



IOWA PUBLIC EMPLOYMENT RELATIONS BOARD
EMPLOYEE ORGANIZATION ANNUAL REPORT

INSTRUCTIONS: An original of this report must be filed with PERB within 90 days of the conclusion of the fiscal year of the employee organization. All boxes must be completely filled out. *Failure to file a complete report, or falsification of information herein, may result in revocation of certification(s) of the employee organization.*

1. a. NAME, ADDRESS, E-MAIL AND PHONE NUMBER OF EMPLOYEE ORGANIZATION:

b. NAME, ADDRESS, E-MAIL AND PHONE NUMBER OF AGENT FOR SERVICE:

2. NAMES AND ADDRESSES OF ANY PARENT ORGANIZATION OR OTHER ORGANIZATION(S) WITH WHICH REPORTING ORGANIZATION IS AFFILIATED:

3. DAY AND MONTH ON WHICH FISCAL YEAR ENDS: _____

4. LIST THE PRINCIPAL OFFICERS AND REPRESENTATIVES OF THE ORGANIZATION:

Name

Title

5. GIVE A GENERAL DESCRIPTION OF THE PUBLIC EMPLOYEES YOUR ORGANIZATION REPRESENTS OR SEEKS TO REPRESENT:

6. a. CURRENT INITIATION FEES ASSESSED NEW MEMBERS: \$ _____

b. CURRENT DUES ASSESSED MEMBERS: \$ _____ Per Month

7. **ATTACH TO THIS ANNUAL REPORT A COMPLETE FINANCIAL REPORT.** In accordance with PERB subrule 621 IAC 8.2(2), the financial report shall contain, at a minimum, the following information: Cash balance from the previous year; a listing of sources and amounts of income; an identified listing of disbursements; and a closing balance. (A copy of Form LM-2 or LM-3 may be submitted to fulfill this requirement.)

8. **ATTACH TO THE FINANCIAL REPORT A COMPLETE AUDIT STATEMENT.** In accordance with PERB subrule 621 IAC 8.2(2), the audit shall consist of a statement that the financial report has been reviewed and found to be true and accurate. The audit must be signed by an auditing committee or a person or persons who hold no other office in the employee organization and who did not prepare the financial report.

9. NAME OF OFFICIAL SUBMITTING THIS REPORT (*Print or Type*)

Name: _____

Title: _____

10. THE UNDERSIGNED, ON BEHALF OF THE REPORTING EMPLOYEE ORGANIZATION, PLEDGES TO COMPLY WITH THE LAWS OF THE STATE OF IOWA, TO ACCEPT MEMBERS WITHOUT REGARD TO AGE, RACE, SEX, RELIGION, NATIONAL ORIGIN OR PHYSICAL DISABILITY. THE UNDERSIGNED FURTHER STATES UNDER OATH THAT THE CONTENTS OF THIS REPORT, INCLUDING ANY ATTACHMENTS, ARE TRUE AND ACCURATE.

Signed: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____, at _____, Iowa.

Notary _____

(Affix Seal)

Mail the original of this form with your financial report and audit statement to:
Public Employment Relations Board
510 East 12th Street, Suite 1B
Des Moines IA 50319