



The Most Worshipful

Prince Hall Grand Lodge of Ohio

...Free and Accepted Masons

INSTRUCTIONS ON SUBMITTING THE QUARTERLY RETURNS

1. To complete the form simply pull the tabs to the right of each box and select the following: Quarter, Year, Lodge Name and Lodge Number.
2. The Secretary then inputs the numbers into blank boxes and the form will calculate the Charity Fund, General Fund and the Development Fund totals.
3. The Secretary should only submit the pages that they have to filled out, please do not send all of the pages if you did not complete them.
4. The Lodge Secretary will mail pages that were completed with the check or money order to GL Headquarters:

MWPHGL of Ohio
50 Hamilton Park Suite 6
Columbus, OH 43203

The quarters are as follows:

First Quarter (July, August, September)
Second Quarter (October, November, December)

Third Quarter (January, February, March)
Fourth Quarter (April, May, June)

Per the Code and Constitution

Section 12.01: Subordinate Lodge returns shall be made quarterly and sent to Grand Secretary, September 10, December 10, March 10, and June 10, and return of June 10 shall be the annual return.

Please don't hesitate to contact the RW Grand Secretary office if you are experiencing any difficulties, and we will do our best to assist you.

THE MOST WORSHIPFUL PRINCE HALL
GRAND LODGE OF OHIO F &AM
_____ QUARTER 20__

QUARTERLY REPORT FOR

LODGE _____ NO. _____
PRINCE HALL FREE and ACCEPTED MASONS

COMPUTATION

- 1. Number Master Masons returned last Quarter (Line 15, last Quarter Report) _____
- 2. Number Master Masons raised _____
- 3. Number Master Masons reinstated _____
- 4. Number Master Masons admitted by Demit _____
- 5. Number Non-Prince Hall Masons obligated _____
- 6. Total Membership _____

NUMBER OF MASTER MASONS DROPPED FROM ROLL DURING QUARTER

- 7. Master Masons Suspended - Non-Payment of Dues _____
- 7a. Master Masons - Withdrew Membership _____
- 8. Master Masons Expelled _____
- 9. Master Masons Suspended - Unmasonic Conduct _____
- 10. Master Masons deceased _____
- 11. Master Masons demitted to other Lodges _____
- 12. Total Deductions _____

PRESENT MEMBERSHIP

- 13. List Total Membership from Line 6 _____
- 14. List Total Deductions from Line 12 (Subtract) _____
- 15. *Present Membership (use this figure on Line 1 next Quarter) * _____
- 16. Members exempt from Per Capita Tax _____
- 16a. Number of Exempt Members deceased this Quarter _____

MEMBERSHIP COMPUTATION OF PER CAPITA CHARITY & GLDF TAX

- 17. Members liable for Grand Lodge Per Capita tax (from line 6) _____
- 18. Less Line 16, members exempt from dues _____
- 19. Less Line 16a, exempt members deceased _____
- 20. Number of Master Masons liable for Per Capita and GLDF Tax _____

PER CAPITA CHARITY TAX COMPUTATION (ALL MEMBERS)

**Check One: Pay amount on Line 21 to,
MWPHGL Charity Fund**

- 21. Master Masons (all members) liable for Charity tax (from line 17) x \$1.00 _____

**Check Two: Pay amount on Line 22
to, MWPHGL General Fund**

- 22. Master Masons liable for General Fund tax (from line 20) x \$7.00 _____

**Check Three: Pay amount on Line 23 to,
MWPHGL Development Fund**

- 23. Master Masons liable for Development fund (from line 20) x \$2.25 _____

Attest

Worshipful Master _____
Phone Number _____
Email _____

Secretary _____
Phone Number _____
Email _____

Notice to Lodge Secretary: The reports can be email to the Grand Secretaries office at phglhgsoffice@gmail.com, but one hard copy must be sent to the Grand Secretary, 50 Hamilton Park, Columbus, Ohio 43203 along with the checks. Please retain a copy for your files.

THE MOST WORSHIPFUL PRINCE HALL
 GRAND LODGE OF OHIO F & AM
 _____ QUARTER 20_____

QUARTERLY REPORT
 of
 PRINCE HALL FREE and ACCEPTED MASONS

LODGE _____ NO _____

Due to office of Grand Secretary no later than _____

Notice to Lodge Secretary: Two copies of this report must be filled out. The report should be typewritten. Mail one (1) copy (WHITE) to the Grand Secretary, 50 Hamilton Park, Columbus, Ohio 43203. Retain the duplicate copy for your files.

First Quarter (July, August, September) Third Quarter (January, February, March)
 Second Quarter (October, November, December) Fourth Quarter (April, May, June)

MEMBERS RAISED DURING QUARTER

	Date of Birth	Date Raised	Beneficiary
1. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	
2. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	
3. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	
4. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	

***YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES**

MEMBERS REINSTATED DURING QUARTER

	Date of Birth	Date Reinstated	Beneficiary
1. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	
2. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	
3. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	
4. Name _____			
Address _____		Zip _____	SS# _____
Tel # _____		Email _____	

YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES

_____ QUARTER 20 _____ LODGE: _____ NO: _____

MEMBERS RECEIVED BY DEMIT DURING QUARTER

	Date of Birth	Date Demitted	Beneficiary
1. Name _____			
Address _____			Zip _____
Lodge Demitted From _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity <input type="checkbox"/> Y <input type="checkbox"/> N			

2. Name _____			
Address _____			Zip _____
Lodge Demitted From _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity <input type="checkbox"/> Y <input type="checkbox"/> N			

*YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES

NON PRINCE HALL MASONS HEALED DURING QUARTER

	Date of Birth	Beneficiary	Date
1. Name _____			
Address _____			Zip _____
Former Lodge _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity <input type="checkbox"/> Y <input type="checkbox"/> N			

2. Name _____			
Address _____			Zip _____
Former Lodge _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity <input type="checkbox"/> Y <input type="checkbox"/> N			

*YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES

MEMBERS SUSPENDED DURING QUARTER

	Name	Date Suspended	Reason
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

MEMBERS EXPELLED DURING QUARTER

	Name	Date Expelled	Reason
2.	_____	_____	_____

MEMBERS DIED DURING QUARTER

	Name	Date Died	Benefits Applied For (Yes • No)	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

MEMBERS DEMITTED FROM LODGE DURING QUARTER

	Name	Date Demitted	Lodge Name and #	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

_____ QUARTER 20 _____ LODGE: _____ NO: _____

Quarterly Returns

Lodge: _____

Address: _____

City: _____, Ohio

List all **50-Year Members**; last name first:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List all **Retired Members**, exempt from payment of Grand Dues; last name first:

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

The names listed above are the members shown as exempt by the Grand Lodge. You are not permitted to add names unless prior approval is given by the Grand Lodge. The number in parenthesis is the option selected for the individual members. If any of these members should die during the reporting period, please draw a line through their name and make the necessary calculations on page 3.