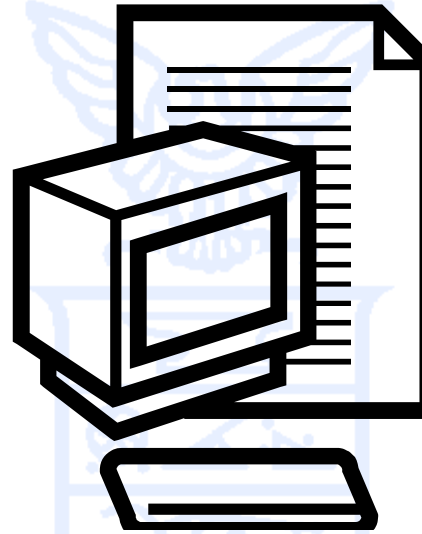


ELECTRONIC FORMS SYSTEM (EFS) INSTRUCTIONS

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.

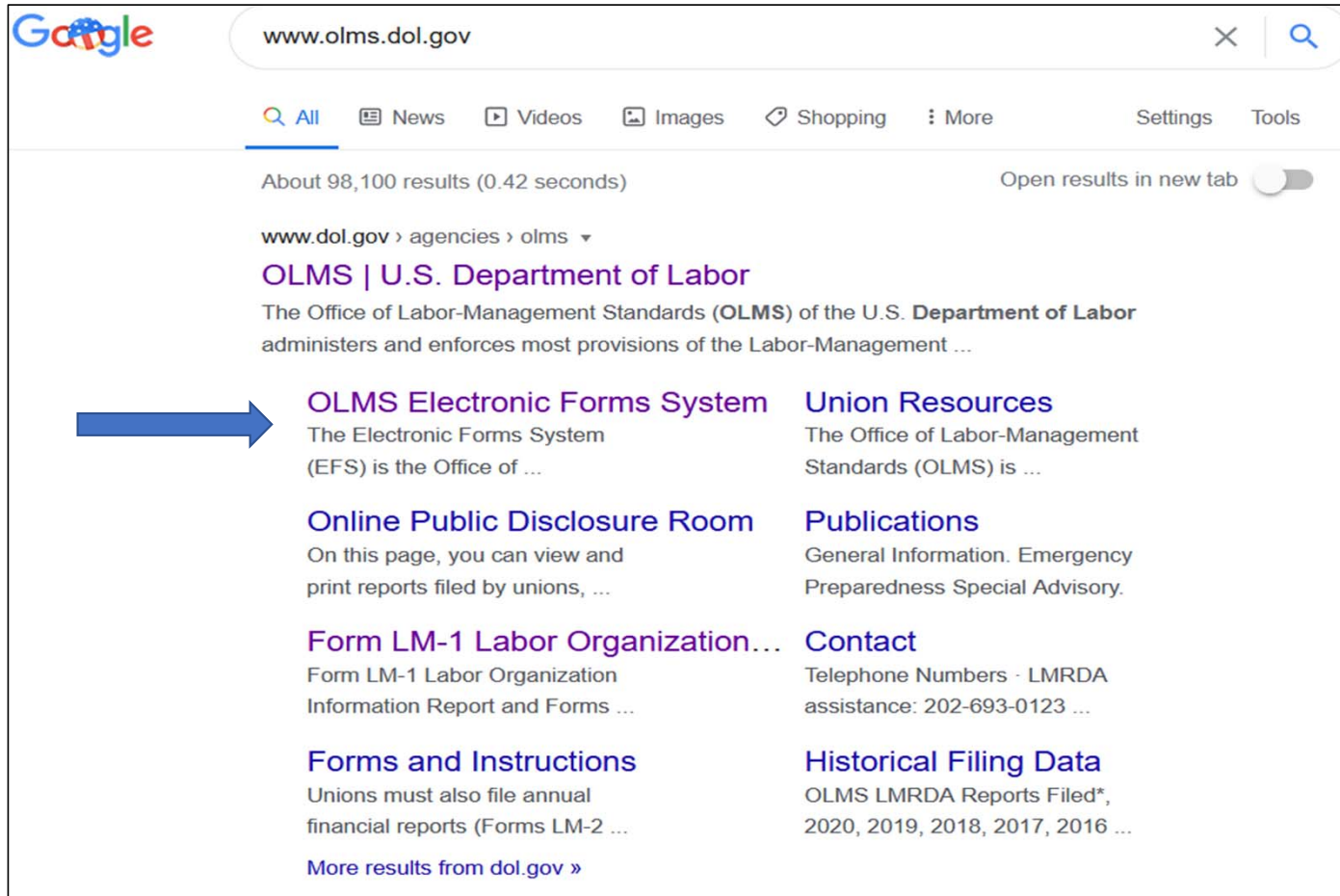
This tutorial demonstrates basic features and functionality of the EFS LM-3 form. It does not contain instructions for what information should be provided on your report.

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



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About 98,100 results (0.42 seconds) Open results in new tab

www.dol.gov > agencies > olms

OLMS | U.S. Department of Labor

The Office of Labor-Management Standards (OLMS) of the U.S. Department of Labor administers and enforces most provisions of the Labor-Management ...

- OLMS Electronic Forms System**
The Electronic Forms System (EFS) is the Office of ...
- Online Public Disclosure Room**
On this page, you can view and print reports filed by unions, ...
- Form LM-1 Labor Organization...**
Form LM-1 Labor Organization Information Report and Forms ...
- Forms and Instructions**
Unions must also file annual financial reports (Forms LM-2 ...
- Union Resources**
The Office of Labor-Management Standards (OLMS) is ...
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Electronic Forms System

U.S. DEPARTMENT OF LABOR

Office of Labor-Management Standards

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OLMS > OLMS Electronic Forms System

OLMS Electronic Forms System

Notice: [Advisory on Union Officer Elections and Public Disclosure Reporting in Areas Affected by COVID-19 and Natural Disasters](#)

EFS Resources


- [Register for an EFS User ID and Password](#) ←
- [Obtain a Union PIN](#)
- [Edit your EFS Account Information](#)
- [Forgot your password?](#)
- [Forgot your User ID?](#)

The Electronic Forms System (EFS) is the Office of Labor-Management Standards' (OLMS) web-based system that enables labor organizations, their officials, employers, and labor relations consultants to complete and submit LM reports to OLMS. Currently, EFS is available for use by Forms LM-1, LM-2, LM-3, LM-4, LM-10, LM-20, LM-21 and LM-30 filers.

[Access the OLMS EFS](#) to register for an EFS User ID and password, obtain a union PIN, as well as edit your account information or retrieve your existing password or User ID. By accessing the OLMS EFS, you can also obtain, work on, or sign and submit an LM form. For more information on registering with EFS, see the [Registration Help page](#).

SELECT “Register for an EPS User ID and Password”

Electronic Forms System



U.S. DEPARTMENT OF LABOR

Office of Labor-Management Standards - OLMS


OLMS HOME | OLMS Reports ▾ | User Guides/FAQs ▾ | Helpdesk: 1-866-401-1109 | TTY: 1-877-4-889-5627 | Email: olms-public@dol.gov

[DOL Home](#) > [OLMS](#) > [EFS](#)


Welcome to the Office of Labor-Management Standards Electronic Forms System (EFS)

Existing and New User Account Management +

LM-1, LM-2, LM-3, LM-4 and Simplified Report -



User ID
User Password
*File Number/Registration ID -
Union PIN [Request New Union PIN](#) ?



[Forgot your password?](#) [Forgot your User ID?](#)

File an Initial LM-1 - Obtain an Initial LM-1 Registration ID and PIN

*Initial LM-1 filers must use your Registration ID

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

New Form

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

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

Get Form

Select LM-3 from the dropdown

SELECT 2018 FROM THE DROP DOWN. BE SURE OF BEGIN AND END DATES: 10/01/2017 09/30/2018

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](#)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT 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: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS		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	
5. DESIGNATION (Local, Lodge, etc.) _____		6. DESIGNATION NUMBER _____	
7. UNIT NAME (if any) PITTSBURGH REGION		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="radio"/> No <input type="radio"/>	
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 (If other title, see instructions)		58. SIGNED: _____ TREASURER (If other title, see instructions)	
Date: _____	Telephone Number: _____	Date: _____	Telephone Number: _____

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.

- [PAGE 1](#)
- [PAGE 2](#)
- [ITEM 24](#)
- [STMT A & B](#)
- [ADDNL INFO](#)
- [VALIDATION SUMMARY](#)

[Save](#) [Import](#) [Add Attachments](#) [Validate](#) [Submit](#) [Help](#) [Print](#)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT 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: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS		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	
5. DESIGNATION (Local, Lodge, etc.) _____		6. DESIGNATION NUMBER _____	
7. UNIT NAME (if any) PITTSBURGH REGION		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="radio"/> No <input type="radio"/>	
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 (If other title, see instructions)		58. SIGNED: _____ TREASURER (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 organization? Yes No

12. Did the labor organization create or participate in the administration of a trust or other fund? Yes No

13. Did the labor organization acquire or dispose of any assets in any... Yes No

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

Tooltip text: "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.

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.

The screenshot shows the OLMS form interface. On the left, a vertical navigation menu includes links for PAGE 1, PAGE 2, ITEM 24, STMT A & B, ADDNL INFO, and VALIDATION SUMMARY. The main form area is titled "24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS" and contains a table with columns for (A) Name, (B) Title, (D), (E), and (F). The table has five rows for data entry and a Total row. At the top of the form, there are buttons for "Save & Calculate", "Import", "Add Attachments", "Validate", "Help", and "Print". A dashed arrow points from the text above to the "Help" button, which is circled in yellow. Below the form, a browser window is visible, showing the URL "http://dolcontentdev.opadev.dol.gov/olms/regs/compliance/efs/lm3instructions/LM3item24.htm" and the United States Department of Labor website header. The website header includes the OLMS logo, a search bar, and navigation links such as "A to Z", "Site Map", "FAQs", "Forms", "About DOL", "Contact Us", and "Español". The main content area of the website displays the "Office of Labor-Management Standards (OLMS)" page, with sections for "FINANCIAL DETAILS", "REPORT ONLY DOLLAR AMOUNTS", "REPORTING CLASSIFICATIONS", and "LIST OF OFFICERS AND DISBURSEMENTS TO THEM".

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 **AI** ← Additional Information entered
- No

- Yes ***AI** ← Additional Information needs to be entered
- No

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.

Save & Calculate

Import

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

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.

[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 FILE NUMBER: 544-445

(A)Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) (D) Gross Salary (before taxes and other deductions) (E) Allowances and Other Disbursements (F) TOTAL

(B)Title (Enter title of officer, such as PRESIDENT or TREASURER.) (C)Status *

1.	Last Name	First Name	Middle Initial			\$0
	Title		Status			\$0
2.	Last Name	First Name	Middle Initial			\$0
	Title		Status			\$0
3.	Last Name	First Name	Middle Initial			\$0
	Title		Status			\$0
4.	Last Name	First Name	Middle Initial			\$0
	Title		Status			\$0
5.	Last Name	First Name	Middle Initial			\$0
	Title		Status			\$0
Total						
					Less Deductions	
The Total from Net Disbursements will be entered in Item 45					Net Disbursements	
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)						

Add More Rows

Entering Data into the Form

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

Save & Calculate Import Add Attachments Validate Help Print

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

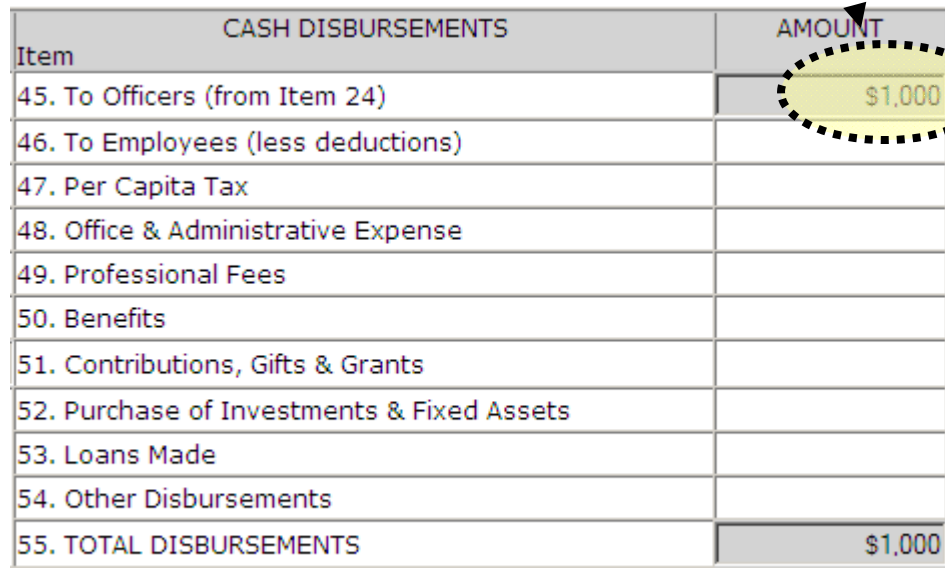
(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	(D) Gross Salary (before taxes and other deductions)	(E) Allowances and Other Disbursements	(F) TOTAL
1. Last Name Thomas	First Name K	Middle Initial	\$1,000		\$1000
Title President	Status C-Continuing Officer				

The calculated totals will display in the Totals fields:

Total	\$1,000	\$0	\$1,000
		Less Deductions	
The Total from Net Disbursements will be entered in Item 45		Net Disbursements	\$1,000
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)			

Entering Data into the Form

The schedule data carries forward to the statements.

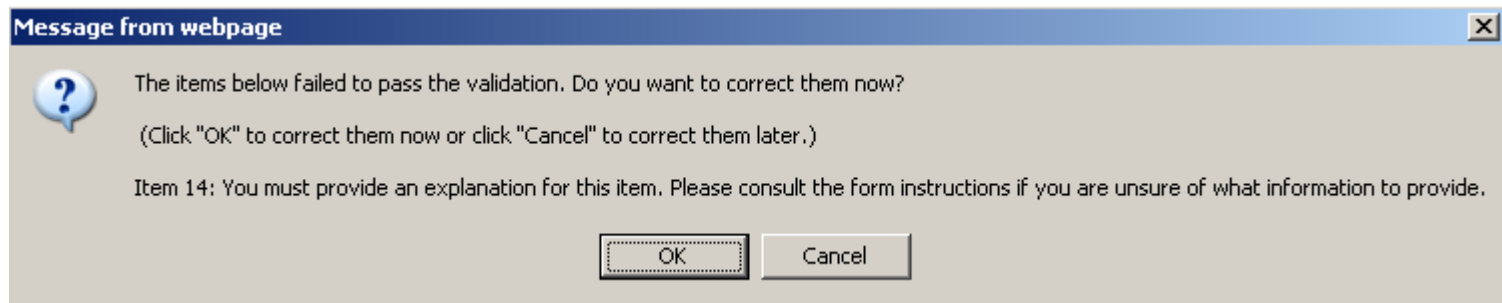


Item	CASH DISBURSEMENTS	AMOUNT
45. To Officers (from Item 24)		\$1,000
46. To Employees (less deductions)		
47. Per Capita Tax		
48. Office & Administrative Expense		
49. Professional Fees		
50. Benefits		
51. Contributions, Gifts & Grants		
52. Purchase of Investments & Fixed Assets		
53. Loans Made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



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.

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

Save & Calculate Import Add Attachments Validate Print

FILE NUMBER:544-445

VALIDATION SUMMARY PAGE

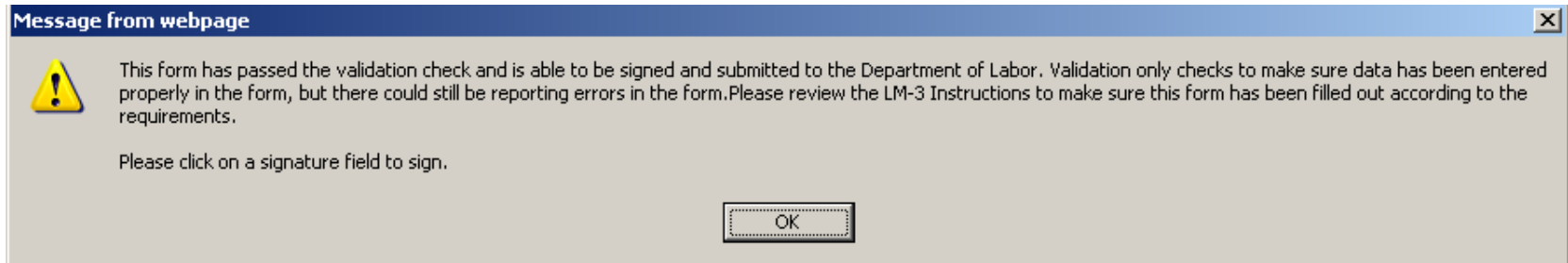
- 1.Item 11: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide.
- 2.Item 17: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide.

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.

Signing the Form

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



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	<input type="text" value="PRESIDENT"/>	58. SIGNED:	Click Here to Sign	<input type="text" value="TREASURER"/>
		(If other title, see instructions)			(If other title, see instructions)
Date:	<input type="text"/>	Telephone Number:	<input type="text"/>	Date:	<input type="text"/>

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	<input type="text" value="John"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="Smith"/>
Date	<input type="text" value="03/03/2011"/>
Password	<input type="password" value="••••••••"/>
Phone Number	<input type="text" value="2025551212"/>

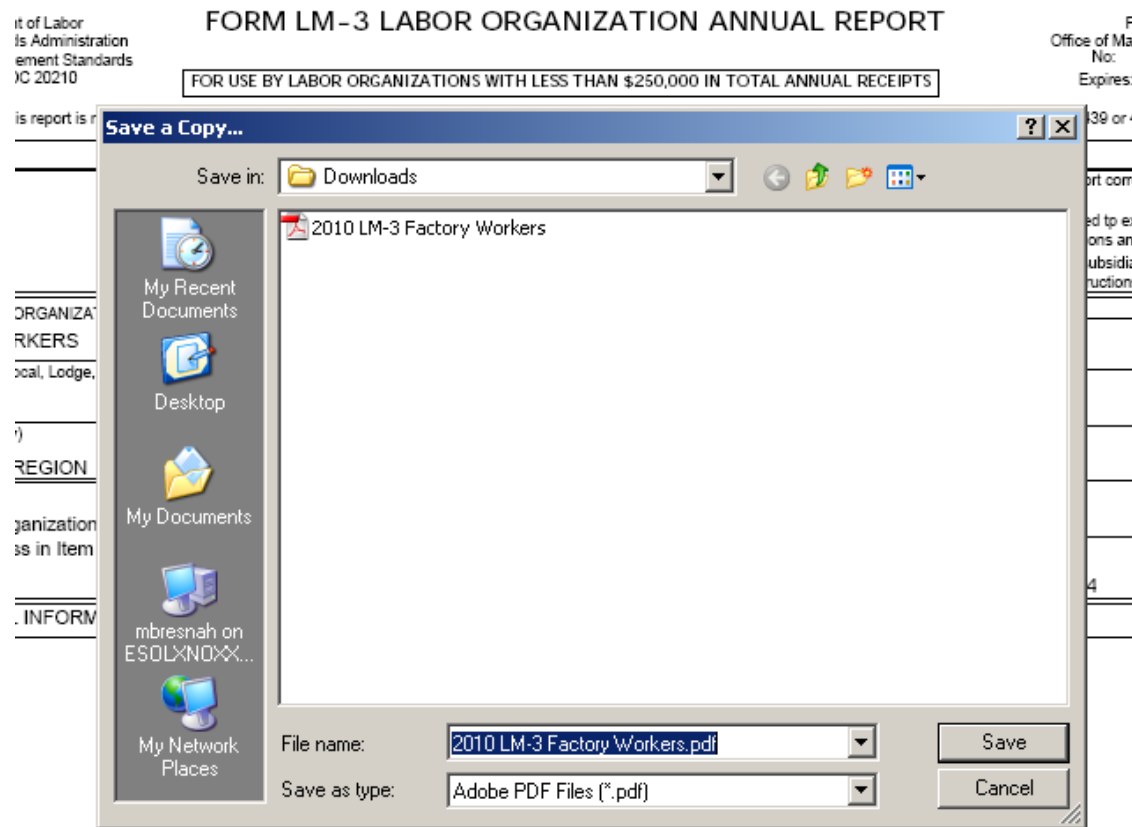
Signing the Form

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