

Sons of Union Veterans of the Civil War
DEPARTMENT ANNUAL REPORT (FORM 35)

(Due at National Headquarters on or before **May 31** of each year – Retain duplicate for Department Records)

From the Department of: _____ Report for current year _____

Received at Headquarters _____ Date Data Posted _____

Check Number: _____

INSTRUCTIONS: This form is the annual report of your Department to the National Organization. It also serves as an update for your department status by reporting items since Form 30 (Brother's Status Report) for your camps were submitted to the National HQ. All brothers who are new to your department or have left your department since the Form 30s were submitted will be reported on this form. Ensure you are using the current version of SUVCW forms. These are available on the National website under **"Governance and Forms."** (Continued on Page 5)

CAMP STRENGTH SUMMARY

LAST ANNUAL REPORT	Members	Associates	Jr. Members	Jr. Associates	Total
1. CAMPS IN GOOD STANDING					
2. BROTHERS IN GOOD STANDING	_____	+	_____	+	_____
GAINS (Note 1)	Members	Associates	Jr. Members	Jr. Associates	Total
3. By Organization (new camps, only)	_____	_____	_____	_____	_____
4. By Application/Initiation	_____	_____	_____	_____	_____
5. By Change of Status	_____	_____	BLANK	BLANK	_____
6. By Transfer In	_____	_____	_____	_____	_____
7. By Reinstatement	_____	_____	_____	_____	_____
8. By Dual Status	_____	_____	_____	_____	_____
9. Gained from lifted suspensions	_____	_____	_____	_____	_____
10. TOTAL GAINS (Add lines 3 thru 9)	_____	+	_____	+	_____
LOSSES (Note 1)	Members	Associates	Jr. Members	Jr. Associates	Total
11. By Death	_____	_____	_____	_____	_____
12. By Drop (Gen. Discharge)	_____	_____	_____	_____	_____
13. By Honorable Discharge	_____	_____	_____	_____	_____
14. By Change of Status	BLANK	_____	_____	_____	_____
15. By Transfer Out	_____	_____	_____	_____	_____
16. By Termination of Dual Status	_____	_____	_____	_____	_____
17. By camp suspensions	_____	_____	_____	_____	_____
18. TOTAL LOSSES (Add lines 11 thru 17)	_____	+	_____	+	_____
THIS ANNUAL REPORT	Members	Associates	Jr. Members	Jr. Associates	Total
19. BROTHERS IN GOOD STANDING <i>(Line 2 + Line 10 – Line 18)</i>	_____	_____	_____	_____	_____
20. CAMPS IN GOOD STANDING <i>Note 1 – Report totals since last annual report.</i>	_____	_____	_____	_____	_____

SUMMARY INFORMATION

	Members	+	Associates	=	Total
21. Dual Brothers:	_____		_____		_____

The following "New Members" and "New Members Under Age 40" information is used by the Commander-in-Chief to determine eligibility for certain awards. If the information is not furnished by the department, it cannot be considered by the CinC.

22. New Members since last annual report: _____

23. New Members under the age of 40 since last annual report. _____

BROTHERS EXEMPT FROM NATIONAL PER CAPITA

Department of _____

Annual Report for _____

- 24. National Life Members (List on Page 4) _____
- 25. Real Sons (List on Page 4) _____
- 26. Brothers in War Zone _____
(Attach letter with name, rank, branch, & location of Service - List on Page 4)
- 27. National Honorary Members _____
(Only Nationally Approved Honorary Members are Exmpted(List on Page 4)
- 28. Juniors (List on page 4) _____
- 29. Junior Associates (List on page 4) _____
- 30. **TOTAL EXEMPTIONS** (Add lines 24 thru 29) _____

PAYMENT CALCULATIONS

NATIONAL PER CAPITA

- 31. Total Number of Brothers in Good Standing (Enter number from Line 19) _____
- 32. Total Number of Brother Exempt for National Per Capita (Enter number from Line 30) _____
- 33. Total Number of New Brothers with Applications Previously Submitted Between Jan 1 and Mar 31 (Excl'd Jrs) _____
- 34. Total Total Number of Brothers subject to National Per Capita (Subtract Lines 32 and 33 from Line 31) _____
- 35. National Per Capita Rate \$33.00
- 36. Multiply Line 34 times Line 35. This is the total National Per Capita due. _____

NEW BROTHERS APPLICATION FEES

- 37. New Brothers since Last Annual Report (Enter Total from Line 4) _____
- 38. Enter Number of Brothers for whom Applications Were Previously Submitted _____
- 39. Amount for Individual Application Fees \$5.00
- 40. Subtract Line 38 from Line 37 and multiply times Line 39. This is the total of application fees due _____

REINSTATED BROTHERS SUBJECT TO REINSTATEMENT FEE

- 41. Reinstated Brothers since Last Annual Report (Enter Total from Line 7) _____
- 42. Enter Number of Brothers Whose Reinstatements Were Previously Submitted _____
- 43. Amount for Reinstatement Fees \$10.00
- 44. Subtract Line 42 from Line 41 and multiply times Line 43. This is the total reinstatement fees due _____

BROTHERS SUBJECT TO INTERNATIONAL MAILING ADDRESS SURCHARGE

- 45. Enter Number of Brothers who have an International Mailing Address _____
- 46. Amount of Surcharge for International Mailing Address \$5.00
- 47. Multiply Line 45 times Line 46. This is the total surcharge due _____

AMOUNT DUE TO NATIONAL ORGANIZATION

- 48. **TOTAL AMOUNT DUE** (Add Line 36 + Line 40 + Line 44 + Line 47) _____

DEPARTMENT SECRETARY CERTIFICATION

Signature of Secretary _____ Printed Name _____

DEPARTMENT FINANCE REPORT

- 49. Balance on Hand Shown on Last Department Annual Report _____
- 50. Balance on Hand as of This Department Annual Report _____
- 51. Department EIN Number _____ 50. Date Department last filed IRS 990N with IRS _____

NOTE: In accordance with National Regulations Chapter I, Article I, Section 4, all monies and other assets, including real and personal property held by Camps, Departments, and the National Organization are charged with a trust for the purposes for which the Order exists, as stated in its Act of Incorporation. Any use of said monies or other assets, including real and personal property for other purposes is illegal and shall subject the parties concerned to disciplinary action under Article VI of Chapter V and may be restrained by the Commander-in-Chief or Council of Administration to the extent, if necessary, of taking possession and control of the money or assets involved. For record keeping, please furnish the names of each financial institution in which Camp funds are being held. Please attach a separate sheet if necessary.

53. The following is a listing of all financial institutions in which department funds are being held:

Bank/Financial Institution Name	Street Address	City/State
53a. _____	_____	_____
53b. _____	_____	_____
53c. _____	_____	_____
53d. _____	_____	_____
53e. _____	_____	_____
53f. _____	_____	_____
53g. _____	_____	_____
53h. _____	_____	_____

Attach Additional Sheet, if Necessary

DEPARTMENT TREASURER CERTIFICATION

Signature of Treasurer _____ Printed Name _____

Report of Camps Organized, Reinstated, Suspended, Dropped, or Disbanded

(Only list new camps or camps lost since the last annual report.)

<i>Camp Name</i>	<i>Camp No.</i>	<i>Location - City/State</i>	<i>Date Organized Reinstated</i>	<i>Date Suspended</i>	<i>Date Dropped Disbanded</i>	<i>Number of Brothers</i>
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(Attach additional sheets, if necessary)

Report of Deceased Brothers Not Previously Reported

(The National Chaplain requires this information to prepare the Annual "Necrology Report" for the National Encampment and for publishing in the Proceedings of the Encampment.)

<i>Name</i>	<i>Street Address/City/State/Zip</i>	<i>Date of Birth* (MM/DD/YY)</i>	<i>Date of Death* (MM/DD/YY)</i>	<i>Camp Number</i>
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*Provide Date of Birth and Date of Death, if possible. (Attach additional sheets, if necessary)

Report of Brothers Added and Lost Who Have Not Previously Been Reported

By Application/Initiation (I), Transferred into Camp (TI), Reinstated (RE), New Dual Member (ND), From Junior Member or Associate to Member or Associate status (UG), Transferred out of Camp (TO), Dropped (DP), Honorably Discharged (DS), Terminate Dual Status (CS)

Attach one (1) copy of the application for each new brother, along with supporting documents. Include one (1) copies of the Form 4 for transfers in and transfers out.

<i>Name</i>	<i>Street Address/City/State/Zip</i>	<i>Code</i>	<i>Camp Name & Number</i>
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(Attach additional sheets, if necessary)

Report of Dual Brothers

The "dual camp number" indicated below is the camp reporting the brother as a DUAL member. A brother may be reported more than once if he is a dual member of multiple camps. The "primary camp" is the camp the brother has designated as his primary camp. A brother may only have ONE primary camp.

<i>Name</i>	<i>Dual Camp Number</i>	<i>PRIMARY Camp Name and Number</i>	<i>Primary Department</i>
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(Attach additional sheets, if necessary)

Report of Change of Address Since Last Camp Status Report (Form 30)

<i>Name</i>	<i>Address & Email</i>	<i>Camp Name & Number</i>

(Attach additional sheets, if necessary)

National Life Members / National Honorary Members / Real Sons

(List all approved National Life Members, approved National Honorary Members, and Real Sons Who Belong to the Department)

<i>Name</i>	<i>National Life Member #</i>	<i>Name</i>	<i>National Life Member #</i>

(Attach additional sheets, if necessary)

Department Junior Member and Junior Associate Roster

(List all Junior Members and Junior Associates who belong to the Department)

Junior Members and Junior Associates will automatically be upgraded to Member or Associate, as appropriate, in the National database on their fourteenth birthday, if their date of birth has been reported.

<i>Name</i>	<i>Street Address/City/State/Zip</i>	<i>Date of Birth MM/DD/YYYY*</i>	<i>Camp Number</i>

**Provide Date of Birth, if possible.*

(Attach additional sheets, if necessary)

Brothers Assigned in War Zone

(Brother must currently be assigned in a designated War Zone.)

<i>Name</i>	<i>Duty Station Location</i>

(Attach additional sheets, if necessary)

DEPARTMENT COMMANDER APPROVAL

Signature of Commander: _____ Date Approved _____
 Printed Name: _____

Date Submitted to National Headquarters: _____

Mail to:

SUVCW National HQ, 1 Lincoln Circle at Reservoir Park, Ste 240(Nat'l Civil War Museum Bldg), Harrisburg PA 17103-2411.

Date Received by National Headquarters: _____

Additional instructions (continued from page 1)

Include your departmental **member at large camp** personnel in all calculations; and include a Form 27 for your MAL camp too! The Departments must submit a copy of all Form 27 (Camp Annual Reports) for your Department to the National Executive Director, along with new applications and all supporting documentation, along with a check for all monies due to the National Organization, to arrive at National HQ on or before **May 31** of each year. The department must also retain a copy of the report for its records. Include a corrected copy of the roster sent to you by the Executive Director at the years beginning so the National Organization can check their records and try to keep them accurate. This roster must have the following information:

1. Full name. Only use a brother's proper name in all reports, do NOT use nicknames or middle names in lieu of proper first name.
2. Mailing address, to include street address or P.O. box number, city, state, and Zip code. Also, include country for international addresses
3. Status of Brother (Member, Associate, Junior Member Junior Associate, Real Son, Life Member, etc)
4. Phone number
5. Email address
6. Date of birth (especially for Junior Members and Junior Associates)

Include copies of any applications and supporting documents for each new brother not previously reported. Use the most recent version of the form from the National website.

Fill in **all RED** highlighted areas. These are necessary for the calculations to be accurate! Check your arithmetic on pages 1 and 2 before calculating the totals. Please ensure the numbers under 'This Annual Report' reflect the data listed above that category; otherwise, your exemption numbers will not subtract correctly!

Change of Status (Line 5 and Line 14) are used to indicate change from Associate to Member, Junior to Member, and Junior Associate to Associate.

Once the Form 35 has been submitted to the National HQ, all additions, deletions, and changes to the department membership will be reported through the Department Secretary using a Form 30 with supporting documentation, as required.

Junior Members and Junior Associates do not receive the *Banner* unless they specifically pay for a subscription.

Do not submit these instructions with your completed Form 35.