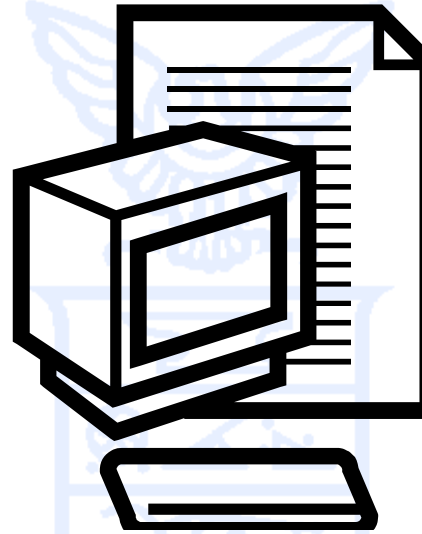# ELECTRONIC FORMS SYSTEM (EFS) INSTRUCTIONS

Guide to Preparing the LM-3

Office of Labor-Management Standards (OLMS)
http://www.olms.dol.gov

ELECTRONIC FORMS SYSTEM (EFS)

LM-3

EFS is a web-based system for completing and filing Form LM-3 Labor Organization Annual Report.
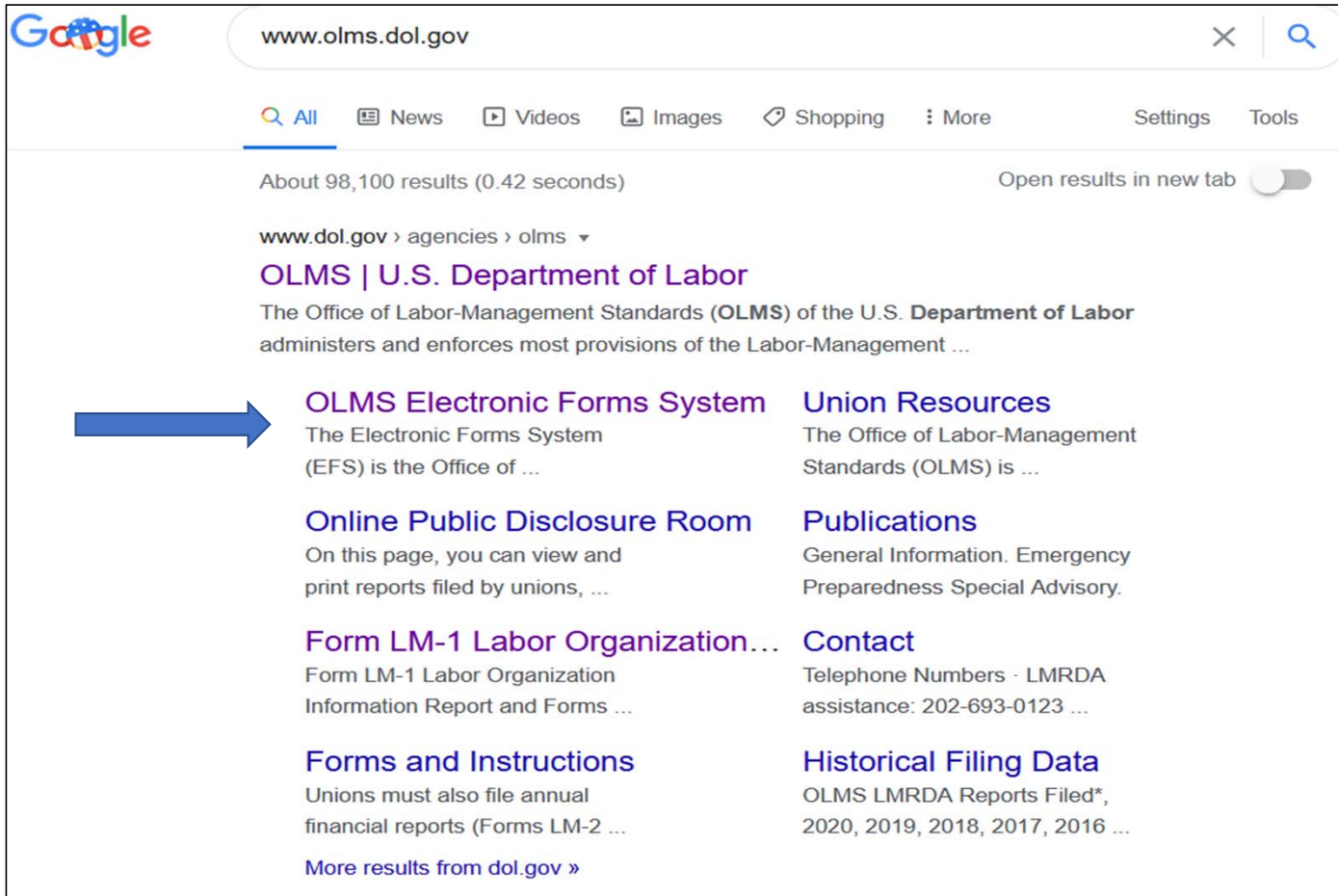
This tutorial demonstrates basic features and functionality of the EFS LM-3 form. It does not contain instructions for what information should be provided on your report.

SEE CSEA INSTRUCTIONS FOR FILLING OUT LM-3

You can download a complete set of LM-3 Instructions from the OLMS website at:
http://www.dol.gov/olms/regs/compliance/LM-3_Instructions_AR.pdf

Navigate to www.olms.dol.gov

Electronic Forms System

SELECT "Register for an EPS User ID and Password"

Electronic Forms System

Enter: User ID, Password, File Numer and Union Pin

Click: SIGN IN

Accessing the System

Select one of the options displayed on the screen.

(Please note that the only forms that you can amend in EFS are ones that were filed using EFS.)

What would you like to do?
- ○ Continue to work on forms in progress
- ◉ Start a new form
- ○ Amend an already submitted form

Select LM-3 from the dropdown

New Form

The Electronic Forms System customizes the LM report with your Union's information.

Fiscal Year Selected: 2011
Form Selected: LM-4
Period Covered
Begin Date: 01/01/2011
End Date: 12/31/2011

Get Form

SELECT 2021 FROM THE DROP DOWN. BE SURE OF BEGIN AND END DATES: 10/01/2020 09/30/2021

www.olms.dol.gov

LM-3 Page 1

The EFS form looks similar to the old Adobe form. Your union information is pre-filled, as are the start-of-period figures on Statement A.

PAGE 1
PAGE 2
ITEM 24
STMT A & B
ADDNL INFO
VALIDATION SUMMARY

Save   Import   Add Attachments   ➤   Validate   Submit   Help   Print

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 10-31-2013

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only
E

1. FILE NUMBER
544-445

2. PERIOD COVERED
MO DAY YEAR
From   01/01/2011
Through   12/31/2011

3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: ☐

(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: ☐

(c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: ☐

4. AFFILIATION OR ORGANIZATION NAME
FACTORY WORKERS

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)
PITTSBURGH REGION

8. MAILING ADDRESS (Type in capital letters)

First Name
JOHN

Last Name
SMITH

P.O. Box - Building and Room Number (if any)

ROOM 1A

Number and Street
1234 MAIN STREET

City
PITTSBURGH

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)   Yes ○   No ○

State
PA

ZIP Code + 4
54321-1234

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: PRESIDENT   58. SIGNED: TREASURER

(If other title, see instructions)   (If other title, see instructions)

Date: Telephone Number: Date: Telephone Number:

Page 7

Navigation

You can easily move through the form by using the navigation links to the left to go directly to a page or by scrolling through pages using the arrows at the top.

Save   Import   Add Attachments   ➤   Validate   Submit   Help   Print

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

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FACTORY WORKERS

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)
PITTSBURGH REGION

8. MAILING ADDRESS (Type in capital letters)

First Name
JOHN

Last Name
SMITH

P.O. Box - Building and Room Number (if any)
ROOM 1A

Number and Street
1234 MAIN STREET

City
PITTSBURGH

State
PA

ZIP Code + 4
54321-1234

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)   Yes ○   No ○

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: [   ] PRESIDENT   58. SIGNED: [   ] TREASURER

(If other title, see instructions)   (If other title, see instructions)

Date: [   ] Telephone Number: [   ]   Date: [   ] Telephone Number: [   ]

Getting Help Within the Form

The form has several built-in help functions.

Mouse-over text that displays information on what to report or how to enter data into a field is available on many items.

11. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organi... ...d in the... ...whi... provid...

"A trust in which a labor organization is interested" is defined in Section 3(l) of the LMRDA (29 U.S.C. 402(l)) as a trust or other fund or organization (1) which was created or established by a labor organization, or one or more of the trustees or one or more members of the governing body of which is selected or appointed by a labor organization, and (2) a primary purpose of which is to provide benefits for the members of such labor organization or their beneficiaries.

Yes ○
No ◉

12. Du... organi... fund?

Yes ○
No ◉

13. Du... ...organization acquire or dispose of any assets in any...

Yes ○

22. What is the date of your organization's next regular election of officers?

MM/YYYY

Getting Help Within the Form

Click the "Help" link at the top of each page to open the form instructions for the current page in a new window.

PAGE 1
PAGE 2
ITEM 24
STMT A & B
ADDNL INFO
VALIDATION SUMMARY

Save & Calculate   Import   Add Attachments   Validate   Help   Print

24.ALL OFFICERS AND DISBURSEMENTS TO OFFICERS   Add More Rows   FILE NUMBER:544-445

(A)Name   (List all persons who held office during the reporting period even if they   (D)   (E)   (F)
re
(B)Title   (Ent
TRI

1. Last Name

   Title

2. Last Name

   Title

3. Last Name

   Title

4. Last Name

   Title

5. Last Name

   Title

Total

The Total from
(If any officer w
56 Additional I

U.S. Department of Labor — Office of Labor-Management Standards (OLMS) LM-3 Instructions - Microsoft Internet Explorer provided

File   Edit   View   Favorites   Tools   Help

http://dolcontentdev.opadev.dol.gov/olms/regs/compliance/efs/lm3instructions/LM3item24.htm   Google

Favorites   Web Slice Gallery

U.S. Department of Labor — Office of Labor-Manage...   Page   Safety

UNITED STATES DEPARTMENT OF LABOR

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Office of Labor-Management Standards   E-mail This Page

DOL Home > OLMS > LM-3 Instructions

Office of Labor-Management Standards (OLMS)

< Page 2   Statement A >

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FINANCIAL DETAILS

REPORT ONLY DOLLAR AMOUNTS
Report all amounts in dollars only. Round cents to the nearest dollar. Amounts ending in $.01 through $.49 should be rounded down. Amounts ending in $.50 through $.99 should be rounded up.

REPORTING CLASSIFICATIONS
Complete all items and lines on the form as given. Do not use different accounting classifications or change the wording of any item or line.

LIST OF OFFICERS AND DISBURSEMENTS TO THEM

ITEM 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS — List all your organization's officers and report all salaries and other direct and indirect disbursements to officers during the reporting period. However, direct and indirect disbursements not involving the payment of some form of cash (cash, checks, money orders, etc.) should not be reported in Item 24 but must be explained in Item 56. Any direct or indirect cash disbursement required to be included in Item 24 should not be reported in other disbursement items.

If additional lines are required, click the "Add More Disbursements To Officers" button at the top of the schedule. The software automatically adds lines to the schedule in increments of ten.

NOTE: A "direct disbursement" to an officer is a payment made by your organization to the officer in the form of cash, property, goods, services, or other things of value.

An "indirect disbursement" to an officer is a payment made by your organization to another party for cash, property, goods, services, or

Menu Items

The menu across the top of the form contains the following items:

Save & Calculate   Import   Add Attachments   ◄►   Validate   Help   Print

1. **Save and Calculate** – Click this item to save the current page and perform all mathematical calculations. Calculations are not performed automatically because doing so would dramatically reduce the speed of the application. It is important to click Save and Calculate at regular intervals when entering data in the form. If you do not save, you will be prompted to do so when you navigate away from a page.
2. **Import** – Click this item to open the Import page for importing schedule data. You can import into any schedule by clicking this link. You do not need to have a schedule open to import data for its completion.
3. **Add Attachments** – Click this item to open the Add Attachments page where supplemental information (like a constitution and bylaws or audit report) can be uploaded. The uploaded data can then be submitted with the form.
4. **Validate –** Click this item to run the form validation routine, which checks the form for missing data. Each page has its own set of validations, and you will be prompted to fix these items before leaving the page if you wish. All validations must be satisfied before the form can be signed and submitted.
5. **Help** – Click this item to take you to page-specific instructions for completing the form. You can navigate through the instructions page by page, or download/print a copy from our website at: http://www.dol.gov/olms/regs/compliance/LM-3_Instructions_AR.pdf
6. **Print** – Click this item to open a facsimile of the electronically completed LM-3. You can save a copy of this report to your computer and share it with others who may need to prepare or review the document. You may save a copy of the final signed report prior to submission.

Additional Information

Throughout the form, there are places where the system will prompt you to enter additional information. You have the option to check a box to enter the information later, and the Additional Information prompt will remain red to remind you that you will need to enter additional information before submitting your report.

To go back and enter the additional information, double-click on the AI icon and enter the additional information. The prompt will turn green, indicating that additional information has been entered.

The Additional Information Summary can be found in the left navigation pane.

Additional Information - Trust or Fund

Please provide the full name, address, and purpose of each trust. If a report has been filed for the trust or other fund under the Employee Retirement Income Security Act of 1974 (ERISA), report in Item 56 the ERISA file number (Employer Identification Number - EIN) and plan number, if any.

Please Note: You must press SAVE or ENTER LATER button to exit the Additional Information data entry process.

```
FWC, INC.
555 Main Street
```

Yes ◉
No ○ AI ◀┄┄┄┄┄┄   Additional Information entered

Yes ◉
No ○ *AI ◀┄┄┄┄┄┄   Additional Information needs to be entered

Additional Information

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION
SUMMARY

Click the ADDNL INFO link in the left navigation pane to display the Additional Information Summary page.

To enter any other additional information required by the form instructions, click the General Information link.

| Save & Calculate | Import | | Validate | General Information | Print |

56.ADDITIONAL INFORMATION SUMMARY   FILE NUMBER:544-445

1.Question 11: FCW, INC
555 Main Street

To go to the item, click on the blue additional information text.

56.ADDITIONAL INFORMATION SUMMARY

1.Question 11: FWC, INC.
555 Main Street

Entering Data into the Form

There are two ways to enter schedule data in the form: manually entering data and importing data.

Manual entry may require you to add more rows to a schedule. A blank schedule in EFS has ten rows. If you need more than ten rows, click the "Add More Rows" link located at the top of the schedule. This will add an additional ten rows.

Entering Data into the Form

After entering data in a schedule, click the "Save & Calculate" link to perform calculations.

The calculated totals will display in the Totals fields:

Entering Data into the Form

The schedule data carries forward to the statements.

CASH DISBURSEMENTS Item	AMOUNT
45. To Officers (from Item 24)	$1,000
46. To Employees (less deductions)	
47. Per Capita Tax	
48. Office & Administrative Expense	
49. Professional Fees	
50. Benefits	
51. Contributions, Gifts & Grants	
52. Purchase of Investments & Fixed Assets	
53. Loans Made	
54. Other Disbursements	
55. TOTAL DISBURSEMENTS	$1,000

Validation

There are two types of validations built into the form to help ensure that the correct data is being entered into the form: Page Level Validations and Form Level Validations.

Page Level Validations occur before you navigate away from a page. A pop up message will alert you of items that must be corrected before the form can be signed and submitted.


```
Message from webpage                                                    ✕

   ?    The items below failed to pass the validation. Do you want to correct them now?

        (Click "OK" to correct them now or click "Cancel" to correct them later.)

        Item 14: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide.

                       [    OK    ]      [   Cancel   ]
```
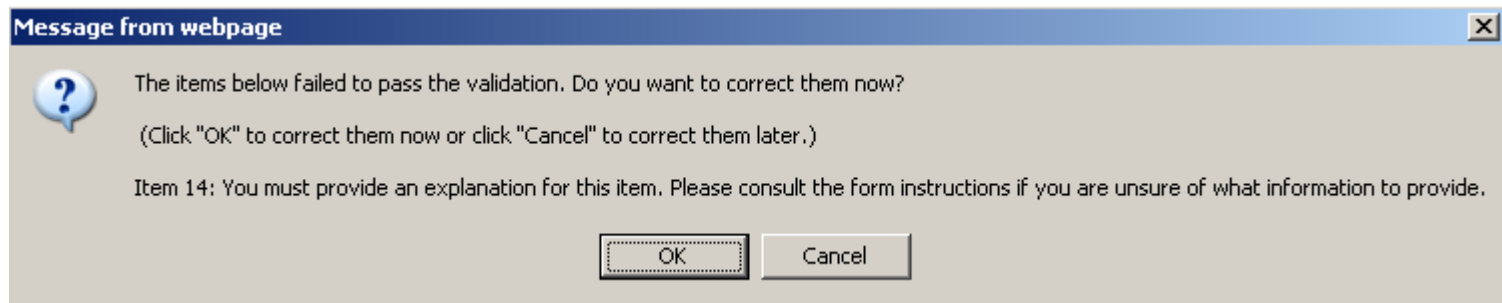
If you click **OK** you can correct the item before leaving the page.

If you click **Cancel**, you can correct the item later. You will be prompted to make the correction during form validation.

Validation

Form Level Validations occur as a final check before the form can be submitted. You must click the "Validate" link on the top menu bar.

The system will open the Validation Summary Page containing a list of items that must be corrected.

You can click on each item and be taken to the page where the item can be corrected. For more information on what should be provided for these items, consult the form instructions.

www.olms.dol.gov

Signing the Form

Once all of the validation items have been corrected, the form is ready to be signed.

Message from webpage ☒

⚠ This form has passed the validation check and is able to be signed and submitted to the Department of Labor. Validation only checks to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-3 Instructions to make sure this form has been filled out according to the requirements.

Please click on a signature field to sign.

OK

The signature blocks will turn red, indicating the form can be signed.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: **Click Here to Sign** PRESIDENT   58. SIGNED: **Click Here to Sign** TREASURER
(If other title, see instructions)   (If other title, see instructions)

Date: _____   Telephone Number: _____   Date: _____   Telephone Number: _____

Note: All officers who must sign the form must have established user accounts and must log into EFS with their account information to sign the form.

Signing the Form

You must re-enter your password to sign the form. By doing so, you are legally attesting that you are the person identified by name in the signature block and a duly authorized officer of the union.

Treasurer's Signature

By entering my name and password below, I attest that I am **John Smith**, a duly authorized officer of the above labor organization, and declare, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any attached documents) has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

|	
First Name	John
Middle Initial	
Last Name	Smith
Date	03/03/2011
Password	••••••••
Phone Number	2025551212

[Sign] [Cancel]

Signing the Form

A minimum of two signatures are required to submit the report.

Once the report has been signed, if any changes are made to any fields on the form, the signatures will be removed and the form must be validated and signed again.

Save a Signed Copy

Click the Print item and click File→Save to save a signed copy of the report as a PDF to your computer. Do this before submitting the report.
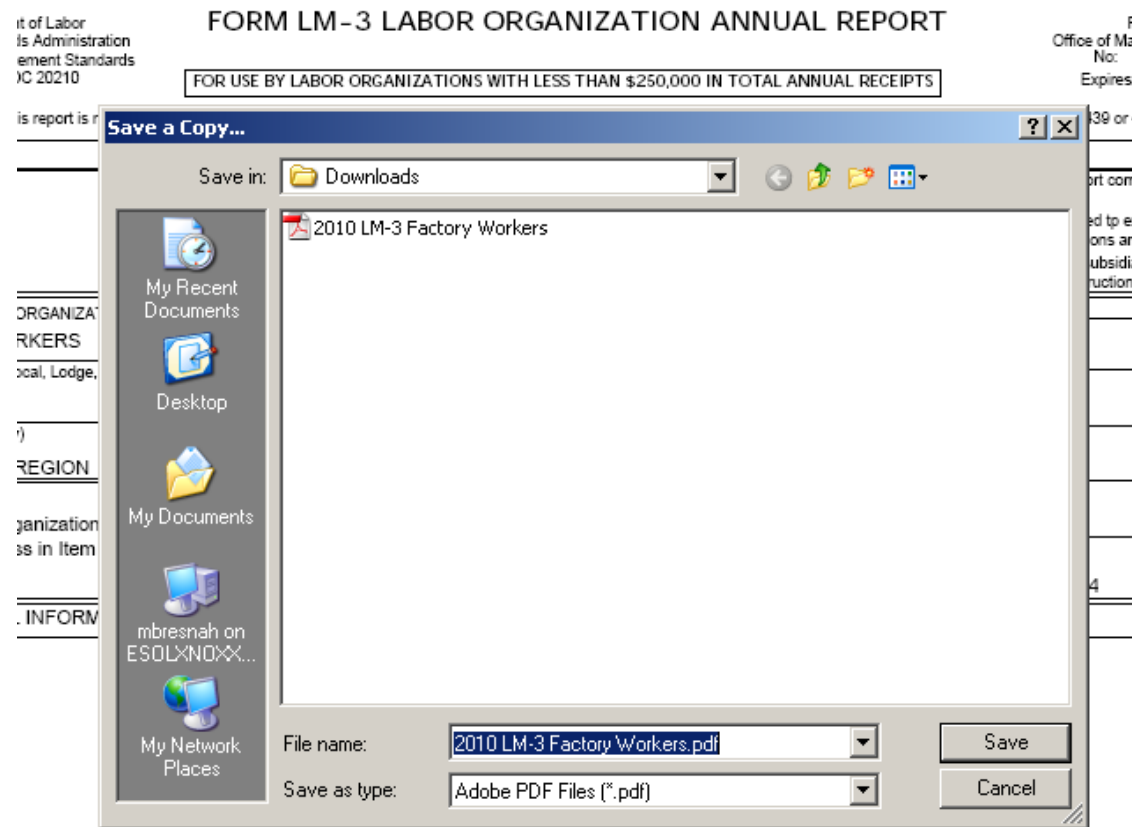
Note: You can obtain a copy of the submitted report from the Online Public Disclosure site. Please see the next section for information on this.

Submitting the Form

Once the signatures have been applied, the form can be submitted.

Click the "Submit" link from the top menu bar. Once the form has been processed (this may take a few minutes) a confirmation message will display:

Logout

Your LM-3 Form has been successfully accepted for processing.
Your confirmation number is: 544445-441031-20110303113425
Please make a note of this number for your records.

To view your submitted LM-3 report, visit the OLMS Online Public Disclosure Room
OLMS Online Public Disclosure Room link:
http://www.dol.gov/olms/regs/compliance/rrlo/lmrda.htm

You can print this message by going to "File→ Print," or simply copy and paste the text from the page into an email or word processing document.

You should now be able to view your submitted report in the Online Public Disclosure Room, by using the link shown above.

Troubleshooting

During peak filing periods, you may experience a slowdown in saving and validating the report.

During these busy periods, you may see an error that looks like this:
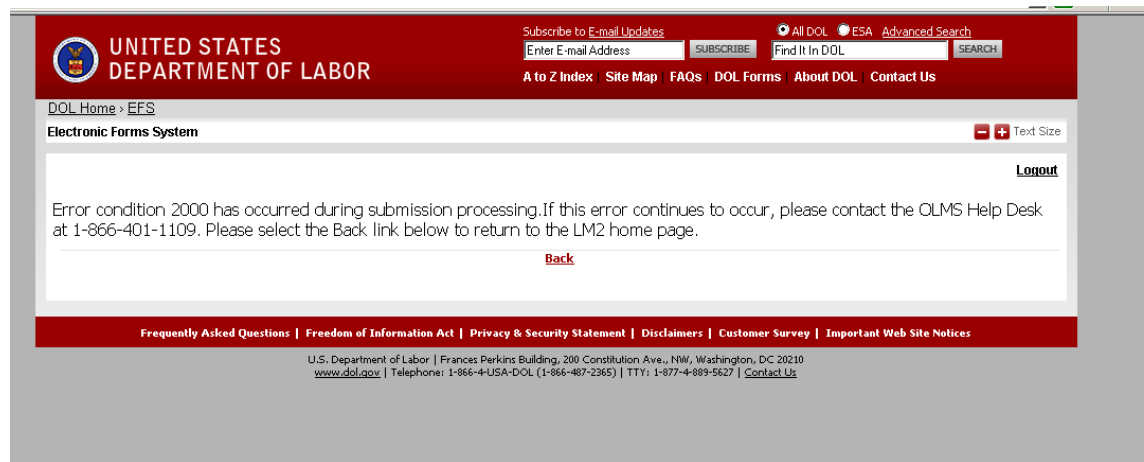
Please wait a few minutes and try again. However, if you continue to experience the problem, please contact our technical support desk. See the next page for information on how to get help.

Getting Help

If you experience difficulty using EFS, please contact OLMS Form Technical Support toll-free at:
1-866-401-1109

This PowerPoint presentation and other information regarding EFS can be found on our website at the following URL:

http://www.dol.gov/olms/regs/compliance/efs/efsintro.htm

If you have additional questions or comments please contact OLMS:
E-mail OLMS at olms-public@dol.gov
or contact your local OLMS District Office