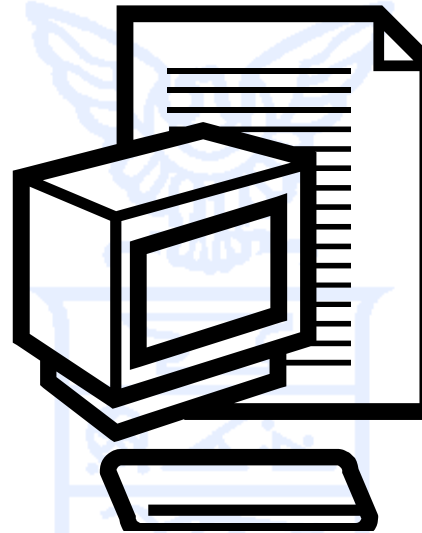


ELECTRONIC FORMS SYSTEM (EFS)

Guide to Preparing the LM-2



Office of Labor-Management Standards (OLMS)

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

ELECTRONIC FORMS SYSTEM (EFS)

LM-2

EFS is a web-based system for completing and filing Form LM-2 Labor Organization Annual Report.

This tutorial demonstrates basic features and functionality of the EFS LM-2 form. It does not contain instructions for what information should be provided on your report.

You can download a complete set of LM-2 Instructions from:

<http://www.dol.gov/olms/regs/compliance/EFS/EFShelp.htm>

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.)

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?](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Important Web Site Notices

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.)

[Logout](#)

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-2 with your Union's information.

Fiscal Year Selected

Form Selected

Period Covered

Begin Date

End Date

You must change the "period covered" dates before obtaining the form

LM-2 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.

www.dolms.gov

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

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT		Form Approved Office of Management and Budget No. 1215-0188 Expires: 09-11-2011					
MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP									
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 544-555		2. PERIOD COVERED From 01/01/2010 Through 12/31/2010		3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If This is a terminal report, check here: <input type="checkbox"/>			
4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS				8. MAILING ADDRESS (Type or print 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 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 69.) Yes <input type="radio"/> No <input type="radio"/>				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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)									
70. SIGNED: _____ PRESIDENT				71. SIGNED: _____ TREASURER					
(If other title, see instructions)				(If other title, see instructions)					
Date: _____		Telephone Number: _____		Date: _____		Telephone Number: _____			

[Add Additional Signatures](#)

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.

<p>PAGE 1</p> <p>PAGE 2</p> <p>STMT A</p> <p>STMT B</p> <p>SCH 1</p> <p>SCH 2</p> <p>SCH 3</p> <p>SCH 4</p> <p>SCH 5</p> <p>SCH 6</p> <p>SCH 7</p> <p>SCH 8</p> <p>SCH 9</p> <p>SCH 10</p> <p>SCH 11</p> <p>SCH 12</p> <p>SCH 13</p> <p>SUMMARY</p> <p>SCH 14</p> <p>SCH 15</p> <p>SCH 16</p> <p>SCH 17</p> <p>SCH 18</p> <p>SCH 19</p> <p>SCH 20</p> <p>ADDNL INFO</p> <p>VALIDATION SUMMARY</p>	<p>Save Import Add Attachments Validate Submit Help Print</p>		
<p>U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210</p>		<p>FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT</p> <p>MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP</p>	<p>Form Approved Office of Management and Budget No. 1215-0188 Expires: 09-11-2011</p>
<p>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</p>			
<p>READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.</p>			
<p>For Official Use Only</p> <p>E</p>	<p>1. FILE NUMBER</p> <p>544-555</p>	<p>2. PERIOD COVERED</p> <p>MO DAY YEAR</p> <p>From 01/01/2010</p> <p>Through 12/31/2010</p>	<p>3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/></p> <p>(b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/></p> <p>(c) TERMINAL - If This is a terminal report, check here: <input type="checkbox"/></p>
<p>4. AFFILIATION OR ORGANIZATION NAME</p> <p>FACTORY WORKERS</p>		<p>8. MAILING ADDRESS (Type or print in capital letters)</p> <p>First Name: JOHN Last Name: SMITH</p> <p>P.O. Box - Building and Room Number: ROOM 1A</p> <p>Number and Street: 1234 MAIN STREET</p> <p>City: PITTSBURGH</p>	
<p>5. DESIGNATION (Local, Lodge, etc.)</p>		<p>6. DESIGNATION NUMBER</p>	
<p>7. UNIT NAME (if any)</p> <p>PITTSBURGH REGION</p>		<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.)</p> <p>Yes <input type="radio"/> No <input type="radio"/></p>	
<p>State: PA</p>		<p>ZIP Code + 4: 54321-1234</p>	
<p>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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)</p>			
<p>70. SIGNED: _____</p> <p style="text-align: center;">(If other title, see instructions)</p>		<p>71. SIGNED: _____</p> <p style="text-align: center;">(If other title, see instructions)</p>	
<p>Date: _____ Telephone Number: _____</p>		<p>Date: _____ Telephone Number: _____</p>	

[Add Additional Signatures](#)

Navigation

There are links throughout the form to take to you to other parts of the form.

For example, the statement totals have links to their corresponding schedules.

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		\$0
24. Loans Receivable	2		\$0
25. U.S. Treasury Securities		\$0	
26. Investments	5		\$0
27. Fixed Assets	6		\$0
28. Other Assets	7		\$0
29. TOTAL ASSETS		\$150,000	\$0

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.

The image shows a screenshot of a form with several questions. A large, semi-transparent watermark of the Department of Labor seal is visible in the background. Dotted arrows point from various parts of the form to help pop-ups:

- Question 10: "During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which are defined in the members or their..." A help pop-up defines the term: "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 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.
- Question 19: "What is the date of the labor organization's next regular election of officers?" A help pop-up shows the date "12/2010" and a label "MM/YYYY".
- Question 20: "How many members did the labor organization have at the end of the reporting period?(Total from the 'Members' row of Schedule 13)" A help pop-up states: "The system enters the Total from Schedule 13".

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 EFS interface with the following elements:

- Top Bar:** EFS Home > LM2 Home (left), Logout (right)
- Navigation Bar:** Save & Calculate, Import, Add Attachments, Validate, **Help** (circled), Print
- File Number:** FILE NUMBER: 544-555
- Section:** COMPLETE ITEMS 10 THROUGH 21
- Left Menu:** PAGE 1, PAGE 2, STMT A, STMT B, SCH 1-20, SUMMARY, ADDNL INFO, VALIDATION
- Main Content:**
 - 10. During the reporting period, did the labor organization (or the administration of the labor organization, or organization, as applicable) have any interest in a trust or other entity, including a trust or other entity for the benefit of members or their beneficiaries?
 - 11. During the reporting period, did the labor organization have any interest in a trust or other entity, including a trust or other entity for the benefit of members or their beneficiaries, which was established by or for the labor organization's committee (PAC) fund?
 - 12. During the reporting period, did the labor organization have any interest in a trust or other entity, including a trust or other entity for the benefit of members or their beneficiaries, which was established by or for the labor organization's committee (PAC) fund, and the labor organization's accountant or by a representative of the labor organization?
 - 13. During the reporting period, did the labor organization have any interest in a trust or other entity, including a trust or other entity for the benefit of members or their beneficiaries, which was established by or for the labor organization's committee (PAC) fund, and the labor organization's accountant or by a representative of the labor organization, and the labor organization's accountant or by a representative of the labor organization?
 - 14. What is the maximum amount of the labor organization's recoverable under the labor organization's fidelity bond for a labor officer, employee or representative of the labor organization who has been convicted of a crime?
 - 15. During the reporting period, did the labor organization have any assets in any form, including cash, real estate, or any other purchase or sale?
- Right Panel:** Office of Labor-Management Standards (OLMS) LM-2 Instructions - Microsoft Internet Explorer. Includes a sidebar with Compliance Assistance, Regulatory Library, News Room, About OLMS, and Contact Us. The main text in the right panel reads: "Office of Labor-Management Standards (OLMS) < Page 1 INFORMATION ITEMS 10-21 Answer Items 10 through 21 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. 10. TRUSTS OR FUNDS — Answer "Yes" to Item 10, if the labor organization has an interest in a trust as defined in 29 U.S.C. 402(l) (see Section X of the Form LM-2 Instructions). Provide in Item 69 (Additional Information) the full name, address, and purpose of each trust. Also include in Item 69 the fiscal year ending date for any trust for which a Form T-1 is filed if the trust's fiscal year is different from that of the labor organization. If no Form T-1 is required to be filed on the trust because (1) the trust had annual receipts of less than \$250,000 during the trust's most recent fiscal year or (2) the labor organization's financial contribution to the trust or the contribution made on the labor organization's behalf, or as a result of a negotiated agreement to which the labor organization is a party, is less than \$10,000, the labor organization should also report the amount of the contribution in Item 69 and, if the contribution was made by the labor organization itself, in the appropriate disbursement item in Statement B. Additionally, if no Form T-1 is filed because financial information is already available as a result of the disclosure requirements of another Federal statute, list the name of any government agency, such as the Employee Benefits Security Administration (EBSA) of the Department of Labor, with which the trust files a publicly available report, and the relevant file number of the trust, or otherwise indicate where the relevant report may be viewed. See Instructions for Form T-1, Trust Annual Report, for guidance on reporting the assets, liabilities, receipts, disbursements, and other information about these entities."

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/EFSEFShelp.htm>.
6. **Print** – Click this item to open a facsimile of the electronically completed LM-2. 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. Also include the fiscal year ending date for any trust for which a Form T-1 is filed if the trust's fiscal year is different from that of the labor organization. If no form T-1 is required to be filed on the trust, the labor organization should also report amount of contribution and, if the contribution was made by the labor organization itself, in appropriate disbursement item in statement B. Additionally if no form T-1 is filed because financial information is already available as result of disclosure requirements of another Federal statute, list the name of any government agency with which the trust files publicly available report, and the relevant file number of the trust, or otherwise indicate where relevant report may be viewed.

Please Note: Once you begin entering information, 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
 No be entered

Additional Information

- SCH 18
- SCH 19
- SCH 20
- 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 Add General Information Validate Print

69.ADDITIONAL INFORMATION SUMMARY FILE NUMBER:544-555

1Question 10: FWC, INC
555 Main Street

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

69.ADDITIONAL INFORMATION SUMMARY

1Question 10: 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 10 rows. If you need more than 10 rows, click the “Add” button located at the top of each schedule. This will add an additional 10 rows.

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

Add Accounts Receivable

FILE NUMBER: 544-555

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE				
Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total of all itemized accounts receivable				
Total from all other accounts receivable				
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))				

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](#)

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE [Add Accounts Receivable](#) FILE NUMBER: 544-555

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1 K. Thomas	\$1,000			
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total of all itemized accounts receivable				
Total from all other accounts receivable				
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))				

	(C)	(D)
1 K. Thomas		\$1,000
2		
3		
4		
5		
6		
7		

The calculated totals will display in the Totals fields:

10		
Total of all itemized accounts receivable		\$1,000
Total from all other accounts receivable		
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))		\$1,000

Entering Data into the Form

The schedule data carries forward to the statements.

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		AI	
23. Accounts Receivable	<u>1</u>		\$1,000
24. Loans Receivable	<u>2</u>		\$0
25. U.S. Treasury Securities		\$0	
26. Investments	<u>5</u>		\$0
27. Fixed Assets	<u>6</u>		\$0
28. Other Assets	<u>7</u>		\$0
29. TOTAL ASSETS		\$0	\$1,000



Importing Data into the Form

To import data into the form, click the Import link on the top menu bar.



Select the schedule from the dropdown menu. Schedules 14-19 require two import files: one for master records and one for detail records.

IMPORT SCHEDULES

Select Source Of Import Data

Select Schedule

Select Import File

Select Detail Import File

A file in CVS or XML format is required to import data. These are the same formats used in the previous Form LM-2 system. For detailed information on creating import files, download the Data Specification Document found on the OLMS website at:

<http://www.dol.gov/olms/regs/compliance/dsd.htm>

Importing Data into the Form

Click Browse to select the file to be imported.

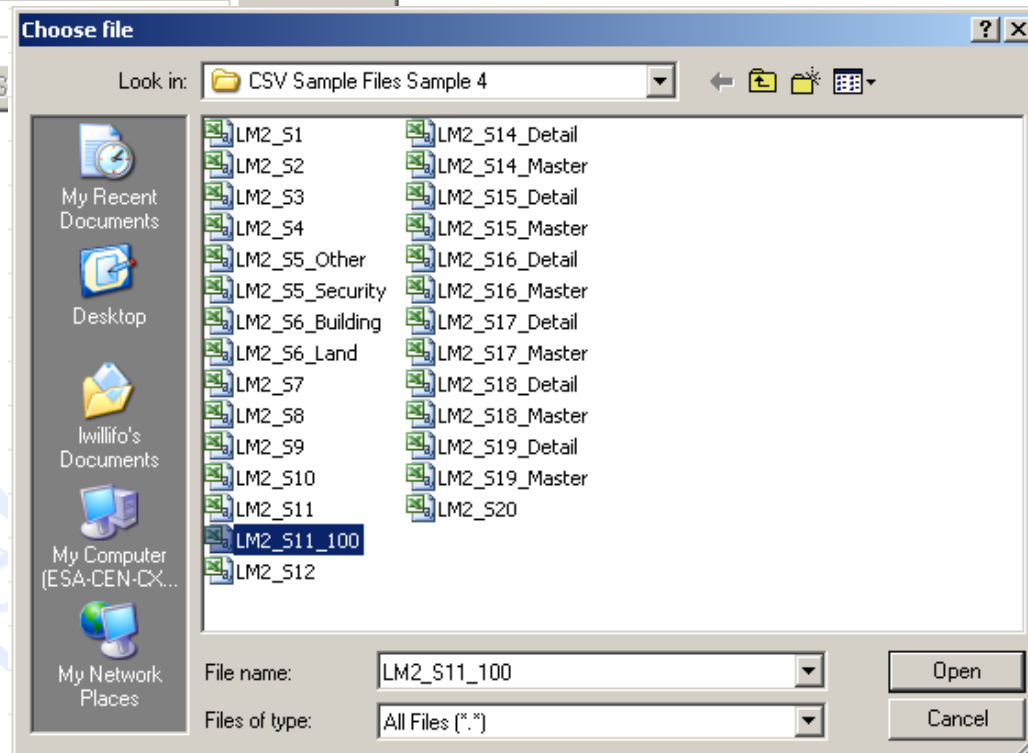
IMPORT SCHEDULES

Select Source Of Import Data

Select Schedule

Select Import File

Select Detail Import File

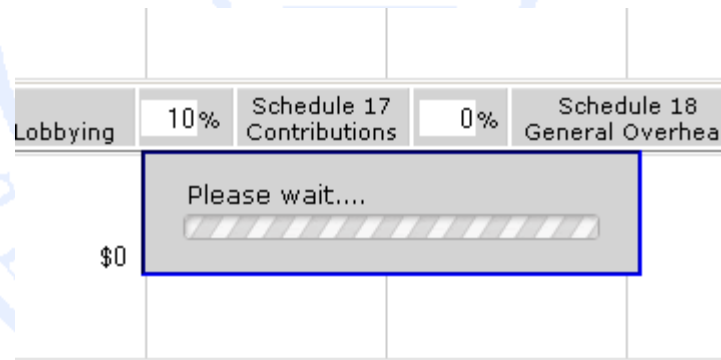


Importing Data into the Form

Click Submit to import the data file. If the import is successful, the data will display in the schedule. Click the **Save & Calculate** link before moving to the next schedule.

Note:

Large import files will import quickly, but saving the imported files to the database will take some time. An hourglass icon or the “Please wait” indicator bar shown below will let you know the system is working to save the data. Please be patient when working with large amounts of data.



The screenshot shows a table with three columns: 'Lobbying', 'Schedule 17 Contributions', and 'Schedule 18 General Overhead'. The 'Lobbying' column has a value of '10%' and the 'Schedule 17 Contributions' column has a value of '0%'. A progress bar with the text 'Please wait....' is overlaid on the table, indicating a loading or saving process. The value '\$0' is visible in the row below the progress bar.

Lobbying	Schedule 17 Contributions	Schedule 18 General Overhead
10%	0%	
Please wait....		
\$0		

Importing Data into the Form

If any formatting problems are found in the data file during import, a list of errors needing correction will appear.

The import operation failed to complete. Import file has following errors.

Source Of Import Data: CSV

Selected Schedule: officerDisbursements

Import File: Y:\E.LORS UAT\EFS UAT\GROUP 4\CSV SAMPLE FILES SAMPLE 4 2-16-10\CSV SAMPLE FILES SAMPLE 4 \LM2_S11_ERROR.CSV

Error/Warning Messages

```
Error:line 2:column5:Field 'status' is not a valid officerStatus.  
Error:line 7:column3:The required field 'last' was not provided.  
Processed 99 input lines.  
2 errors, 0 warnings.
```

You can save and print the error report to help with the correction process.

All errors must be corrected before the file can be imported.

The Data Specification Document located on the OLMS website gives detailed guidance on the required data schema.

Save

Print

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

[Save & Calculate](#) [Import](#) [Add Attachments](#)  [Validate](#)


ATTACHMENTS

Select Type of Attachment 

Select File

- Constitution and/or Bylaws
- Audit Report
- Other
- Additional Information

Attached Files

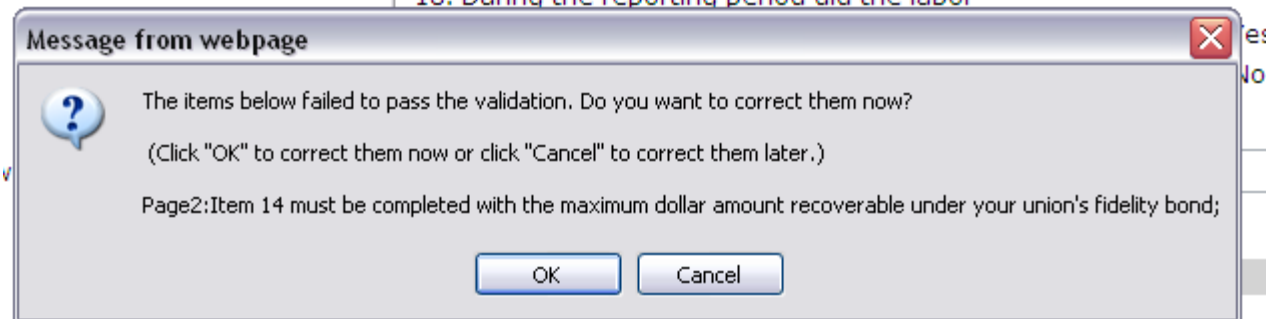
	Attachment	Type	Open	Delete
<input type="checkbox"/>	EFC Schedule.pdf	Bylaws and Other Attachments		

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.

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 with a menu bar at the top containing the following items: [Save & Calculate](#), [Import](#), [Add Attachments](#), [Validate](#), and [Print](#). The [Validate](#) link is highlighted. In the top right corner, the text "FILE NUMBER:544-555" is displayed. Below the menu bar is a section titled "VALIDATION SUMMARY PAGE" which contains a list of 15 items:

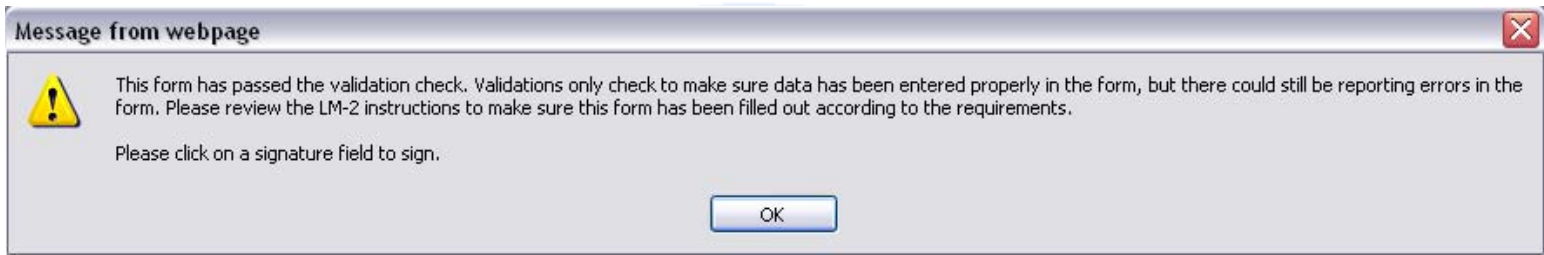
1. [Page2:Item 14 must be completed with the maximum dollar amount recoverable under your union's fidelity bond](#)
2. [StatementB:Item 36 must be completed with a number or 0](#)
3. [StatementB:Item 37 must be completed with a number or 0](#)
4. [StatementB:Item 38 must be completed with a number or 0](#)
5. [StatementB:Item 39 must be completed with a number or 0](#)
6. [StatementB:Item 40 must be completed with a number or 0](#)
7. [StatementB:Item 41 must be completed with a number or 0](#)
8. [StatementB:Item 42 must be completed with a number or 0](#)
9. [StatementB:Item 46 must be completed with a number or 0](#)
10. [StatementB:Item 47 must be completed with a number or 0](#)
11. [StatementB:Item 56 must be completed with a number or 0](#)
12. [StatementB:Item 57 must be completed with a number or 0](#)
13. [StatementB:Item 58 must be completed with a number or 0](#)
14. [StatementB:Item 59 must be completed with a number or 0](#)
15. [StatementB:Item 63 must be completed with a number or 0](#)

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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

70. SIGNED:	Click Here to Sign	PRESIDENT	71. SIGNED:	Click Here to Sign	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 J 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" value="J"/>
Last Name	<input type="text" value="Smith"/>
Date	<input type="text" value="08/16/2010"/>
Password	<input type="password" value="••••••••"/>
Phone Number	<input type="text" value="7035551212"/>

Signing the Form

A minimum of two signatures are required to submit the report. If there is a need to apply more signatures on the form, click the Add Additional Signatures link below the signature blocks to add two additional signature blocks.



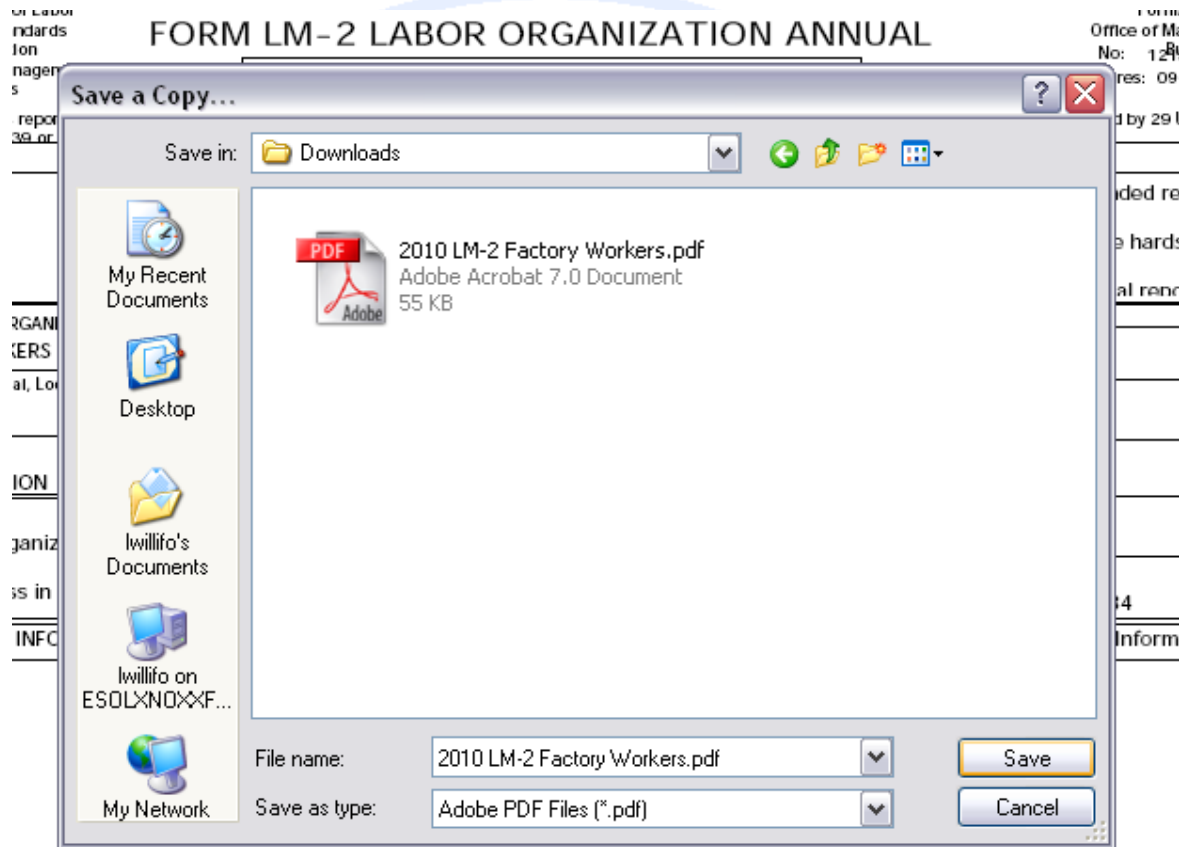
The image shows a portion of a web form for signing. A dashed black oval highlights a yellow button labeled "Add Additional Signatures". A dashed arrow points from the text above to this button. Below the button, the form contains the following fields:

70. SIGNED:	<input type="text" value="John J Smith"/>	<input type="text" value="PRESIDENT"/>
	<small>(If other title, see instructions)</small>	
Date:	<input type="text" value="08/16/2010"/>	Telephone Number: <input type="text" value="703-555-1212"/>

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:

Submit

Logout

Your LM-2 Form has been successfully accepted for processing.
Your confirmation number is: 544555-400100-20100816120314
Please make a note of this number for your records.

To view your submitted LM-2 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/efspreview.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