



ELECTRONIC FORMS SYSTEM (EFS)

**Guide to
Using EFS Preparing
Form LM-20**



ELECTRONIC FORMS SYSTEM (EFS) FORM LM-20

EFS is a web-based system for completing and filing forms required under the Labor-Management Reporting and Disclosure Act (LMRDA), including the Form LM-20 Labor Organization Officer and Employee Report.

This tutorial demonstrates basic features and functionality of the EFS Form LM-20. It does not contain instructions for what information should be provided on your report. Please consult the Form LM-20 instructions if you have questions about what information should be entered on the report.

You can download a complete set of Form LM-20 instructions from the [OLMS website](https://www.dol.gov/olms/).



System Requirements and Settings

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

- Microsoft Internet Explorer – Version 11.0 or higher
- Google Chrome –Version 7.0 or higher
- Mozilla Firefox

Screen Resolution:

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



Accessing the System

Navigate to the [OLMS Website](#) and select OLMS LM REPORTS & CBAs, then from the drop down menu, select the “**File Forms LM-2/3/4/20/21/30**” link.

The screenshot shows the top navigation bar of the Office of Labor-Management Standards (OLMS) website. The navigation bar includes the following items: OLMS LM REPORTS & CBAs, COMPLIANCE ASSISTANCE RESOURCES, LAWS & RELATED MATERIALS, FINAL AGENCY DECISIONS & REPORTS, and ABOUT OLMS. Below the navigation bar, there is a featured link for the Electronic Forms System (EFS) for LM-2, LM-3, LM-4 and LM-30 Filers. The link text reads: "Electronic Forms System (EFS) for LM-2, LM-3, LM-4 and LM-30 Filers" and "OLMS web-based system for completing and submitting labor organization and other reports." The link is accompanied by a blue "Submit" button graphic and a right-pointing arrow.

The Office of Labor-Management Standards (OLMS) of the U.S. Department of Labor administers and enforces most provisions of the Labor-Management Reporting and Disclosure Act of 1959 (LMRDA). The LMRDA primarily promotes union democracy and financial integrity in private sector labor unions through standards for union officer elections and union trusteeships and safeguards for union assets. Additionally, the LMRDA promotes labor union and labor-management transparency through reporting and disclosure requirements for labor unions and their officials, employers, labor relations consultants, and surety companies. [Read more](#)



Accessing the System

From the EFS Introduction page, select on the “Access the OLMS EFS” link.

The screenshot shows the top navigation bar of the United States Department of Labor website. It features the department's logo on the left, the text "UNITED STATES DEPARTMENT OF LABOR" in the center, and a search bar on the right. Below the main header is a secondary navigation bar for the "Office of Labor-Management Standards - OLMS", which includes dropdown menus for "OLMS LM REPORTS & CBAs", "COMPLIANCE ASSISTANCE RESOURCES", "LAWS & RELATED MATERIALS", "FINAL AGENCY DECISIONS & REPORTS", and "ABOUT OLMS".

[DOL HOME](#) / [OLMS](#) / OLMS ELECTRONIC FORMS SYSTEM

Office of Labor-Management Standards (OLMS)

OLMS Electronic Forms System

Notice: [Advisory on Reporting in Areas Affected by 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 for completing and submitting labor organization and other reports. Currently, EFS is available for use by Form LM-2, LM-3, LM-4, 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](#).

EFS allows anyone with a web-enabled computer to complete, sign, and electronically file an LM-2, LM-3, LM-4, and LM-30 without purchasing a digital signature or downloading special software. EFS performs all calculations for the LM report and completes a form error check prior to submission to OLMS. EFS also allows unions that maintain electronic accounting records to import financial data from their accounting programs directly into the Form LM-2 or LM-3 they are completing.

- [EFS Overview](#)
- [System Requirements](#) – Check to see that your computer meets the system requirements for EFS.
- [Help for EFS](#) – Resources for EFS and LM form-specific instructions can be found from this link.
- [EFS Frequently Asked Questions](#)

Office of Labor-Management Standards (OLMS)

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



Accessing the System

- To access the Form LM-20 in EFS, you must first register with EFS and obtain a user ID and password.
- If you already have an EFS user ID and password, you do not need to register again.

UNITED STATES DEPARTMENT OF LABOR

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All DOL ESA Advanced Search

A to Z Index Site Map FAQs DOL Forms About DOL Contact Us

DOL Home > OLMS > EFS
Electronic Forms System

[OLMS Help](#)

**Welcome to the Office of Labor-Management Standards
Electronic Forms System (EFS)**
[A brief tutorial of the system](#)

Registration:

[Register for an EFS User ID and Password](#)
[Obtain a Union PIN](#) [\(What is a PIN?\)](#)
[Edit your account information](#)
[Sign in to EFS for LM-20, LM-21 and LM-30](#)

Sign in to EFS for LM-2, LM-3 and LM-4

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

U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov | Telephone: 1-866-4-USA-DOL (1-866-487-2365) | TTY: 1-877-4-889-5627 | [Contact Us](#)



Accessing the Form LM-20 Form

Once you have a user ID and password, select the "EFS for LM-20, LM-21 and LM-30" link on the left side of the page.

The screenshot shows the top navigation bar of the EFS system with the United States Department of Labor logo and various utility links like 'Subscribe to E-mail Updates' and 'Find It In DOL'. The main content area is titled 'Welcome to the Office of Labor-Management Standards Electronic Forms System (EFS)'. On the left, under 'Registration:', there are four links: 'Register for an EFS User ID and Password', 'Obtain a Union PIN (What is a PIN?)', 'Edit your account information', and 'Sign in to EFS for LM-20, LM-21 and LM-30'. A dashed arrow points from a callout box to the last link. The callout box contains the text 'Select the link to access the LM-20'. On the right, under 'Sign in to EFS for LM-2, LM-3 and LM-4', there are input fields for 'User ID', 'User Password', 'File Number', and 'Union PIN', along with a 'Sign In' button and links for 'Forgot your password?' and 'Forgot your User ID?'. The footer contains a list of links for 'Frequently Asked Questions', 'Freedom of Information Act', 'Privacy & Security Statement', 'Disclaimers', 'Customer Survey', and 'Important Web Site Notices', along with contact information for the U.S. Department of Labor.

Accessing the Form LM-20



Log into EFS using your user ID and password, and select "Sign In".

A screenshot of the Electronic Forms System (EFS) login page. The page has a red header with the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR" on the left, and "Electronic Forms System" on the right. Below the header, there is a navigation bar with "DOL Home > OLMS > EFS" on the left and "Log out" on the right. The main content area is white and contains a "Welcome to the Office of Labor-Management Standards" message, followed by "EFS Form LM-20, LM-21 and LM-30". Below this is a "EFS Sign in" section with a horizontal line. Under the line, there are two input fields: "User ID:" and "User Password:". Below the password field is a "Sign In" button. A "OLMS Help" link is visible in the top right corner of the main content area.

Select Report Type




You must choose the type of report you are filing. Select “LM-20/21”, then Next.

The screenshot shows the "Electronic Forms System" interface. At the top, there is a red header bar with the "UNITED STATES DEPARTMENT OF LABOR" logo on the left and the text "Electronic Forms System" on the right. Below the header, there is a navigation bar with "DOL Home > OLMS > EFS" on the left and a "Log out" link on the right. The main content area is titled "SELECT REPORT TYPE" and contains a "Report Type:" label followed by a dropdown menu. The dropdown menu is open, showing three options: "Select", "LM-20/21", and "LM-30". Below the dropdown menu is a "Next" button.



Start A New Form LM-20 Filer

If you have previously filed a Form LM-20 report, select “Locate An Existing LM-20/LM-21 Filer” Tab.

 **UNITED STATES DEPARTMENT OF LABOR** **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

[Start New Form](#) [Forms In Progress](#) [Submitted Forms](#)

START A NEW FORM

Report Type:


File number	Organization Name	Person Filing	Street name	City	State	Zip code
No Filer found						

U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov/olms/ | Telephone: 1-866-401-1109 | [Contact Us](#)

Registering A Form LM-20 Filer



If you have not previously filed a Form LM-20, select the “Register a New LM-20/LM-21 Filer” Tab.

 **UNITED STATES
DEPARTMENT OF LABOR** **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) [Log out](#)

[Start New Form](#) | [Forms In Progress](#) | [Submitted Forms](#)

START A NEW FORM

Report Type:

File number	Organization Name	Person Filing	Street name	City	State	Zip code
No Filer found						

[Locate An Existing LM-20/LM-21 Filer](#) | [Register A New LM-20/LM-21 Filer](#)

Start a New LM-20 – Registering the Organization



Fill in the organization name and address to register the organization. Then select “Register the organization”. You will be given the File Number and Access Key number.

The screenshot shows the "Electronic Forms System" interface. At the top, there is a red header with the "UNITED STATES DEPARTMENT OF LABOR" logo and the text "Electronic Forms System". Below the header, there is a navigation bar with "DOL Home > OLMS > EFS > Report Selection" and a "Log out" link. A secondary navigation bar contains "Start New Form", "Forms In Progress", and "Submitted Forms". The main content area is titled "START A NEW FORM" and contains a "Report Type:" dropdown menu set to "LM-20/21". Below this is an "Organization" text input field. The address section includes fields for "Street Address", "P.O.Box - Building and Room Number", "City", "State" (a dropdown menu), and "Zip+4". At the bottom of the form, there are two buttons: "Previous" and "Register the organization". A dashed arrow points to the "Register the organization" button.

Start a New LM-20



The File Number and Access Key will be filled in. Now you can begin a new form by selecting “Start New LM-20”.

The screenshot shows the "Electronic Forms System" interface. At the top, there is a red header with the "UNITED STATES DEPARTMENT OF LABOR" logo and name on the left, and "Electronic Forms System" on the right. Below the header is a navigation bar with "DOL Home > OLMS > EFS > Report Selection" and a "Log out" link. A secondary navigation bar contains tabs for "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The main content area is titled "START A NEW FORM" and contains a "Report Type:" dropdown menu set to "LM-20/21". Below this, there are two input fields: "File Number: C - 12345" and "Access Key: 123456". At the bottom of the form area is a "Start New LM-20" button.



LM-20 Forms In Progress

If you have previously started a Form LM-20, select the “Forms In Progress” tab. The available file number will appear. Select the box next to the file number and the available forms will appear. Select the form and continue completing or editing the Form LM-20.

The screenshot shows the 'Electronic Forms System' interface. At the top, it says 'UNITED STATES DEPARTMENT OF LABOR' and 'Electronic Forms System'. Below that, there are navigation links: 'DOL Home > OLMS > EFS > Report Selection' and a 'Log out' link. A menu bar contains 'Start New Form', 'Forms In Progress' (highlighted with a dashed circle), 'Submitted Forms', and 'Access Key'. Below the menu bar, there is a section titled 'FORMS IN PROGRESS' containing a table with the following data:

File number	Organization Name	Person Filing	Street name	City	State	Zip code
<input type="checkbox"/> C-68431						
<input type="checkbox"/> C-68434						



Form LM-20 – Submitted Forms

- If you need to amend a Form LM-20 report that you previously submitted *through EFS*, select the “Submitted Forms” tab to view and retrieve it. You may then amend your report and submit it.
- If you need to amend a Form LM-20 report that you originally submitted by *mail*, you may use EFS to file your amended report.
- However, you will have to start a new report and re-enter information on the form, since reports that were previously filed manually may not be viewed and retrieved in EFS.

The screenshot displays the 'Electronic Forms System' interface for the 'UNITED STATES DEPARTMENT OF LABOR'. The navigation path is 'DOL Home > OLMS > EFS > Report Selection'. The 'Submitted Forms' tab is selected and highlighted with a dashed circle. Below the navigation, there is a table titled 'SUBMITTED FORMS' with the following data:

File Number	Organization Name	Form Type	Employer	Fiscal Year	Date Submitted	Amendment Number
C-68431				2018	12/10/2018	0

LM-20 Access Key – How To Share Forms



- The **Access Key** is a private key that gives filers the ability to allow others to help prepare the Form LM-20 report. A filer can log into the EFS system using his or her own user ID and password, and can use the filer's Access Key to view and edit reports. If forgotten, the Access Key can always be retrieved by selecting the Access Key tab.
- A filer should only share this Access Key with individuals who are authorized to have access to the form. **At no time should filers share their user name and password with anyone else.** Every user of EFS should have his or her own user ID and password.

The screenshot shows the EFS interface with the following elements:

- Header: UNITED STATES DEPARTMENT OF LABOR, Electronic Forms System
- Breadcrumbs: DOL Home > OLMS > EFS > Report Selection
- Navigation: Log out
- Form Tabs: Start New Form, Forms In Progress, Submitted Forms, Access Key (selected)
- Table:

File number	Organization name	Access key	
C-68431		948727	Generate New Access Key
C-68434		254768	Generate New Access Key

Resetting the Access Key



A filer may need to change the Access Key to prevent unauthorized access to reports. To reset the Access Key, select the “Generate New Access Key” button under the Access Key tab.

The screenshot shows the Electronic Forms System interface. At the top, there is a red header with the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR" on the left, and "Electronic Forms System" on the right. Below the header, there is a navigation bar with "DOL Home > OLMS > EFS > Report Selection" on the left and "Log out" on the right. Below the navigation bar, there is a tabbed interface with four tabs: "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The "Access Key" tab is selected. Below the tabs, there is a table with three columns: "File number", "Organization name", and "Access key". The table contains two rows of data. The first row has "C-68431" in the "File number" column and "948727" in the "Access key" column. The second row has "C-68434" in the "File number" column and "254768" in the "Access key" column. To the right of each row, there is a button labeled "Generate New Access Key". These buttons are highlighted with a yellow background and a dashed black border.

File number	Organization name	Access key	
C-68431		948727	Generate New Access Key
C-68434		254768	Generate New Access Key

Navigating the Form LM-20 in EFS



UNITED STATES
DEPARTMENT OF LABOR

Electronic Forms System

DOL Home > OLMS > EFS > Report Selection > Home Page

Log out

MAIN

ITEM 6,7&8

ITEM 9&10

ITEM 11&12

VALIDATION
SUMMARY

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68431 < >

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

FORM LM-20 AGREEMENT & ACTIVITIES REPORT

Form Approved
Office of Management and Budget
No. 1216-0003
Expires 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(a) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 68431		<input type="checkbox"/> Amended Report
2. Name and mailing address (include ZIP Code):		
First Name:	Middle Name:	Last Name:
Robert		Smith
Title:		
Organization:		
P.O. Box, Bldg., Room No., if any:		
Street:		City:
State:		Zip code:
4. Date fiscal year ends: <input type="text"/> / <input type="text"/>		
5. Type of person <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify): <input type="text"/>		

Navigate forward and backward through the form by using the navigation arrows, or jump directly to a section by clicking on the page title on the left navigation pane.

Signature and Verification

Each of the undersigned 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 VII on penalties in the instructions.)

13. SIGNED: <input type="text"/>	PRESIDENT	14. SIGNED: <input type="text"/>	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"/>

Accessing Form LM-20 Instructions in EFS



While working on the Form LM-20 in EFS, you can select the “Form Instructions” button to view the complete Form LM-20 instructions in a new window.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

MAIN | Save | Validate | Add Attachments | Print | **Form Instructions** | Help | Submit | FILE NUMBER: 68431

ITEM 6,7&8
ITEM 9&10
ITEM 11&12
VALIDATION SUMMARY

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

FORM LM-20 AGREEMENT & ACTIVITIES REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 68431 Amended Report

2. Name and mailing address (include ZIP Code):
First Name: Robert Middle Name: Last Name: Smith
Title: Vice President
Organization: ABC Company
P.O. Box, Bldg., Room No., if any: Room 301
Street: 123 Anyway Street City: Silver Spring
State: MD Zip code: 20902

3. Any other address where records necessary to verify this report are kept:
First Name: Middle Name: Last Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street: City:
State: Zip code:

4. Date fiscal year ends: /

5. Type of person
 a. Individual b. Partnership c. Corporation
 d. Other (Specify):

Signature and Verification

Each of the undersigned 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 VII on penalties in the instructions.)

13. SIGNED: PRESIDENT 14. SIGNED: TREASURER
(If other title, see instructions) (If other title, see instructions)

Date: Telephone Number: Date: Telephone Number:

Form LM-20 (2003) (Page 1 of 5)

Entering Data into the Form LM-20 in EFS



- Enter data in all fields. Fields that are “grayed out” may not be edited.
- It is important to save your work often by selecting the “Save” tab. The form automatically saves your work when moving between pages. If you do not save your work, you risk losing unsaved data.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

MAIN | Save | Validate | Add Attachments | Print | Form Instructions | Help | **Submit** | FILE NUMBER: 68431

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<small>IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</small>		
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. a. File Number: C- 68431		<input type="checkbox"/> Amended Report
2. Name and mailing address (include ZIP Code): First Name: Robert Middle Name: Last Name: Smith Title: Vice President Organization: ABC Company P.O. Box, Bldg., Room No., if any: Room 301 Street: 123 Anyway Street City: Silver Spring State: MD Zip code: 20902		3. Any other address where records necessary to verify this report are kept: First Name: Middle Name: Last Name: Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: Zip code:
4. Date fiscal year ends: /		5. Type of person <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):
Signature and Verification		
<small>Each of the undersigned 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 VII on penalties in the instructions.)</small>		
13. SIGNED: PRESIDENT		14. SIGNED: TREASURER
<small>(If other title, see instructions)</small>		<small>(If other title, see instructions)</small>
Date:	Telephone Number:	Date: Telephone Number:

Entering Data – Form LM-20, Item 6



- For Item 6 either enter or search for the Employer with whom the agreement and arrangement was made. If searching, type part of the name of the employer and select search. Scroll through the list and if you find the Employer, select the box next to the Employer name. Select “Add Selected Employer” and all information related to the Employer will be filled in.
- If the exact Employer is not listed there, select “Employer Not Found” and manually complete Item 6.

UNITED STATES DEPARTMENT OF LABOR Electronic Forms System

FILE NUMBER: 68434

6. Full name and address of employer with whom made (include ZIP Code):

7. Date entered into:

Search Represented Employer

Name of represented employer

Street Address City State ZIP

Search Clear all Cancel


If you do not see the exact employer you are looking for, click 'Employer not found'.

Employer	Street	City	State	Zip
<input type="checkbox"/> Bank of Labor	756 MINNESOTA AVE.	KANSAS CITY	KS	66101
<input type="checkbox"/> BPCM LOCAL 534 LABOR MANAGEMENT FUND	7 FREDERIKA ST	BOSTON	MA	02114
<input type="checkbox"/> CENTRAL LABORERS' PENSION WELFARE & ANNUITY FUND	PO BOX 1267	JACKSONVILLE	IL	62651
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' TRAINING FUND	7051 FLY RD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' WELFARE FUND	7051 FLY RD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CHICAGO AREA LABORS-EMP. COOP. & EDUC. TRUST	999 MCCLINTOCK DRIVE, SUITE 302	BURR RIDGE	IL	60527
<input type="checkbox"/> CONNECTICUT LABORERS' HEALTH FUND	435 CAPTAIN THOMAS BLVD	WEST HAVEN	CT	06516
<input type="checkbox"/> CONTRATORS, LABORERS, TEAMSTERS, & ENGINEERS LOCAL 10334	10334 ELLISON CIRCLE	OMAHA	NE	68134-1123
<input type="checkbox"/> FOX VALLEY LABORERS HEALTH AND WELFARE FUND	2400 BIG TIMBER SUITE 206B	ELGIN	IL	60124
<input type="checkbox"/> FOX VALLEY LABORERS PENSION FUND	2400 BIG TIMBER ROAD SUITE 206B	ELGIN	IL	60124
<input type="checkbox"/> HAWAII LABORERS' APPRENTICE & TRAINING FUND	1440 KAPIOLANI BLVD, SUITE 800	HONOLULU	HI	96814
<input type="checkbox"/> HI LABORERS & EMPLOYER COOP & EDUCATION FUND	1440 KAPIOLANI BLVD	HONOLULU	HI	96814
<input type="checkbox"/> IA LABORERS/EMPLOYERS COOP & EDUCATION FUND	5806 MEREDITH DR., SUITE C	DES MOINES	IA	50322
<input type="checkbox"/> IBEW LOCAL 701 LABOR MGMT COOP COMMITTEE	28600 BELLA VISTA PARKWAY, ROOM 100	WARRENVILLE	IL	60555



Entering Data – Form LM-20, Items 7 and 8

- Item 7 add the date the agreement or arrangement was entered into.
- Item 8 add the name of the person with whom the agreement or arrangement was made. If additional individuals need to be added, select the “Add Another Person” under Item 8.

 **UNITED STATES DEPARTMENT OF LABOR** Electronic Forms System

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

MAIN
ITEM 6,7&8
ITEM 9&10
ITEM 11&12
VALIDATION SUMMARY

FILE NUMBER: 68431 < >

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Find, Add or Edit Employer

First Name: Middle Name: Last Name:

Organization:

Trade Name, if any:

P.O. Box, Bldg., room No., if any: Street:

City: State: Zip Code + 4:

7. Date entered into:

8. Name of person(s) through whom made:

First Name: Middle Name: Last Name:

1.



Entering Data – Form LM-20, Items 9 and 10


- For Item 9, check the appropriate box(es) indicating whether the object or purpose of the agreement or arrangement is to, directly or indirectly, persuade employees as to exercising their bargaining rights **or** to supply an employer with information related to a labor dispute. You must check either one or both of the boxes.
- For Item 10, Terms and Conditions, provide a detailed explanation of the terms and conditions of the agreement or arrangement. If any agreement or arrangement is in whole or in part contained in a written contract, memorandum, letter, or other written instrument, or has been otherwise wholly or partially to writing, you must refer to that document and attach a copy to this report.

The screenshot shows the 'Electronic Forms System' interface for the United States Department of Labor. The header includes the department logo and name, and the title 'Electronic Forms System'. Below the header, there is a navigation bar with links: 'DOL Home > OLMS > EFS > Report Selection > Home Page' and a 'Log out' link. The main content area is titled 'Nature of Agreement or Arrangement (Continuation)'. It contains two sections: Item 9 and Item 10. Item 9 asks the user to check the appropriate box(es) indicating whether the object or purpose of the agreement or arrangement is to, directly or indirectly, persuade employees as to exercising their bargaining rights or to supply an employer with information related to a labor dispute. The options are: a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding. Item 10 asks for terms and conditions, with a note that written agreements must be attached. Below the text input field, there is a checkbox for 'Written Agreement/Arrangement' and a large text area for providing details.

Entering Data – Form LM-20, Item 11



Item 11 – For each activity to be performed, provide in 11a) Nature of the Activity, in 11b) Duration of Performance, in 11c) Extent of Performance and in 11d) Name and Address of person(s) through whom the activity was performed. If there are additional persons for 11d) select the “Add Another Person” tab located beneath 11d. Also, if an additional activity for Item11 is needed, select the “Add Additional Activity” tab under the File Number.

 **UNITED STATES DEPARTMENT OF LABOR** **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Save Validate Add Attachments Print Form Instructions FILE NUMBER: 68434 < >

Specific Activities to be performed [Add Additional Activity \(Item11\)](#)

11. For each activity, separately list in detail the information required (See instructions):

- 1. a. Nature of activity:

11b. Period during which activities performed: 11c. Extent performed:

11d. Name and Address of person(s) through whom activities were performed:

<input checked="" type="checkbox"/> 1.	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>	Organization:	<input type="text"/>
	P.O. Box, Bldg., Room No., if any	Street:	<input type="text"/>	City:	<input type="text"/>	State:	Zip Code + 4
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add Another Person](#)

12a. Identify subject groups of employees:

12b. Identify subject labor organizations:
Labor Organization Name:

Entering Data – Form LM-20, Item 12



For Item 12, identify the subject group(s) of employees and/or labor organizations that are to be persuaded or concerning whose activities information is to be supplied to the employer. For 12b, you can search by organization in the box labeled Find and add the Organization. Also, if additional labor organizations need to be added, select the “Add Another Labor Organization” tab, under 12b.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

Save Validate Add Attachments Print Form Instructions FILE NUMBER: 68434 < >

Specific Activities to be performed Add Additional Activity(Item11)

11. For each activity, separately list in detail the information required (See instructions):

11b. Period during which activities performed: _____ 11c. Extent performed: _____

11d. Name and Address of person(s) through whom activities were performed:

<input checked="" type="checkbox"/> 1.	First Name: _____	Middle Name: _____	Last Name: _____	Organization: _____
	P.O. Box, Bldg., Room No., if any _____	Street: _____	City: _____	State: _____ Zip Code + 4 _____

12a. Identify subject groups of employees: _____

12b. Identify subject labor organizations:

Labor Organization Name: _____

1. _____

Form LM-20 (2003) (Page 4 of 5)

Printing the Form LM-20



You can print a copy of the Form LM-20 for review by selecting the Print button on the menu bar. A printable PDF copy of the report will then pop up.

Note: You must have a PDF viewer like Adobe Reader installed on your machine to perform this function. (not sure if this is still correct)

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

**FORM LM-20
AGREEMENT & ACTIVITIES REPORT**

Form Approved
Office of Management and Budget
No: 1245-0003
Expires: 09/30/2021

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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only
E

1. a. File Number: C- 66434 Amended Report

2. Name and mailing address (include ZIP code):
Name: Robert Smith
Title: Vice President
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City: State: MD ZIP: 20784

3. Any other address where records necessary to verify this report are kept:
Name :
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street:
City: State: ZIP:

4. Date fiscal year ends: /
5. Type of person
a. Individual b. Partnership c. Corporation d. Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):
Name (first,middle,last) : aaaa aaaaa
Organization HAWAII LABORERS' APPRENT & TRAINING
Trade Name, if any:
P.O. Box, Bldg., room No., if any:
Street:
City: State: HI ZIP: 96814

7. Date entered into: 12/08/2018

8. Name of person(s) through whom made:
Name :
- Additional names at the end of the report

Form LM-20 Validation



The **Form Validation** process ensures that the form contains all required data. You must select the “**Validate**” button on the menu bar to perform an error check on the entire form. The validation summary page shows the list of any errors that must be corrected before you are able to sign and submit the Form LM-20 report. You may select the error to make corrections.

The screenshot shows the 'Electronic Forms System' interface. At the top left is the 'UNITED STATES DEPARTMENT OF LABOR' logo. The top right says 'Electronic Forms System'. Below the header is a breadcrumb trail: 'DOL Home > OLMS > EFS > Report Selection > Home Page' and a 'Log out' link. On the left is a navigation menu with 'MAIN', 'ITEM 6,7&8', 'ITEM 9&10', 'ITEM 11&12', and 'VALIDATION SUMMARY' (which is highlighted). The main content area has a 'Print' button and 'Form Instructions' link. It displays 'FILE NUMBER: 68431' with navigation arrows. The title is 'VALIDATION SUMMARY PAGE'. The errors listed are: '1. Item 7 : Please enter the date.' and '2. Activity 1: Item 11b: Please enter the period during which the activities were performed.' Below these are several empty rows for additional errors.



Form LM-20 Validation

Once the form passes validation, you will receive a message indicating that **All Page Validations are passed**. Select “OK” to begin the signature process.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Save Validate Add Attachments Print Form Instructions FILE NUMBER: 68431 < >

Specific Activities to be performed Add Additional Activity (Item 11)

11. For each activity, separately list in detail the information required (See instructions):

- 1. a. Nature of activity:

11b. Period during which activities performed: December 2018 11c. Extent performed: completed

11d. Name and Address of person(s) through whom activities were performed:

First Name:	Middle Name:	Last Name:	Organization:
1. Ann	Message from webpage	rown	
P.O. Box, Bldg., Room No., if any		ty:	State: Zip Code + 4
		ashington	DC 20001

Add Another Person

12a. Identify subject groups of employees: All

12b. Identify subject labor organizations: Labor Organization Name:

Form LM-20 (2003) (Page 4 of 5)

! All Page Validations are passed.

OK

Signing the LM-20 Form



Once all of the validation items have been corrected, the form is ready to be signed. The signature block will turn red for signature. Select "OK" and click in the red box indicating Click Here to Sign.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68431 < >

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<small>IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</small>		
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. a. File Number: C- 68431		<input type="checkbox"/> Amended Report
2. Name and mailing address (include ZIP Code): First Name: Robert Middle Name: Last Name: Title: Vice President Organization: ABC Company P.O. Box, Bldg., Room No., if Room 301 Street: 123 Anyway Street State: MD		3. Any other address where records necessary to verify this report are kept: First Name: Middle Name: Last Name: City: Zip code:
4. Date fiscal year ends: Dec		<input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):
Signature and Verification		
<small>Each of the undersigned 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 VII on penalties in the instructions.)</small>		
13. SIGNED: Click Here to Sign PRESIDENT	14. SIGNED: _____ TREASURER	
<small>(If other title, see instructions)</small>		<small>(If other title, see instructions)</small>
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____	

Form LM-20 (2003) (Page 1 of 5)

Signing the Form



When the signature box appears, you must re-enter your password to sign the form. Select sign. (If the officers title needs to be updated, select the box with President, delete the title replacing it with the correct title. Then you must save, revalidate and resign the form.)

The screenshot shows the 'Electronic Forms System' interface for the U.S. Department of Labor. The main form is titled 'FORM LM-20 AGREEMENT & ACTIVITIES REPORT'. A pop-up window titled 'President's Signature' is overlaid on the form, containing a declaration and a signature verification section. The declaration states: 'By entering my name and password below, I attest that I am Robert 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.' The signature verification section includes fields for First Name (Robert), Middle Initial, Last Name (Smith), Date (12/10/2018), Password, and Phone Number (202-693-...). Below the pop-up, the main form shows fields for '13. SIGNED:' with a 'Click Here to Sign' button and '14. SIGNED:' with a 'TREASURER' button. The form also includes a 'Date fiscal year ends' field set to 'Dec / 18' and a '5. Type of person' section with radio buttons for 'a. Individual', 'b. Partnership', 'c. Corporation', and 'd. Other (Specify):'.

By signing this form via password, you are legally attesting that you are the person identified by name in the signature block. It is considered forgery to digitally sign a form as someone else.



Signing the Form

Once the report has been signed, if any changes are made to any fields on the form, the signature will be removed and the form must be validated and signed again. You should print a copy of the form for your records. Select the "Print" tab to save the form.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

DOL Home > OLMS > EFS > Report Selection > Home Log out

Save Validate Add Attachments **Print** Form Instructions Help Submit FILE NUMBER: 68431 < >

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

FORM LM-20
AGREEMENT & ACTIVITIES REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 68431 Amended Report

2. Name and mailing address (include ZIP Code):
 First Name: Robert Middle Name: Last Name: Smith
 Title: Vice President
 Organization: ABC Company
 P.O. Box, Bldg., Room No., if any: Room 301
 Street: 123 Anyway Street City: Silver Spring
 State: MD Zip code: 20902

3. Any other address where records necessary to verify this report are kept:
 First Name: Middle Name: Last Name:
 Title:
 Organization:
 P.O. Box, Bldg., Room No., if any:
 Street: City:
 State: Zip code:

4. Date fiscal year ends: Dec / 18

5. Type of person
 a. Individual b. Partnership c. Corporation
 d. Other (Specify):

Signature and Verification

Each of the undersigned 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 VII on penalties in the instructions.)

13. SIGNED: Robert Smith PRESIDENT 14. SIGNED: TREASURER
 (If other title, see instructions) (If other title, see instructions)

Date: 12/10/2018 Telephone Number: 202-693-1132 Date: Telephone Number:

Printing and/or Saving the Form



In order to print and/or save the form for your records, select the “Download” tab to save and/or print your form. **There is NOT an option to print once the form has been submitted.** After you have saved and/or printed your form, select the “Submit” tab.

The screenshot shows the 'Electronic Forms System' interface for the 'U.S. Department of Labor'. The page title is 'FORM LM-20 AGREEMENT & ACTIVITIES REPORT'. A modal dialog box is overlaid on the form, containing the following text: 'Download a copy of this report NOW for your records before submitting', 'There is NO PRINT CAPABILITY via EFS once the report is submitted', and 'Click Download and/or Submit to finish'. The dialog box has a 'Download' button and 'SUBMIT' and 'CANCEL' buttons at the bottom. The background form shows fields for '1. a. File Number: C- 68431', '2. Name and mailing address (First Name: Robert, Middle, Title: Vice President, Organization: ABC Company, P.O. Box, Bldg., Room No., if any: Room 301, Street: 123 Anyway Street, City: Silver Spring, State: MD, Zip code: 20902)', and '5. Type of person' (a. Individual, b. Partnership, c. Corporation).



Submitting the Form

Once the signatures have been applied, select the “Submit” button from the top menu bar. Once the form has been processed (this may take a few minutes), a confirmation message will be displayed.

UNITED STATES DEPARTMENT OF LABOR **Electronic Forms System**

DOL Home > OLMS > EFS > Report Selection > Home Page Log ou

MAIN Save Validate Add Attachments Print Form Instructions Help **Submit** FILE NUMBER: 68431 < >

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

**FORM LM-20
AGREEMENT & ACTIVITIES REPORT**

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

IMPORTANT: 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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 68431 Amended Report

2. Name and mailing address (include ZIP Code):
First Name: Robert Middle Name: Last Name: Smith
Title: Vice President
Organization: ABC Company
P.O. Box, Bldg., Room No., if any: Room 301
Street: 123 Anyway Street City: Silver Spring
State: MD Zip code: 20902

3. Any other address where records necessary to verify this report are kept:
First Name: Middle Name: Last Name:
Title:
Organization:
P.O. Box, Bldg., Room No., if any:
Street: City:
State: Zip code:

4. Date fiscal year ends: Dec / 18

5. Type of person
 a. Individual b. Partnership c. Corporation
 d. Other (Specify):

Signature and Verification

Each of the undersigned 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 VII on penalties in the instructions.)


13. SIGNED: Robert Smith PRESIDENT 14. SIGNED: TREASURER
(If other title, see instructions) (If other title, see instructions)

Date: 12/10/2018 Telephone Number: 202-693-1132 Date: Telephone Number:

Confirmation page



You can print this message for your records by using the print option on your browser.

**UNITED STATES
DEPARTMENT OF LABOR**

Electronic Forms System

[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#) [Log out](#)

Your LM-20 Form has been successfully accepted for processing.

Your confirmation number is: 68431-680050-20181213123244.

Please make a note of this number for your records.

To view your submitted LM-20 report, visit the **OLMS Online Public Disclosure Room**.

OLMS Online Public Disclosure Room link:
<http://www.dol.gov/olms/regs/compliance/rrlo/lmrda.htm>

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 the [OLMS EFS Help page](#)

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.