send to:

REC Peter Guichon
6323 – 195B Street
Surrey, BC, V3S 7L8
Email: GrandScribeE@grandchapter.ca

Any questions, problems or requests for assistance contact Grand Scribe Ezra at the above address or Cell: 604.880.7390.

For assistance on the Financial Return contact the Grand Treasurer. His contact information is on the bottom of the form.

2024 RETURN

To The

GRAND CHAPTER ROYAL ARCH MASONS

of British Columbia and Yukon



_____Chapter No.__held at _____ , B.C.
for the year ending 31st December, 2024

Day of Month and time of Regular Convocation:

Time:, _____, Day of Month _____,

Except Month(s)_____

Chapter Officers as of December 31st 2024

Date of Installation: _____day_____, **2024**

Office	Name in full (surname, given)
1st Prin. Z.	
2nd Prin. J.	
3rd Prin. H.	
Treasurer	
Scribe Ezra	
Scribe N.	
Prin. Soj.	
Sen. Soj.	
Jun. Soj.	
M. 4th V.	
M. 3rd V.	
M. 2nd V.	
M. 1st V.	
D. of C.	
Organist	
Tyler	
Historian	

Members Exalted in **2024**

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	( )
Email Address	
Birthdate **(** dd/mm/yy **)**	
Wife's/Partner's Name	
Craft Lodge Name	**Jurisdiction of:**
Date Exalted	

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	**( )**
Email Address	
Birthdate **(** dd/mm/yy **)**	
Wife's/Partner's Name	
Craft Lodge Name	**Jurisdiction of:**
Date Exalted	

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	**( )**
Email Address	
Birthdate **(** dd/mm/yy **)**	
Wife's/Partner's Name	
Craft Lodge Name	**Jurisdiction of:**
Date Exalted	

Total Number Exalted	

AFFILIATED in 2024

_____ Chapter No. ____

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	( )
Email Address	
Birthdate (dd/mm/yy)	
Wife's/Partner's Name	
Affiliated from Chapter Name	Jurisdiction of:
Craft Lodge Name	Jurisdiction of:
Date Affiliated	

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Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	( )
Email Address	
Birthdate (dd/mm/yy)	
Wife's/Partner's Name	
Affiliated from Chapter Name	Jurisdiction of:
Craft Lodge Name	Jurisdiction of:
Date Affiliated	

Total Affiliates 2021	

Members Restored in **2024**

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	( )
Email Address	
Birthdate (dd/mm/yy)	
Wife's/Partner's Name	
Craft Lodge Name	**Jurisdiction of:**
Date Restored	

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	**( )**
Email Address	
Birthdate (dd/mm/yy)	
Wife's/Partner's Name	
Craft Lodge Name	**Jurisdiction of:**
Date Restored	

Title & Name of Companion	
Address (incl. Postcode)	
Telephone No.	**( )**
Email Address	
Birthdate (dd/mm/yy)	
Wife's/Partner's Name	
Craft Lodge Name	**Jurisdiction of:**
Date Restored	

Total Number Restored This year	

DIED, DEMITTED, SUSPENDED or EXPELLED in 2024

_____Chapter No.

DIED

	Name and Title of Companion	Date of Death (dd/mm/yy)
1		
2		
3		
4		
	Enter Total No.	

DEMITTED

	Name and Title of Companion	Date Demitted (dd/mm/yy)
1		
2		
3		
4		
5		
6		
	Enter Total No.	

SUSPENDED

	Name and Title of Companion	Reason	Date Suspended (dd/mm/yy)
1			
2			
3			
4			
5			
6			
		Enter Total No.	

EXPELLED

	Name and Title of Companion	Date Expelled (dd/mm/yy)
1		
	Enter Total No.	

COMPANIONS IN CARE FACILITIES WHOSE DUES ARE PAID BY CHAPTER

	Name and Title of Companion
1	
2	
3	
	Enter Total No.

2024 Membership

_____ **CHAPTER No. ____**

Please note:- A penalty may be imposed if the Return is not in Grand Chapter Office by 1st March, 2025 Refer to Sections 51.2 and 51.3 of the Constitution

Number of Members as of 1st Jan 2024 (Same as Dec 31, 2023)	
Number of Members Exalted in 2024	
Number of Members Restored in 2024	
Number of Members Affiliated in 2024	
Subtotal A	
Number of Members Deceased in 2024	
Number of Members Suspended in 2024	
Number of Members Demitted in 2024	
Number of Members Expelled in 2024	
Subtotal B	
Total number of members on the roll as of Dec. 31, 2024 (carry forward to 2025) (subtotal A minus subtotal B)	

FEES PAYABLE TO GRAND CHAPTER

Number of Members from Subtotal A box above		
Members resident in Care Facilities - dues paid by Chapter	-	
Number of Members Suspended in 2024	-	
Number of Members deceased (whom dues were unpaid)	-	
Members for per capita calculations		
Total Members X $28.00 per capita		
Affiliated X $10.00 (one time registration fee)		
Total Payable to Grand Chapter		

FUNDS & PROPERTY as at 31st December 2024

Chapter Furniture		**$**
Real Estate & Buildings		**$**
Funds Invested		**$**
Cash on Hand & Receivables		**$**
	Total	**$**
Outstanding Dues		**$**

To:

GRAND CHAPTER ROYAL ARCH MASONS of BRITISH COLUMBIA and YUKON

We, the Excellent First Principal Z. and Scribe Ezra of

_____ Chapter No. _ _____

Do hereby certify that the attached Returns are true and correct as shown by the books of the Chapter. ***Please ensure page 10, Financial Report is completed****

In witness whereof, we have signed this Report and affixed the

seal of the Chapter this day of_____2025

(Chapter seal)

_____

(Excellent First Principal Z.)

_____

(Scribe Ezra)

REMEMBER: All Cheques to be made out to: Royal Arch Masons of BC & Yukon.

This section for Grand Chapter use only.

Received: **day of_____2025**

Amendments made during 2024

_____Chapter No. ____

In order for Grand Chapter to keep the database updated and as accurate as possible, please make a note of amendments made during the course of the year (i.e. change of address, email, telephone number etc.) and include this sheet with your return for 2024. Alternatively, amendments can be forwarded each month either by mail or email to Grand Scribe Ezra. The sheet will, no doubt, be well used by the time it is to be returned, but it is the information we need, and it doesn't have to be pretty!!!

Name of Companion	Amendment

Charitable Donations

In the interest of gaining a detailed and complete picture of the charitable work of Chapters in this Grand Jurisdiction, it is requested that all donations made on behalf of the Chapter be listed.

Society, Organization or Individual	Amount

FINANCIAL RETURN

INCOME STATEMENT

INCOME

Dues – (No. members x's dues) **$** _____

Initiations (No. Initiations x's initiation fee) _____

Donations received _____

Other Income:

Source:_____ _____

Source: _____ _____

TOTAL INCOME **$** _____

EXPENSES

Annual per capita **$** _____

Rent _____

Regalia and repairs _____

Postage _____

Stationary, office, supplies _____

Computer costs (cartridges, software etc) _____

Communication (telephone/fax etc) _____

Printing, stationary etc _____

Honorarium (scribe e stipend) _____

Other (list) _____

TOTAL EXPENSES **$** _____

NET INCOME (LOSS) – TOTAL INCOME – TOTAL EXPENSES $ _____

_____ _____

(FIRST PRINCIPAL) **(SCRIBE E OR TREASURER)**

DATE _____

BALANCE SHEET

ASSETS

Cash and Term Deposits: **$** _____

Accounts Receivable (list) _____

Investments (List) _____

Other Assets (land, building list at cost) _____

TOTAL ASSETS **$** _____

LIABILITIES

Accounts Payable (please list) **$** _____

Long-Term Debt _____

Other Liabilities (list) _____

TOTAL LIABILITIES **$** _____

NOTE: This is intended to assess the assets & liabilities of each chapter (the net financial health) If there are any assets/liabilities not listed please include them on this statement.

IF you have any problem completing this form you may obtain assistance from the Grand Scribe Ezra.