State of Ohio
State Employment Relations Board
65 East State Street, 12th Floor
Columbus, Ohio 43215-4213
(614) 644-8573
EOReport@SERB.ohio.gov

Employee Organization Number

Save to your desktop before filling out.

EMPLOYEE ORGANIZATION ANNUAL REPORT

INSTRUCTIONS: File *one original* of this form with the State Employment Relations Board at the above address. FAILURE TO FILE THIS REPORT MAY RESULT IN REVOCATION OF CERTIFICATION(S) OF THE ORGANIZATION PURSUANT TO OHIO REVISED CODE SECTION 4117.19.

1. Name of Employee Organization (Union):

Address:	Telephone: ( )
City, County, State, Zip:	Email:

2. Name of Employee Organization's agent for service (Union Contact Person):

Address:	Telephone: ( )
City, County, State, Zip:	Email:

3. Names, addresses, and contact information of Parent Organization(s) with which affiliated:

_____

_____

_____

_____

4. Fiscal year ending:

Month _____ Day _____ Year_____

5. Principal officers and representatives of organization:

Name_____ **Title** _____

Name_____ **Title** _____

Name_____ **Title** _____

Name_____ **Title** _____

6. Revenues:

$ _____ **Initiation Fee Assessed New Members**

$ _____ **Monthly Dues Assessed Current Members**

7. **A COMPLETE FINANCIAL REPORT MUST BE ATTACHED.** The financial statement must include all 12 months of your fiscal year. A copy of Form LM-2 or Form LM-3 (Labor Organization Annual Report, as submitted to the United States Department of Labor, Office of Labor-Management and Welfare-Pension Reports) may be substituted.

8. ALL CHANGES OR AMENDMENTS IN THE CONSTITUTION AND/OR BYLAWS MUST BE PROMPTLY REPORTED TO THE STATE EMPLOYMENT RELATIONS BOARD BY THE EXCLUSIVE REPRESENTATIVE OR OTHER EMPLOYEE ORGANIZATION ORIGINALLY FILING THE CONSTITUTION AND BYLAWS.

DECLARATION

I declare that I am an authorized representative of the reporting employee organization; that said organization agrees and pledges to comply with the laws of the State of Ohio; that said employee organization will accept members without regard to age, sex, color, race, religion, ancestry, national origin, military status, handicap or physical disability as provided by law. I further declare that I have read the contents of this Employee Organization Annual Report and that the statements it contains are true and correct to the best of my knowledge and belief.

Signature of Person Confirming to Content of Form

Print or Type Name

State Employment Relations Board

Instructions for completing the Employee Organization Annual Report (AR) Form

Box: Information Requested

1 **Name of Employee Organization (Union)** - Fill in complete name, address, & phone number of the union, including an email address.

2 **Name of Employee Organization's Agent for service (Union Contact Person) -** Fill in complete name, address, & phone number of the person representing the union in Box 1, including an email address. This most often is a union officer but can be an attorney. This is the person SERB should call with any questions about the union.

3 **Names, addresses, and contact information of Parent Organization(s) with which affiliated** - Fill in complete name and address for any union(s) that your union is associated with. If you do not have a parent organization, leave blank or write N/A.

4 **Fiscal year ending** - Fill in the last day (month, date, year) of the union's most recently completed fiscal year.

5 **Principal officers and representatives of organization** – Fill in complete names of all union officers and corresponding titles. Need additional space? Continue on the bottom of page two or include a separate sheet of paper.

6 **Revenues** – Provide amounts for 1. Initiation Fee for new members (if any) and 2. the monthly dues for each current member. If it is easier, you can write in the amount per pay period that is withdrawn per member.

7 **Complete Financial Statement** – Must be submitted along with the Annual Report. It must show funds going in and out and include all twelve months of the union's fiscal year. Acceptable examples include any one of the following: copy of Form LM-2 or Form LM-3, IAFF internal audit, profit/loss or income/expenditure summary, bank summary of the fiscal year's transactions, or monthly bank statements (account numbers crossed out (redacted)) for your entire fiscal year. If in doubt, contact our agency. If the dues amount is zero, please also include a signed statement that the union does not collect dues and had no bank accounts during the fiscal year.

8 **Constitution and Bylaws** – If you made a change since the last time you filed, you must file an updated copy of your Constitution and Bylaws. If what is on file is current, no need to refile.

Declaration – Requires the original signature or electronic signature (ex: /s/ [full name]) and printed name of the person confirming that the person filling out the form is an authorized representative for the union and that the information provided is true to the best of their knowledge.

COMPLETION CHECKLIST

Did you remember to:

- ✓ Use complete names, addresses, phone numbers, & email addresses in Boxes 1-2.
- ✓ Include a Financial Statement that covers all twelve months of your fiscal year, as defined in Box 7. If you provided bank statements, cross out (redact) all bank account numbers.
- ✓ Include a copy of your updated Constitution and Bylaws, only if there was a change.
- ✓ Sign and print your name in the Declaration Box.
- ✓ Remember to file no later than the 15th day of the 5th month following the end of the union's fiscal year.

Submit by mail, email, fax, or hand delivery:
Email: EOReport@SERB.ohio.gov
Fax: (614) 502-7961