

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 20_____

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 Camp Status Reports (Form 30) for your camps were submitted to the National HQ. All brothers who are new to your department or have left your department since Camp Status Reports 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.”

The Departments must submit a copy of all Camp Annual Reports (Form 27) 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.
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.

Check your arithmetic on pages 1 and 2 before calculating the totals. Please assure the numbers under ‘This Annual Report’ reflect the data listed above that category; otherwise, your exemption numbers will not subtract correctly!

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.

CAMP STRENGTH SUMMARY

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

SUMMARY INFORMATION

19. 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.

20. New Members since last annual report: _____

21. New Members under age of 40 since last annual report: _____

BROTHERS EXEMPT FROM NATIONAL PER CAPITA

- 22. National Life Members *(List on page 4)* _____
- 23. Real Sons *(List on page 4)* _____
- 24. Brothers in War Zone _____
(Attach letter with name, rank, branch, & location of service – List on page 4)
- 25. National Honorary Members _____
(Only Nationally approved Honorary Members are exempt – List on page 4)
- 26. Juniors *(List on page 4)* _____
- 27. Junior Associates *(List on page 4)* _____
- 28. **TOTAL EXEMPTIONS** *(Add lines 22 thru 27)* _____

PAYMENT CALCULATIONS

NATIONAL PER CAPITA

- 29. Total Number of Brothers in Good Standing *(Enter number from Line 17)* _____
- 30. Total Number of Brothers Exempt from National Per Capita *(Enter number from Line 28)* _____
- 31. Total Number of New Brothers with Applications Previously Submitted Between Jan 1 and Mar 31 _____
- 32. Total Number of Brothers subject to National Per Capita *(Subtract Lines 30 and 31 from Line 29)* _____
- 33. National Per Capita Rate \$23.00
- 34. Multiply Line 32 times Line 33. This is the total National Per Capita due. \$ _____

NEW BROTHERS APPLICATION FEES

- 35. New Brothers since Last Annual Report *(Enter Total for Line 4)* _____
- 36. Enter Number of Brothers for whom Applications Were Previously Submitted _____
- 37. Amount for Individual Application Fees \$5.00
- 38. Subtract Line 36 from Line 35 and multiply times Line 37. This is the total of application fees due \$ _____

REINSTATED BROTHERS SUBJECT TO REINSTATEMENT FEE

- 39. Reinstated Brothers since Last Annual Report *(Enter Total for Line 7)* _____
- 40. Enter Number of Brothers Whose Reinstatements Were Previously Submitted _____
- 41. Amount for Reinstatement Fees \$10.00
- 42. Subtract Line 40 from Line 39 and multiply times Line 41. This is the total reinstatement fees due \$ _____

BROTHERS SUBJECT TO INTERNATIONAL MAILING ADDRESS SURCHARGE

- 43. Enter Number of Brothers who have an International Mailing Address _____
- 44. Amount of Surcharge for International Mailing Address \$5.00
- 45. Multiply Line 43 times Line 44. This is the total surcharge due \$ _____

AMOUNT DUE TO NATIONAL ORGANIZATION

- 46. **TOTAL AMOUNT DUE** *(Add Line 34 + Line 38 + Line 42 + Line 45)* \$ _____

DEPARTMENT SECRETARY CERTIFICATION

Signature of Secretary _____ Printed Name _____

DEPARTMENT FINANCE REPORT

- 47. Balance on Hand Shown on Last Department Annual Report \$ _____
- 48. Balance on Hand as of This Department Annual Report \$ _____
- 49. 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.

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

	<i>Bank/Financial Institution Name</i>	<i>Street Address</i>	<i>City/State</i>
51a.	_____	_____	_____
51b.	_____	_____	_____
51c.	_____	_____	_____
51d.	_____	_____	_____
51e.	_____	_____	_____
51f.	_____	_____	_____
51g.	_____	_____	_____
51h.	_____	_____	_____

Attach Additional Sheet, if Necessary

DEPARTMENT TREASURER CERTIFICATION

Signature of Treasurer _____ Printed Name _____

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: _____