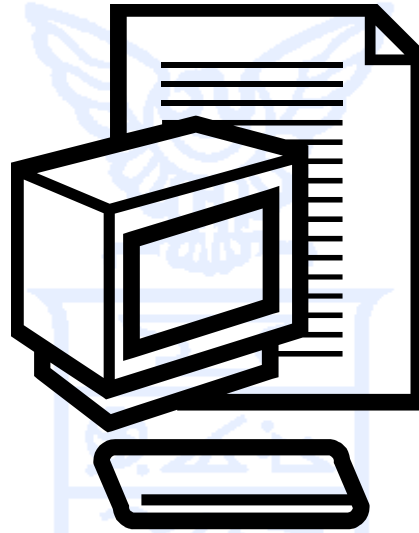


ELECTRONIC FORMS SYSTEM (EFS)

Guide to Preparing the LM-4



Office of Labor-Management Standards (OLMS)

<http://www.olms.dol.gov>

ELECTRONIC FORMS SYSTEM (EFS)

LM-4

EFS is a web-based system for completing and filing Form LM-4 Labor Organization Annual Report.

This tutorial demonstrates basic features and functionality of the EFS LM-4 form. It does not contain instructions for what information should be provided on your report.

You can download a complete set of LM-4 Instructions from the OLMS website at:

http://www.dol.gov/olms/regs/compliance/LM-4_Instructions_AR.pdf

System Requirements and Settings

To access and use the EFS, OLMS recommends you use one of the following browsers:

- Microsoft Internet Explorer – Version 6 or higher
- Firefox – Version 3 or higher

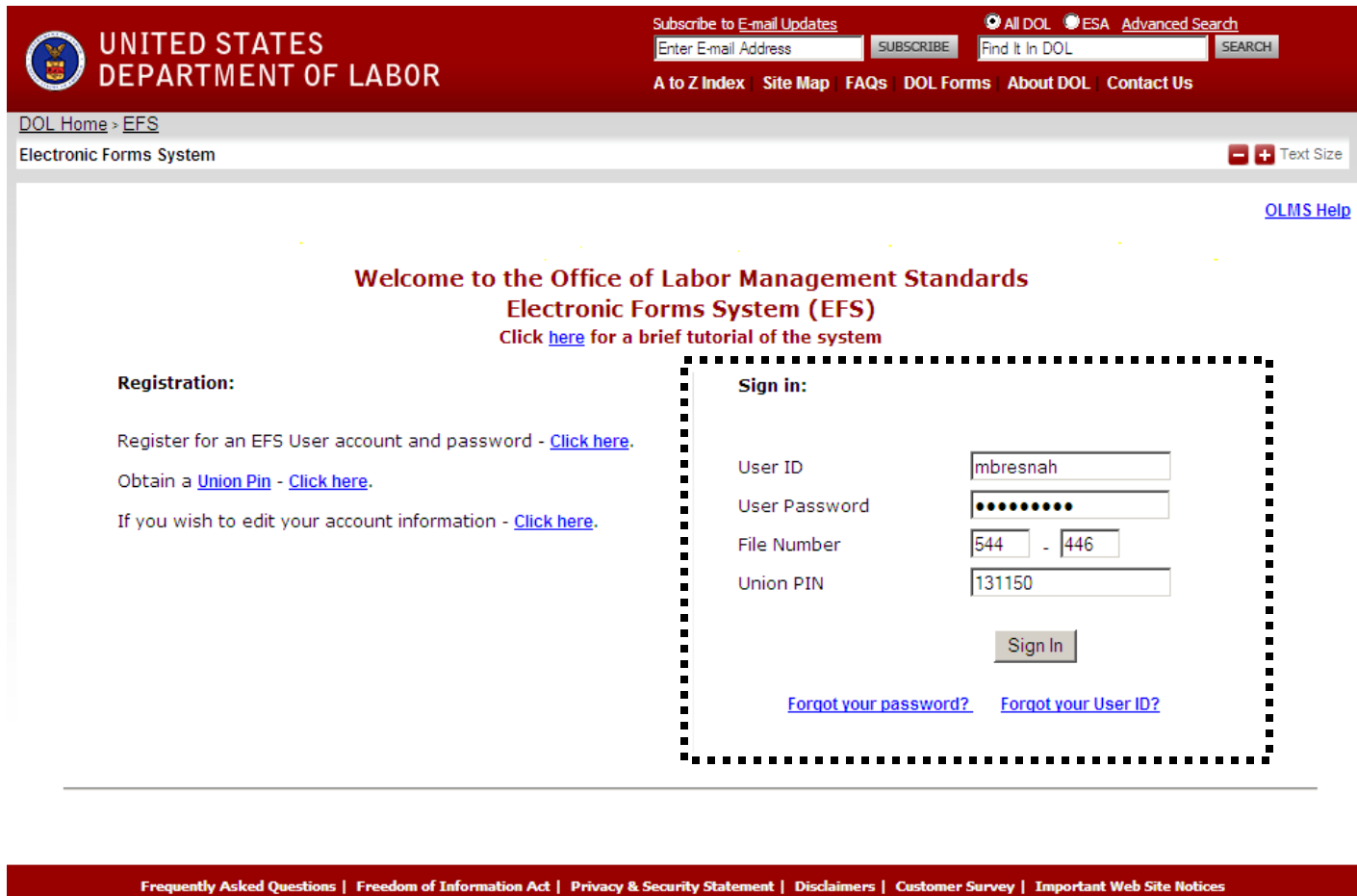
Screen Resolution:

For optimal viewing, set your screen resolution to 1280 x 1024 or greater. OLMS recommends that at a minimum you set your screen resolution to 1152 x 864 to avoid horizontal scrolling.

Accessing the System

Log into EFS using your user ID and password and the filing union's six-digit file number and unique union PIN.

(Please see the tutorial on how to register if you do not have a user ID or a union PIN.)



The screenshot shows the Electronic Forms System (EFS) login page. At the top, there is a red navigation bar with the United States Department of Labor logo and text. Below this is a grey bar with navigation links and a search box. The main content area has a white background with a red heading and a registration section. A dashed black box highlights the login form, which includes fields for User ID, User Password, File Number, and Union PIN, along with a Sign In button and links for password and User ID recovery.

UNITED STATES DEPARTMENT OF LABOR

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Electronic Forms System - + Text Size

[OLMS Help](#)

**Welcome to the Office of Labor Management Standards
Electronic Forms System (EFS)**
Click [here](#) for a brief tutorial of the system

Registration:

Register for an EFS User account and password - [Click here](#).

Obtain a [Union Pin](#) - [Click here](#).

If you wish to edit your account information - [Click here](#).

Sign in:

User ID

User Password

File Number -

Union PIN

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

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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

Period Covered

Begin Date

01/01/2011

End Date

12/31/2011

Get Form

Select LM-4
from the
dropdown

**Note: You must
change the "period
covered" dates before
obtaining the form!**

LM-4 Page 1

The EFS form looks similar to the old Adobe form. Your union information is pre-filled.

- PAGE 1
- PAGE 2
- ADDNL INFO
- VALIDATION SUMMARY

[Save](#) [Validate](#) [Submit](#) [Help](#) [Print](#)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 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 544446	2. PERIOD COVERED MO DAY YEAR From 01/01/2011 Through 12/31/2011	3. (a) AMENDED - If this is an amended 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"/>
----------------------------	--------------------------	---	--

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 543211234
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
7. UNIT NAME (if any) PITTSBURGH REGION	

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.)

20. SIGNED: _____ PRESIDENT _____ (If other title, see instructions)	21. SIGNED: _____ TREASURER _____ (If other title, see instructions)
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____

www.olms.dol.gov

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](#)

[ADDNL INFO](#)

[VALIDATION SUMMARY](#)

[Save](#)

[Validate](#)

[Submit](#)

[Help](#)

[Print](#)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT		Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013	
FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS					
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For Official Use Only E		1. FILE NUMBER 544446		2. PERIOD COVERED MO DAY YEAR From 01/01/2011 Through 12/31/2011	
3. (a) AMENDED - If this is an amended 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"/>					
4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS			8. MAILING ADDRESS (Type in capital letters)		
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	First Name JOHN		Last Name SMITH
7. UNIT NAME (if any) PITTSBURGH REGION			P.O. Box - Building and Room Number (if any) ROOM 1A		
			Number and Street 1234 MAIN STREET		
			City PITTSBURGH		
			State PA		ZIP Code + 4 543211234
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.)					
20. SIGNED: _____		PRESIDENT		21. SIGNED: _____	
		(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.

13. How many members did your organization have at the end of the reporting period?

Enter the number of members in the labor organization at the end of the reporting period. Include all categories of members who pay dues. Do not include nonmember employees who make payments in lieu of dues as a condition of employment under a union security provision in a collective bargaining agreement.

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.)

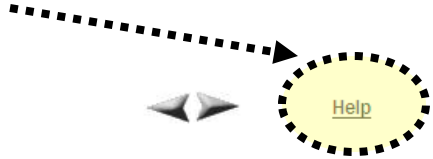
Please be sure to:

- Enter your union's 6-digit identification number.
- Report a time period of 12 months.
- Have your union's president and treasurer sign and submit Form LM-20.

Enter the total amount of all payments to officers and employees made by the labor organization during the reporting period. The amount should include, for example, gross salaries (before tax withholdings and other payroll deductions); lost time pay; monthly, weekly, or daily allowances; and disbursements for conducting official business of the labor organization as well as disbursements which were essentially for the personal benefit of the officer or employee.

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.



www.olms.dol.gov

PAGE 1
PAGE 2
ADDNL INFO
VALIDATION SUMMARY

[Save](#) [Validate](#) [Help](#) [Print](#)

COMPLETE ITEMS 9 THROUGH 18 FILE NUMBER: 544-446

Enter Amounts in Dollars Only - Do Not Enter Cents

9. During the reporting period did the labor organization's constitution and bylaws change during the reporting period?
10. If the labor organization answered "Yes" to Item 9, please provide the date of the change.
11. If the labor organization answered "Yes" to Item 9, please provide the date of the change.
12. If the labor organization answered "Yes" to Item 9, please provide the date of the change.
13. If the labor organization answered "Yes" to Item 9, please provide the date of the change.
14. Enter the total value of your organization's constitution and bylaws.

UNITED STATES DEPARTMENT OF LABOR
Office of Labor-Management Standards
DOL Home > OLMS > LM-4 Instructions

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Office of Labor-Management Standards (OLMS)
< Page 1 [Additional Information and Signatures>](#)

INFORMATION ITEMS 9-18
Answer Items 9 through 18 as instructed. Select the appropriate box for those questions requiring a "Yes" or "No" answer; do not leave both boxes blank. Enter a single "0" in the boxes for items requiring a number or dollar amount if there is nothing to report.

9. CHANGES IN CONSTITUTION AND BYLAWS OR PRACTICES/PROCEDURES — If the labor organization answered "Yes" to Item 9 because the labor organization's constitution and bylaws were changed during the reporting period (other than rates of dues and fees), a dated copy of the new constitution and bylaws must either be submitted as an electronic attachment to the Form LM-4 the labor organization submits to OLMS, or the labor constitution and bylaws to:
Office of Labor-Management Standards
200 Constitution Ave., NW, Room N-1519
Washington, DC 20210-0001

If the labor organization is governed by a uniform constitution and bylaws prescribed by the labor organization's parent national or international body, the labor organization's parent body may file the constitution and bylaws on the labor organization's behalf. If the parent body files a constitution and bylaws on the labor organization's behalf, answer Item 9 "Yes" and state that fact in Item 19 (Additional Information).

If Item 9 is answered "Yes" because the labor organization changed any of the practices/procedures listed below during the reporting period and the practices/ procedures are not described in the labor organization's constitution and bylaws, the labor organization must file an amended Form LM-1 (Labor Organization Information Report) with its Form LM-4 to update information on file with OLMS:

- qualifications for or restrictions on membership;
- levying assessments;
- participating in insurance or other benefit plans;

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Menu Items

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

Save

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. **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.
3. **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.
4. **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-4_Instructions_AR.pdf
5. **Print** – Click this item to open a facsimile of the electronically completed LM-4. 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 - RateChange

If ``Yes`` to item 10, you must report the new rates of dues and fees in Additional Information. Please refer to the Item 10 instructions for specific reporting requirements.

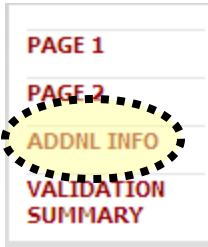
Please Note: Once you begin entering information, you must press SAVE or ENTER LATER button to exit the Additional Information data entry process.

New rate is 1.45% + .02 p/hr per month

- Yes **AI** ← Additional Information entered
- No

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

Additional Information



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.



19. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER:544-446

1Question 10: New rate is 1.45% + .02 p/hr per month

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

19. ADDITIONAL INFORMATION SUMMARY

1Question 10: New rate is 1.45% + .02 p/hr per month

Attachments: Attaching Supplemental Data

As with the previous forms system, EFS allows you to attach data, such as constitutions and bylaws, that may be required to be submitted with the report.

To begin the process of adding an attachment, click the Add Attachments link on the top menu bar.

[Add Attachments](#)

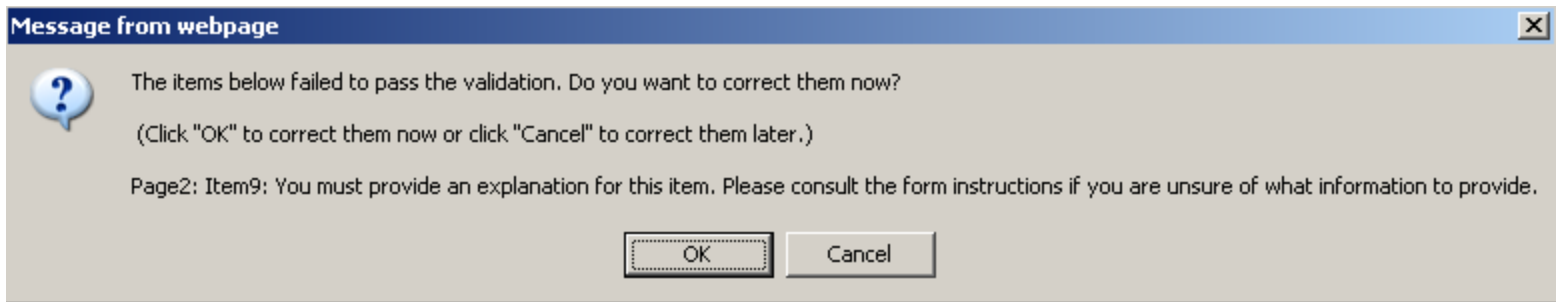
Note: While the system does not prevent them from being uploaded, certain file formats cannot be read by our system. The following file formats **can** be read:

- Adobe PDF
- Microsoft Word
- Microsoft Excel
- Rich Text Format
- HTML
- Standard Picture formats JPEG, BMP, GIF
- Text files

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.

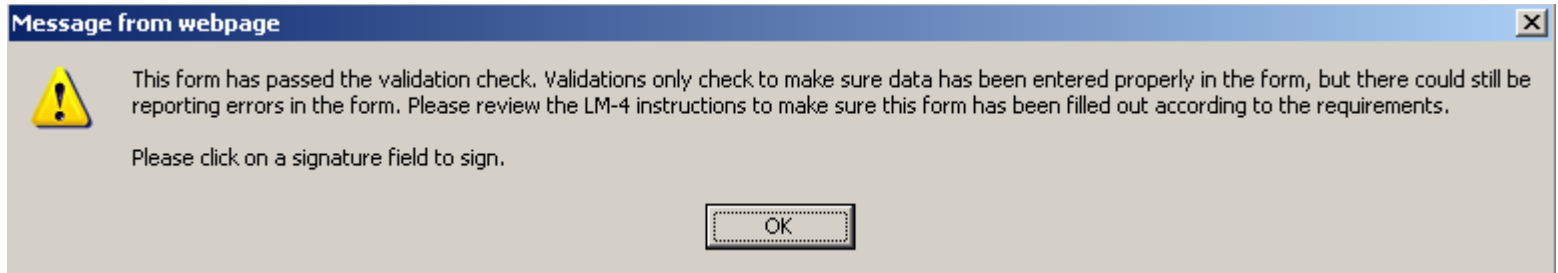
The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: PAGE 1, PAGE 2, ADDNL INFO, VALIDATION SUMMARY, and SUMMARY. The main content area has a top menu bar with links for Save, Add Attachments, Validate, Help, and Print. A mouse cursor is positioned over the Validate link. In the top right corner of the main area, it says "FILE NUMBER:544-446". Below the menu bar is a grey header bar that reads "VALIDATION SUMMARY PAGE". The main content area contains a list of validation items. The first item is: "1. Page2:Item 9: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide." Below this item are several empty horizontal lines, suggesting a list of other items.

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.)

20. SIGNED:	Click Here to Sign	<input type="text" value="PRESIDENT"/>	21. 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"/>	Telephone Number:	<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.

President'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="04/05/2011"/>
Password	<input type="password" value="••••••••"/>
Phone Number	<input type="text" value="2025551212"/>
<input type="button" value="Sign"/> <input type="button" value="Cancel"/>	

Signing the Form

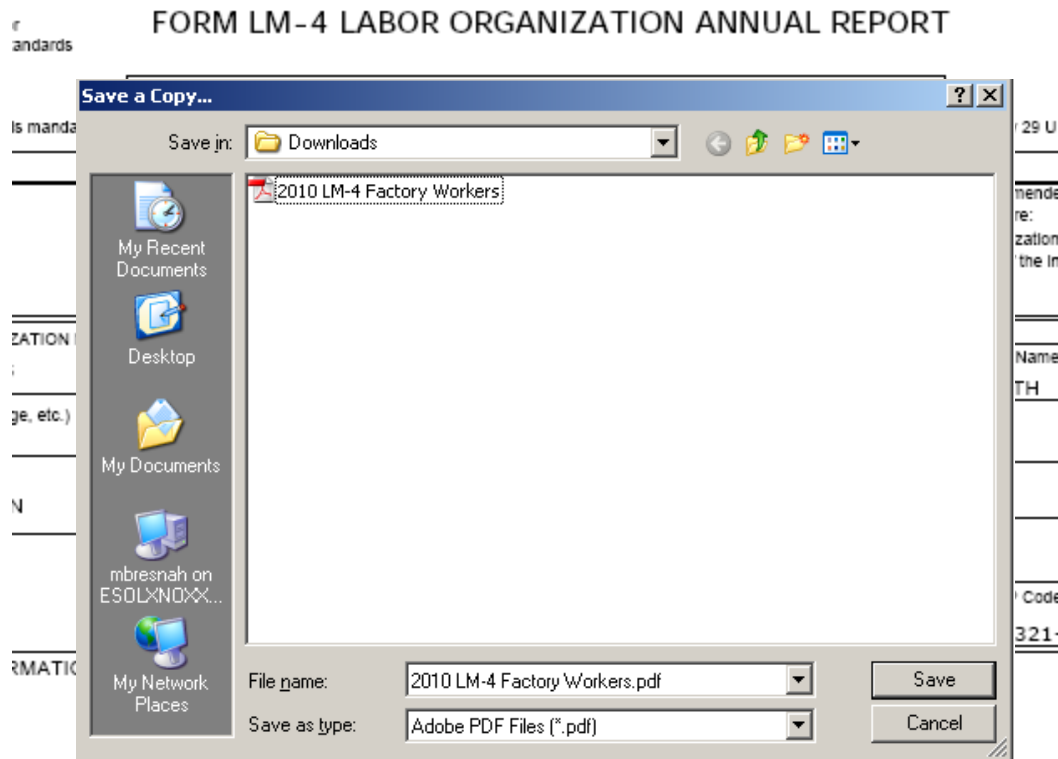
A minimum of two signatures are required to submit the report.

Each officer will have to log in separately to sign the form.

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 As 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 button 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-4 Form has been successfully accepted for processing.
Your confirmation number is: 544446-441258-20110405114851
Please make a note of this number for your records.

To view your submitted LM-4 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:



The screenshot displays the top navigation bar of the United States Department of Labor website. On the left is the DOL logo and the text "UNITED STATES DEPARTMENT OF LABOR". On the right, there are links for "Subscribe to E-mail Updates" with a "SUBSCRIBE" button, "All DOL", "ESA", and "Advanced Search" with a "Find It in DOL" search box and "SEARCH" button. Below these are links for "A to Z Index", "Site Map", "FAQs", "DOL Forms", "About DOL", and "Contact Us".

The main content area shows the breadcrumb "DOL Home > EFS" and the page title "Electronic Forms System" with a "Text Size" control. A "Logout" link is in the top right. The central error message reads: "Error condition 1001 has occurred during the prefill processing. If this error continues to occur, please contact the OLMS Help Desk at 1-866-401-1109. Please select the Back link below to return to the schedule." Below the message is a red "Back" link.

The footer contains links for "Frequently Asked Questions", "Freedom of Information Act", "Privacy & Security Statement", "Disclaimers", "Customer Survey", and "Important Web Site Notices".

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 by accessing 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