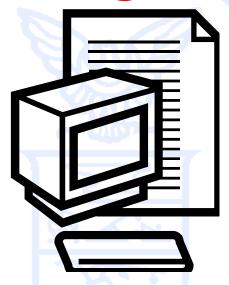
ELECTRONIC FORMS SYSTEM (EFS) Guide to Preparing the LM-4



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

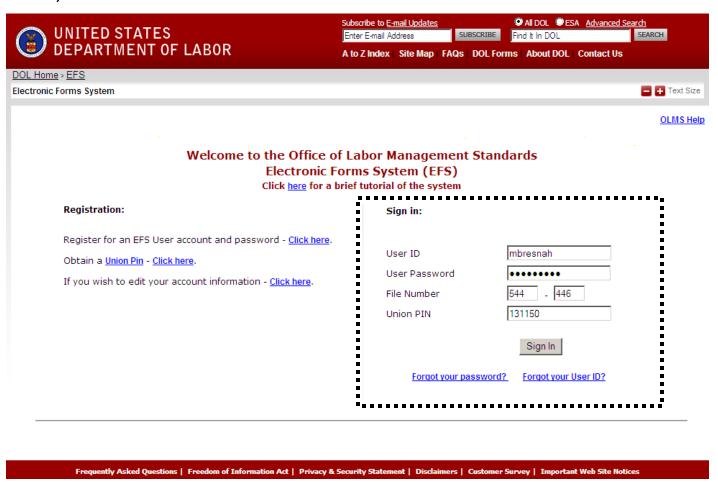
Screen Resolution:

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.

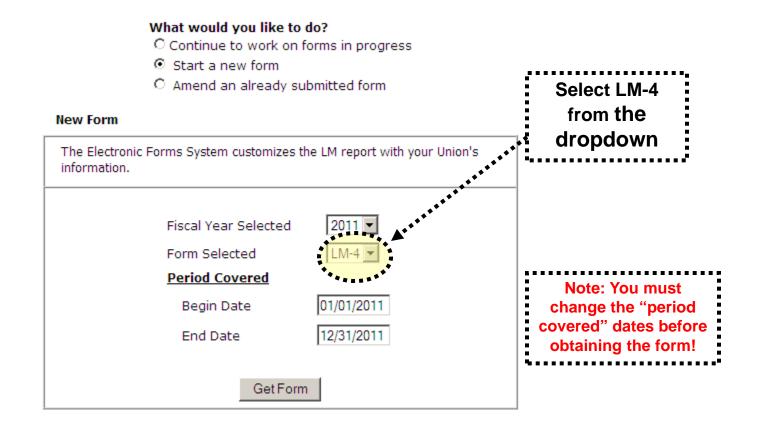
(Please see the tutorial on how to register if you do not have a user ID or a union PIN.)



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.)



LM-4 Page 1

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

-											
PAGE 1		Save	Validate			Submit	Help	Print			
PAGE 2		<u> </u>	*•.					<u></u>			
ADDNL INFO		-	EORM I M.	4 LABOR ORG	ANIZATION	ANNIIAI RED	OPT	Farm Assessed			
VALIDATION SUMMARY	U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		FOR USE ONLY BY LABOR ORGANIZATIO		ANIZATION ANNUAL REPORT OF THE STATE OF THE			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 4										
	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.										
	For Official Use Only	1. FILE NUM 544446	BER	2. PERIOD COVERED MC From 01/01/2011 Through 12/31/2011	DAY YEAR	check here: (b) TERMINAL exist and this	3. (a) AMENDED - If this is an amended 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:				
	4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS				8. MAILING ADDRESS (Type in capital letters) First Name Last Name						
	5. DESIGNATION (L	ocal, Lodge, etc	NATION NUMBER	JOHN SMITH P.O. Box - Building and Room Number (if any)							
	7. UNIT NAME (if an PITTSBURGH REG	• •		ROOM 1A Number and Street							
				1234 MAIN STREET							
				City PITTSBURGH							
				State PA 🔻		ZIP Code 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:			TREASURER			
	Date:		(If othe Telephone Number:	pr title, see instructions) Date:		Telephone Number:	(If	f other title, see instructions)			

Navigation

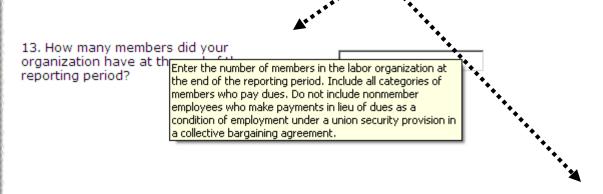
You can easily move through the form by using the navigation links to the left to go directly to a page or by scrolling through pages using the arrows at the top.

PAGE 1 Save Validate Submit Help Print PAGE 2 ADDNL INFO FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT Form Approved U.S. Department of Labor VALIDATION Office of Management and Office of Labor-Management SUMMARY Budget Standards FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL No. 1245-0003 Washington, DC 20210 RECEIPTS 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. 2. PERIOD COVERED (a) AMENDED - If this is an amended report, For Official Use Only MO DAY YEAR check here: 1. FILE NUMBER (b) TERMINAL - If your organization ceased to 544446 01/01/2011 exist and this is its terminal report, see section \Box XII of the instructions and check here: Through 12/31/2011 4. AFFILIATION OR ORGANIZATION NAME 8. MAILING ADDRESS (Type in capital letters) FACTORY WORKERS First Name Last Name **JOHN** SMITH DESIGNATION (Local, Lodge, etc.) DESIGNATION NUMBER P.O. Box - Building and Room Number (if any) 7. UNIT NAME (if any) ROOM 1A PITTSBURGH REGION Number and Street 1234 MAIN STREET PITTSBURGH ZIP Code + 4 State PA ▼ 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.) PRESIDENT 21. SIGNED: TREASURER 20. SIGNED: (If other title, see instructions) (If other title, see instructions) Telephone Telephone Date: Number: 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.



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

allowances, expenses, etc.) Enter the total amount of all payments to officers and

Please be sure to:

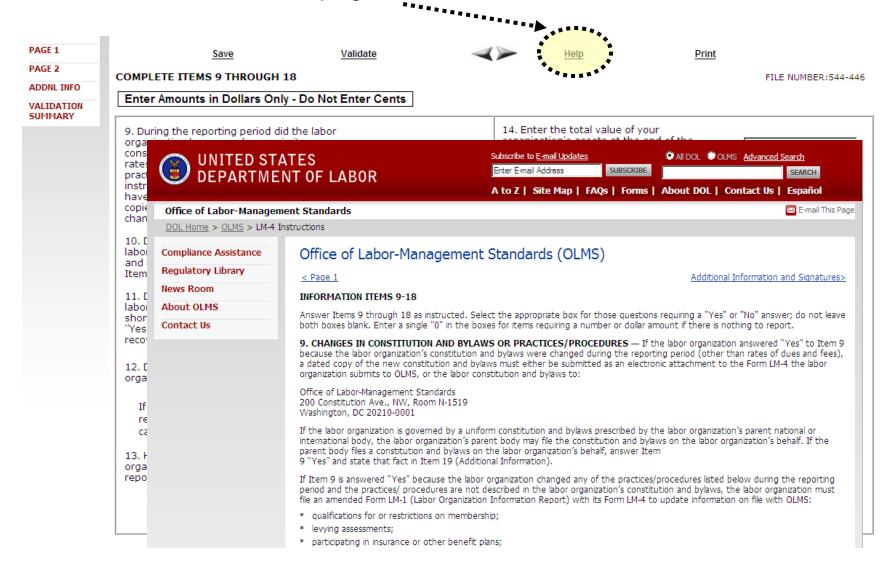
- Have your union's pres

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 Enter your union's 6-did allowances; and disbursements for conducting official business of the labor organization as well as disbursements

 Report a time period of 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.



Menu Items

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

Save Add Attachments Validate Help Print

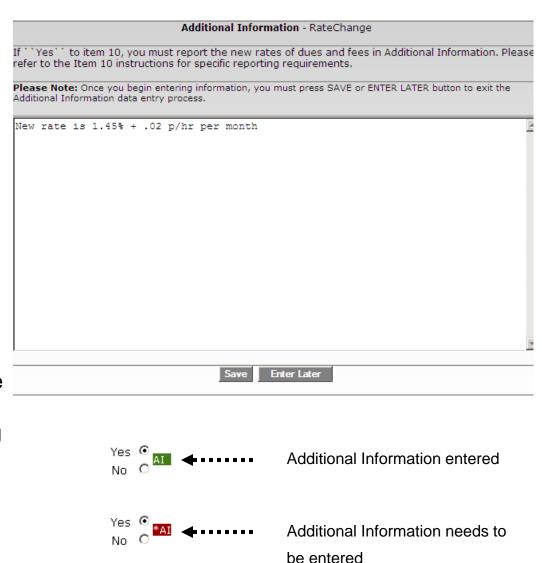
- 1. Save and Calculate Click this item to save the current page and perform all mathematical calculations. Calculations are not performed automatically because doing so would dramatically reduce the speed of the application. It is important to click Save and Calculate at regular intervals when entering 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

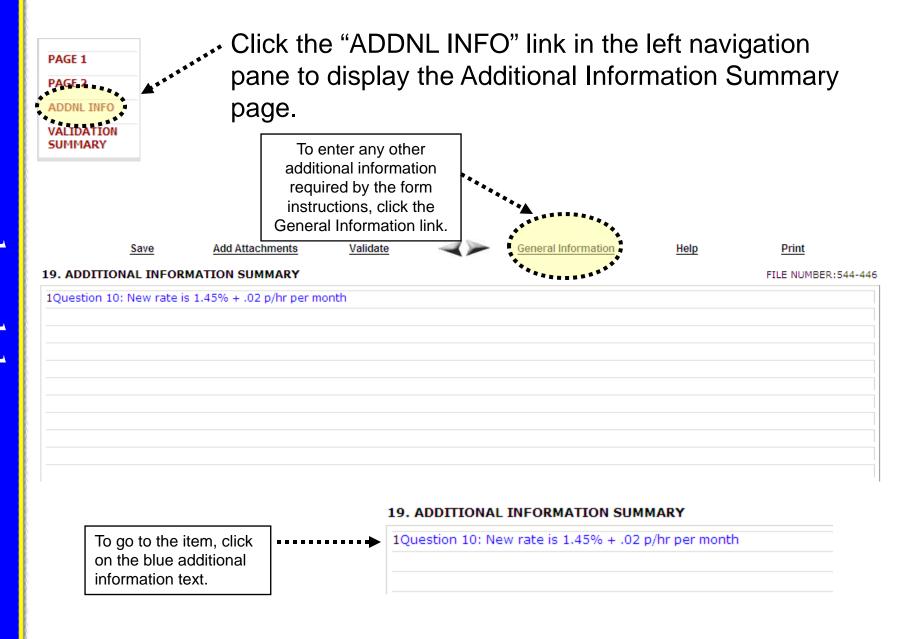
Throughout the form, there are places where the system will prompt you to enter additional information. You have the option to check a box to enter the information later, and the Additional Information prompt will remain red to remind you that you will need to enter additional information before submitting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



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.

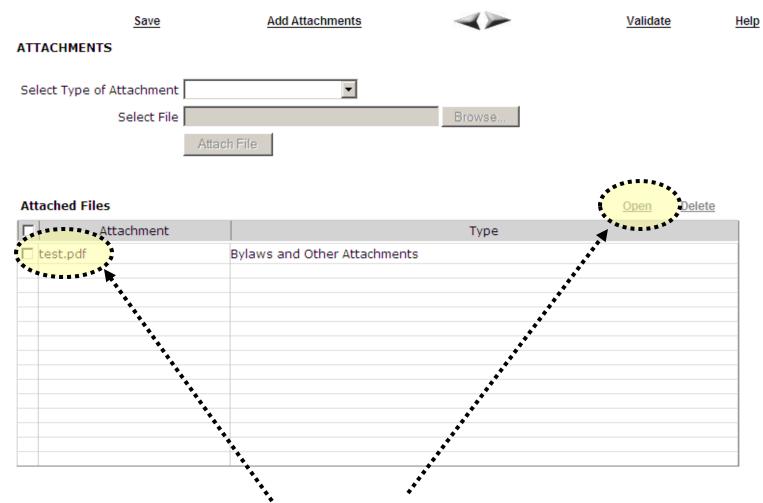
To begin the process of adding an attachment, click the Add Attachments link on the top menu bar.

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

Attachments: Attaching Supplemental Data



Select the type of attachment you want to upload. Reviewers can view attachments by selecting the check box to the left of the attachment name and clicking the open link.

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.

<u>Page Level Validations</u> 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.

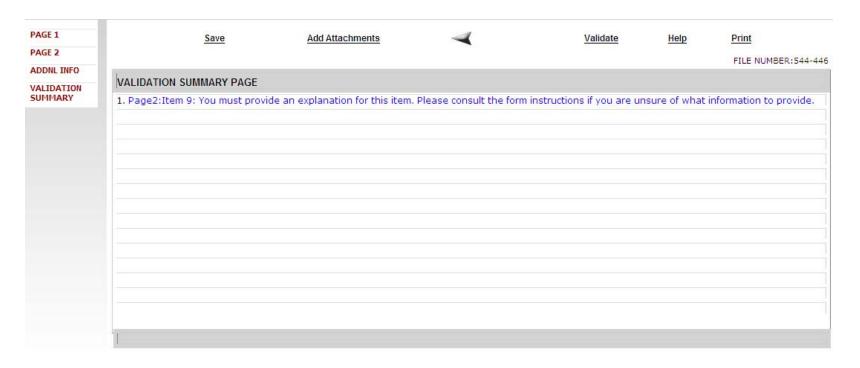


If you click **OK** you can correct the item before leaving the page.

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

Validation

<u>Form Level Validations</u> 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.

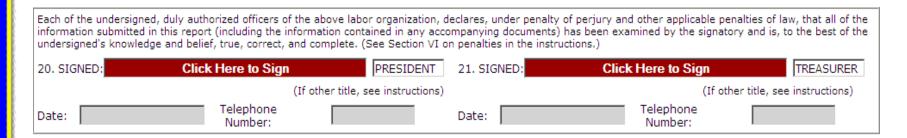
You can click on each item and be taken to the page where the item can be corrected. For more information on what should be provided for these items, consult the form instructions.

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.



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	John								
Middle Initial									
Last Name	Smith								
Date	04/05/2011								
Password	•••••								
Phone Number 2025551212									
		Sign C	ancel						

Signing the Form

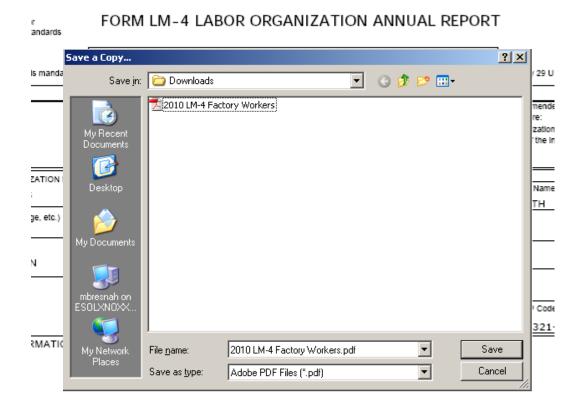
A minimum of two signatures are required to submit the report.

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

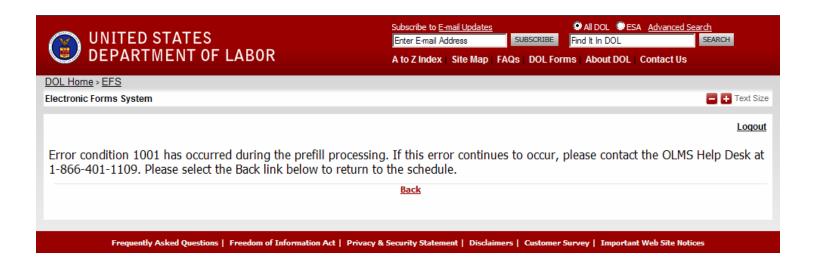
You can print this message by going to File → Print, or simply copy and paste the text from the page into an email or word processing document.

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:



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