

Sons of Union Veterans of the Civil War
CAMP ANNUAL REPORT (Form 27)

(Two copies are due at the Department Headquarters on or before April 30 of each year. Retain a copy for Camp records.)

Camp Name: _____ Camp No: _____ City: _____

Department of: _____ Report for current year 20_____

INSTRUCTIONS: This form is the annual report of your camp to your department. It also serves as an update for your camp status by reporting items since you last submitted a Camp Status Report (Form 30). All brothers who are new to your camp or have left your camp since your last Camp Status Report 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 camp must submit two (2) copies of the Camp Annual Report (Form 27) to the Department Secretary, along with all supporting documentation, including the check for all monies due to the department, on or before April 30 of each year. The camp must also retain a copy of the report for its records. A camp roster must also be included with the report. 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 two (2) copies of the application 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 27 has been submitted to the department, all additions, deletions, and changes to the Camp 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. IN GOOD STANDING | _____ | | _____ | | _____ | | _____ | | _____ |
| GAINS (Note 1) | Members | | Associates | | Jr. Members | | Jr. Associates | | Total |
| 2. By Organization (new camps, only) | _____ | | _____ | | _____ | | _____ | | _____ |
| 3. By Application/Initiation | _____ | | _____ | | _____ | | _____ | | _____ |
| 4. By Junior to Member/Associate | _____ | | _____ | | _____ | | _____ | | _____ |
| 5. By Transfer In | _____ | | _____ | | _____ | | _____ | | _____ |
| 6. By Reinstatement | _____ | | _____ | | _____ | | _____ | | _____ |
| 7. By Dual Status | _____ | | _____ | | _____ | | _____ | | _____ |
| 8. TOTAL GAINS (Add lines 2 thru 7) | _____ | + | _____ | + | _____ | + | _____ | = | _____ |
| LOSSES (Note 1) | Members | | Associates | | Jr. Members | | Jr. Associates | | Total |
| 9. By Death | _____ | | _____ | | _____ | | _____ | | _____ |
| 10. By Drop (Gen. Discharge) | _____ | | _____ | | _____ | | _____ | | _____ |
| 11. By Honorable Discharge | _____ | | _____ | | _____ | | _____ | | _____ |
| 12. By Junior to Member/Assoc (H.D.) | _____ | | _____ | | _____ | | _____ | | _____ |
| 13. By Transfer Out | _____ | | _____ | | _____ | | _____ | | _____ |
| 14. By Termination of Dual Status | _____ | | _____ | | _____ | | _____ | | _____ |
| 15. TOTAL LOSSES (Add lines 9 thru 14) | _____ | + | _____ | + | _____ | + | _____ | = | _____ |
| THIS ANNUAL REPORT | Members | | Associates | | Jr. Members | | Jr. Associates | | Total |
| 16. IN GOOD STANDING (Line 1 + Line 8 - Line 15) | [] | + | [] | + | [] | + | [] | = | [] |

Note 1 - Report totals since last annual report.

SUMMARY INFORMATION

| | | | | | |
|--------------------|---------|---|------------|---|-------|
| | Members | + | Associates | = | Total |
| 17. 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 camp, it cannot be considered by the CinC.

18. New Members since last annual report: _____

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

BROTHERS EXEMPT FROM NATIONAL PER CAPITA

- | | | | |
|--|-------|--|-------|
| 20. National Life Members <i>(List on page 4)</i> | _____ | 23. National Honorary Members | _____ |
| 21. Real Sons <i>(List on page 4)</i> | _____ | <i>(Only Nationally approved Honorary Members are exempt – List on page 4)</i> | |
| 22. Brothers in War Zone | _____ | 24. Juniors <i>(List on page 4)</i> | _____ |
| <i>(Attach letter with name, rank, branch, & location of service – List on page 4)</i> | | 25. Junior Associates <i>(List on page 4)</i> | _____ |
| 26. TOTAL EXEMPTIONS <i>(Add lines 20 thru 25)</i> | | | |

PAYMENT CALCULATIONS

NATIONAL PER CAPITA

- | | | |
|--|-------|---------|
| 27. Total Number of Brothers in Good Standing <i>(Enter number from Line 16)</i> | _____ | |
| 28. Total Number of Brothers Exempt from National Per Capita <i>(Enter number from Line 26)</i> | _____ | |
| 29. Total Number of New Brothers with Applications Previously Submitted Between Jan 1 and Mar 31 | _____ | |
| 30. Total Number of Brothers Subject to National Per Capita <i>(Subtract Lines 28 and 29 from Line 27)</i> | _____ | |
| 31. National Per Capita Rate | | \$23.00 |
| 32. Multiply Line 30 times Line 31. This is the total National Per Capita due | | \$_____ |

NEW BROTHERS APPLICATION FEES

- | | | |
|---|-------|---------|
| 33. New Brothers since Last Annual Report <i>(Enter Total for Line 3)</i> | _____ | |
| 34. Enter Number of Brothers for whom Applications Were Previously Submitted | _____ | |
| 35. Amount for Individual Application Fees | | \$5.00 |
| 36. Subtract Line 34 from Line 33 and multiply times Line 35. This is the total of application fees due | | \$_____ |

REINSTATED BROTHERS SUBJECT TO REINSTATEMENT FEE

- | | | |
|--|-------|---------|
| 37. Reinstated Brothers since Last Annual Report <i>(Enter Total for Line 6)</i> | _____ | |
| 38. Enter Number of Brothers Whose Reinstatements Were Previously Submitted | _____ | |
| 39. Amount for Reinstatement Fees | | \$10.00 |
| 40. Subtract Line 38 from Line 37 and multiply times Line 39. This is the total reinstatement fees due | | \$_____ |

DEPARTMENT PER CAPITA

- | | | |
|---|-------|---------|
| 41. Brothers Subject to Department Per Capita | _____ | |
| 42. Total Number of New Brothers with Applications Previously Submitted Between Jan 1 and Mar 31 | _____ | |
| 43. Total Number of Brothers Subject to Department Per Capita <i>(Subtract Lines 42 from Line 41)</i> | _____ | |
| 44. Enter Amount of Department Per Capita, if applicable | | \$_____ |
| 45. Multiply Line 43 times Line 44. This is the amount of Department Per Capita due | | \$_____ |
| 46. TOTAL AMOUNT DUE TO DEPARTMENT <i>(Add Line 32 + Line 36 + Line 40 + Line 45)</i> | | \$_____ |

CAMP SECRETARY CERTIFICATION



Signature of Secretary _____ Printed Name _____

CAMP FINANCE REPORT

- | | |
|--|---|
| 47. Balance on Hand Shown on Last Camp Annual Report | \$_____ |
| 48. Balance on Hand as of This Camp Annual Report | \$_____ |
| 49. Camp EIN Number _____ | 50. Date Camp last filed IRS 990 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 camp funds are being held:

| | <i>Bank/Financial Institution Name</i> | <i>Street Address</i> | <i>City/State</i> |
|------|--|-----------------------|-------------------|
| 51a. | _____ | _____ | _____ |
| 51b. | _____ | _____ | _____ |
| 51c. | _____ | _____ | _____ |
| 51d. | _____ | _____ | _____ |

Attach Additional Sheet, if Necessary

CAMP 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> |
|-------------|----------------------------|
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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 Camp)

| <i>Name</i> | <i>National Life Member #</i> | <i>Name</i> | <i>National Life Member #</i> |
|-------------|-------------------------------|-------------|-------------------------------|
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Attach additional sheets, if necessary

Camp Junior Member and Junior Associate Roster

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

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*</i> |
|-------------|--------------------------------------|-----------------------|
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**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

CAMP COMMANDER APPROVAL

 Signature of Commander _____ Date Approved _____
 Printed Name: _____

Date Submitted to Department Headquarters: _____