



Guide to Using EFS Preparing Form LM-10



### **ELECTRONIC FORMS SYSTEM (EFS) FORM LM-10**

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-10 Employer Report.

This tutorial demonstrates basic features and functionality of the EFS Form LM-10. It does not contain instructions for what information should be provided on your report. Please consult the Form LM-10 instructions if you have questions about what information should be entered on the report.

You can download a complete set of Form LM-10 instructions from the <u>OLMS website</u>.

#### System Requirements and Settings



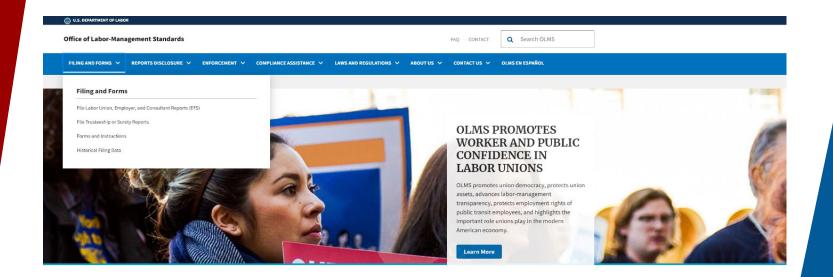
To access and use EFS, OLMS recommends that you use one of the following browsers:

- Microsoft Edge
- Google Chrome –Version 7.0 or higher

#### **Accessing the System**



Navigate to the <u>OLMS Website</u> and select FILING AND FORMS, then from the drop down menu, select the "File Labor Union, Employer, and Consultant Reports (EFS)" link.



#### **Access the OLMS EFS**



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

FILING AND FORMS V | REPORTS, DISCLOSURE, AND DECISIONS V | COMPLIANCE ASSISTANCE V | LAWS AND REGULATIONS V | ABOUT US

CLMS > CLMS Electronic Forms System

#### **OLMS Electronic Forms System**

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

#### EFS Resources

- · Register for an EFS User ID and Password
- Obtain a Union PIN
- · Edit your EFS Account Information
- · Forgot your password?
- Forgot your User ID?

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

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

EFS allows anyone with a web-enabled computer to complete, sign, and electronically file an LM-1, LM-2, LM-3, LM-4, LM-10, LM-20, LM-21 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.

### **Accessing the Form LM-10**



To access the Form LM-10, you must obtain an EFS User ID and password.

U.S. DEPARTMENT OF LA	ABOR			
Office of Labor-Management Standa	ards - OLMS			
OLMS HOME OLMS Reports ▼ Us	er Guides/FAQs ▼	EFS Helpdesk: 1-866-401-	1109  TTY: 7-1-1 1	Telecommunications Relay Service (TRS) Email: <u>OLMS-Public@dol.gov</u>
DOL Home > OLMS > EFS We		ce of Labor-Management Stan nic Forms System (EFS)	dards	
Existing and New User Account Management	LM-1, LM-2, LN	4-3, LM-4 and Simplified Report	LM-10, L	M-20, LM-21 and LM-30
Register for an EFS User ID and Password	User ID: User Password:		User ID: User Password:	
Edit your account information	*File No/Registrati ID Union PIN	on	rassword.	Sign In
To reset your password, you must have the user ID and email address you provided when registering with the EFS system.		Sign In		
Forgot your password?	password, and org	you must have your User ID, anization's file number. You can if it is expired. If you forgot the t EFS Helpdesk.		
To retrieve your user ID, you must have the email address, First Name, and Last		Request a new PIN		
Name you provided when registering with the EFS System.		ain an organizational Registration r to file an initial LM-1.		
Forgot your User ID?		itial LM-1 Registration ID and PIN		
		ink if you have already DLMS and have an existing number.		
Rec	ommended browse	rs are - Microsoft Edge or Google C	Chrome	

### **Accessing the Form LM-10**



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

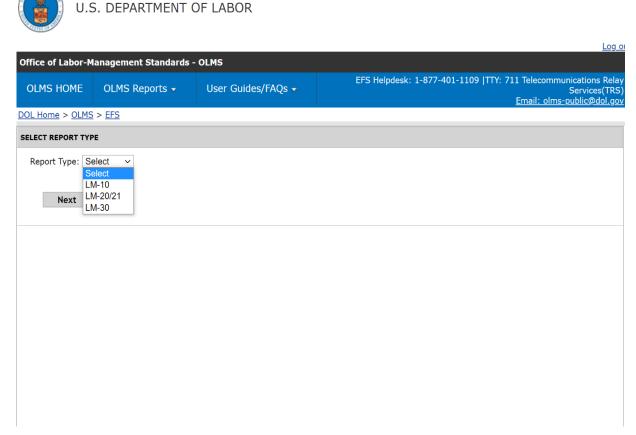
U.S. DEPARTMENT OF LA	ABOR		
Office of Labor-Management Stand	ards - OLMS		
OLMS HOME OLMS Reports ▼ Us	er Guides/FAQs ▼	EFS Helpdesk: 1-866-401	-1109  TTY: 7-1-1 Telecommunications Relay Service (TRS Email: <u>OLMS-Public@dol.go</u> v
DOL Home > OLMS > EFS  We		ce of Labor-Management Star nic Forms System (EFS)	ndards
Existing and New User Account Management	LM-1, LM-2, LN	4-3, LM-4 and Simplified Report	LM-10, LM-20, LM-21 and LM-30
Register for an EFS User ID and Password  Edit your account information	User ID: User Password: *File No/Registrati ID Union PIN	on	User ID: User Password: Sign In
To reset your password, you must have the user ID and email address you provided when registering with the EFS system.  Forgot your password?	password, and org	Sign In  you must have your User ID, anization's file number. You can if it is expired. If you forgot the	
To retrieve your user ID, you must have the email address,First Name, and Last	PIN, please contac	t EFS Helpdesk. Request a new PIN	
Name you provided when registering with the EFS System.		ain an organizational Registration r to file an initial LM-1.	
Forgot your User ID?	Obtain an In	itial LM-1 Registration ID and PIN	
		ink if you have already DLMS and have an existing number.	

Recommended browsers are - Microsoft Edge or Google Chrome

#### **Select Report Type**



You must choose the type of report you are filing. Select "LM-10", then Next.



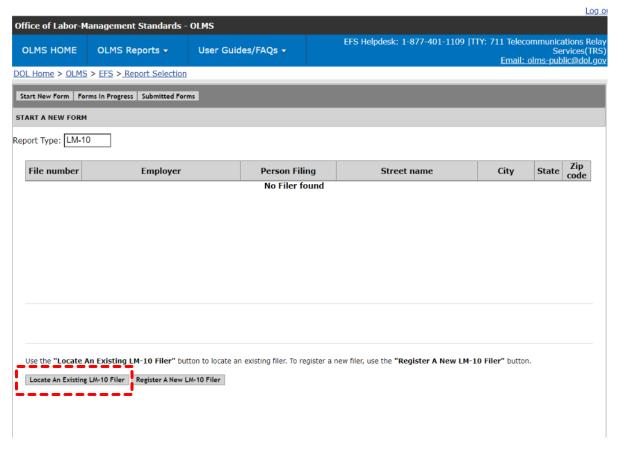
#### **Start A New Form LM-10 Filer**



If you have previously filed a Form LM-10 report, select "Locate An Existing LM-10 Filer" Tab.



U.S. DEPARTMENT OF LABOR



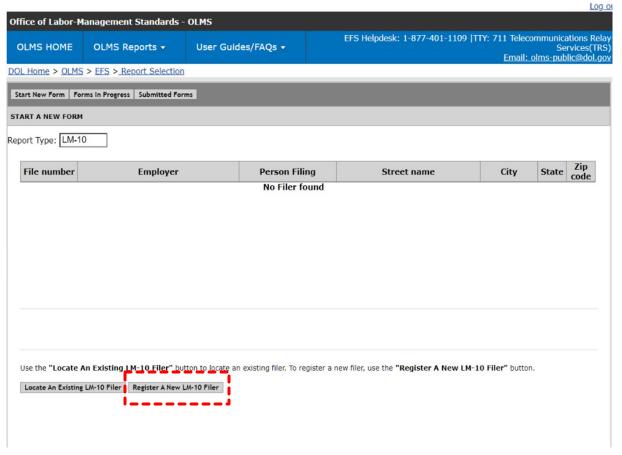
#### Registering A Form LM-10 Filer



If you have not previously filed a Form LM-10, select the "Register a New LM-10 Filer" Tab.



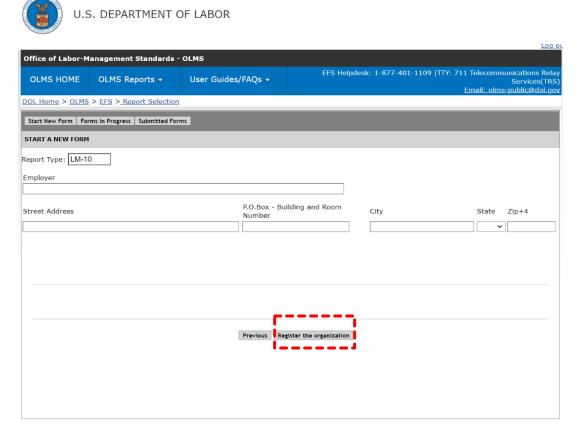
U.S. DEPARTMENT OF LABOR



# Start a New LM-10 – Register the Organization



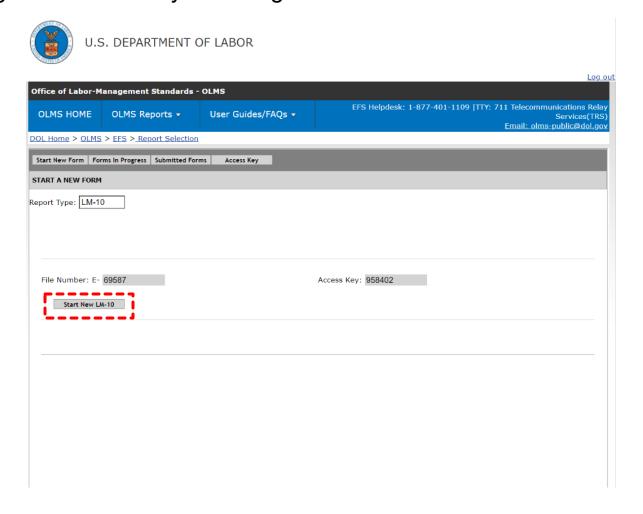
Fill in the employer name and address to register the organization. Then select "Register the organization". You will be given the File Number and Access Key number.



#### Start a New LM-10



The File Number and Access Key will be filled in. Now you can begin a new form by selecting "Start New LM-10".



### **Navigating the Form LM-10 in EFS**



TIEMS 5,6 & 7  U.S. Department of Labor  U.S. Department of Labor  U.S. Department of Labor  Office of Labor-Hanapement Standards  EMPLOYER REPORT  The Bill Number: E-  Signatures  Title  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.  First N  P.O. Box, Bidg., Room No., if any  City  City  State  Each of the undersigned, duly authorized officers of the above employer declares, under penalty of perjury and other applicable penalties of faw, 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 tone title, see instructions)  (If other title, see instructions)  Trelephone Number:  Telephone Number:  Telephone Number:  City  Telephone Number:  City Telephone Number:  Title  FORM IN 10  FORM AND 10  FORM A	OL Home > OL	MS > EFS > Report Selection > Home Page
THE S. S. A. 7  Office of Management and Bell	MAIN	Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER:69587 < >
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or clul penalties as provides by 29 U.S.C. 439 or 440.  PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.  PART A  File Number: E- 198637  3. Namha and address of Reporting Employer (inc. trade name, if any).  Employer  New LM-10 Folts  Trade Name  Atten  P.O. Bu  Investigation arrows, or jump  directly to a section by clicking  on the page title on the left  Invitation and in the page title on the left  Invitation and in the page title on the left  Invitation and in the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left  Invitation and provides to the section by clicking on the page title on the left true, core title provides to the section by clicking on the provides to the section by clicking on the page title on the left true, core title provides to the section by clicking on the page title on the		O.S. Department of Labor Office of Labor-Management Standards  Wyskington DC 20110  EMPLOYER REPORT  No. 9999-9999
File Number: E-  2. Fiscal Year Covered: From (mm/dd/yyyy)  3. Name and address of Reporting Employer (inc. trade name, if any).  Employer New LM-10 Fight Trade Name  Atten Pr First N 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.  P.O. Box, Bidg., Room No., if any  City State  Each of the undersigned, duly authorized officers of the above employer 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 VIII on penalties in the instructions)  13. SIGNED: TREASURER (if other title, see instructions)	ALIDATION	
Street    Street   Signatures   Street   Signatures   Sig	UMMARY	
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.  P.O. Box, Bldg., Room No., if any  Street  ZIP Code +4  Last Name  Street  ZIP Code +4  ZIP Code +		From (mm/dd/yyyy)  2. Fiscal Year Covered: From (mm/dd/yyyy)  Though (mm/dd/yyyy)
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Form LM-10-Part A (2003)

## Accessing Form LM-10 Instructions in EFS



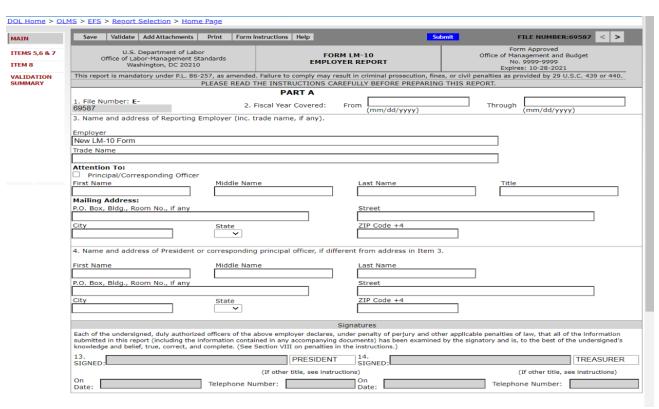
While working on the Form LM-10 in EFS, you can select the "Form Instructions" button to view the complete Form LM-10 instructions in a new window.

U.S. Department of Lab Office of Labor-Management S Washington, DC 20210	tandards	FORM LM-10 PLOYER REPORT	Form Approved Office of Management and Budget No. 9999-9999 Expires: 10-28-2021
This report is mandatory under P.L. 86		ay result in criminal prosecution, fines, or S CAREFULLY BEFORE PREPARING TH	civil penalties as provided by 29 U.S.C. 439 o
	PART A	S CAREL OLE BELOKE PREPARING III	13 REPORT.
1. File Number: E- 69587	2. Fiscal Year Covered	: From (mm/dd/yyyy)	Through (mm/dd/yyyy)
3. Name and address of Reporting	Employer (inc. trade name, if any)		
Employer			
New LM-10 Form			
Trade Name			
Attention To:			
☐ Principal/Corresponding Officer			
First Name	Middle Name	Last Name	Title
Mailing Address:			
P.O. Box, Bldg., Room No., if any		Street	
City	State	ZIP Code +4	
City	V State	ZIF Code 14	1
4. Name and address of President	or corresponding principal officer, if	f different from address in Item 3.	
First Name	Middle Name	Last Name	
DO DOWN DIEGO DO NO 15 DOWN			
P.O. Box, Bldg., Room No., if any		Street	
City	State	ZIP Code +4	
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#### **Entering Data into the Form LM-10 in EFS**



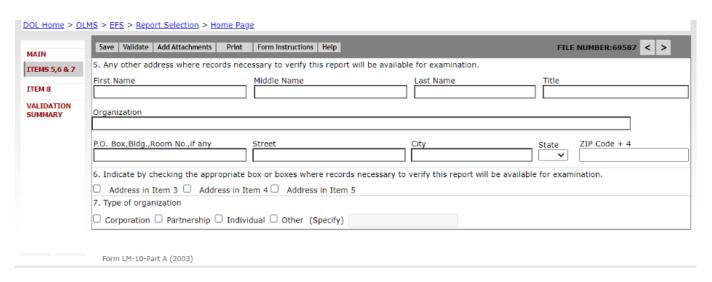
- Enter data in all fields. Fields that are "grayed out" may not be edited.
- It is important to save your work often by selecting the "Save" tab. The form automatically saves your work when moving between pages. If you do not save your work, you risk losing unsaved data.



### Entering Data – Form LM-10, Items 5 thru 7



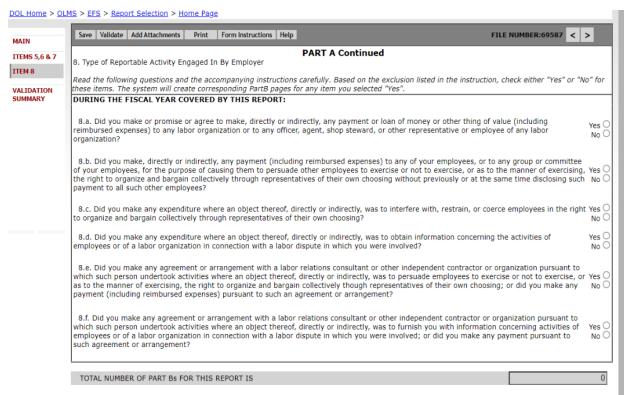
- For Item 5 enter address where any of the records necessary to verify this report are available if the address is different from the addresses listed in Items 3 or 4.
- Item 6 select the appropriate box(es) where records are available for examination.
- Item 7 select the appropriate box that describes the reporting employer - if none apply, specify the type of reporting employer filing in space provided.



### Entering Data – Form LM-10, Item 8 Part A



Item 8 - Select the appropriate YES or NO box next to each question; do not leave both boxes blank. If the answer to any of these questions is YES, you will be required to complete a separate Part B for every person or organization with whom a reportable agreement was made as indicated by a YES answer.





For Item 8a, **exclude** the following: (1) Payments of the kind referred to in Section 302(c) of the Labor Management Relations Act, 1947, as amended (LMRA); **and** (2) Payments or loans made in the regular course of business as a national or state bank, credit union, insurance company, savings and loan association, or other credit institution.

	Print Form Instructions Help	FILE NUMBER:69203 < >
person undertook activities where an	angement with a labor relations consultant or other independo object thereof, directly or indirectly, was to furnish you with in or dispute in which you were involved; or did you make any pa	formation concerning activities of employees or of a labor
	PART B	
Saved Part Bs : V		Add LM-10 Part B
Complete a separate Part B for every pe fill Item 9.c. if information is entered in	erson or organization with whom a reportable agreement was I Item 9.b. Enter date or select the checkbox for Item 10.a. Fill	
o.a.		
Search by organization name or person's	s name   Q	
9.a. (Check all that apply)		
☐ Agreement ☐ Payment 9.b. Name and address of person with v	whom or through whom a separate agreement was made or to	whom payments were made.
	whom or through whom a separate agreement was made or to	whom payments were made.
9.b. Name and address of person with v		6 S.C.
9.b. Name and address of person with v		( 15)
9.b. Name and address of person with v First Name	Middle Name	Last Name
9.b. Name and address of person with v First Name	Middle Name  Street (Either P.O.Box or Street needs to be entered.)	Last Name City State ZIP Code +
D.b. Name and address of person with v First Name P.O. Box, Bldg., Room No., if any	Middle Name  Street (Either P.O.Box or Street needs to be entered.)  th employer (if	Last Name City State ZIP Code +
9.b. Name and address of person with v First Name P.O. Box, Bldg., Room No., if any 9.c. Position in labor organization or wi an independent labor consultant, s	Middle Name  Street (Either P.O.Box or Street needs to be entered.)  th employer (if	Last Name City State ZIP Code +
9.b. Name and address of person with v First Name P.O. Box, Bldg., Room No., if any 9.c. Position in labor organization or wi an independent labor consultant, s	Middle Name  Street (Either P.O.Box or Street needs to be entered.)  th employer (If o state).	Last Name City State ZIP Code +
9.b. Name and address of person with v First Name P.O. Box, Bldg., Room No., if any 9.c. Position in labor organization or wi an independent labor consultant, s	Middle Name  Street (Either P.O.Box or Street needs to be entered.)  th employer (If o state).	Last Name  City State ZIP Code +
9.b. Name and address of person with v First Name P.O. Box, Bldg., Room No., if any 9.c. Position in labor organization or wi an independent labor consultant, s 9.d. Name and address of firm or labor Organization	Middle Name  Street (Either P.O.Box or Street needs to be entered.)  th employer (If o state).	Last Name  City State ZIP Code + -
9.b. Name and address of person with v First Name P.O. Box, Bldg., Room No., if any 9.c. Position in labor organization or wi an independent labor consultant, s 9.d. Name and address of firm or labor	Middle Name  Street (Either P.O.Box or Street needs to be entered.)  th employer (If o state).	Last Name  City State ZIP Code + 4



➤ To add more Part Bs, select the "New LM-10 Part B" button located at the top of the Part B page.

Save Validate Import Add Attachment	s Print Form Instructions Help		FILE NUMBER:69203 < >
person undertook activities where a	rrangement with a labor relations consultar n object thereof, directly or indirectly, was t bor dispute in which you were involved; or o	o furnish you with information conce	ming activities of employees or of a labor
	PAR	тв	*****
			Add LM-10 Part B
Saved Part Bs : V			***
Complete a separate Part B for every p Fill Item 9.c. if information is entered i 9.a.	person or organization with whom a reporta in Item 9.b. Enter date or select the checkbu	ible agreement was made. ox for Item 10.a. Fill Items 11.a., 11.	b. and 11.c. if Payment is checked in Item
Search by organization name or person	n's name		
9.a. (Check all that apply)			
☐ Agreement ☐ Payment			
9.b. Name and address of person with	whom or through whom a separate agreem	nent was made or to whom payments	were made.
First Name	Middle Name	Last Name	
P.O. Box, Bldg., Room No., if any	Street (Either P.O.Box or Street need	ds to be entered.) City	State ZIP Code + 4
			~
Position in labor organization or van independent labor consultant,			
9.d. Name and address of firm or lab	or organization with whom employed or affil	liated.*	Clear
Organization			
Same as 9.b address			
P.O. Box, Bldg., Room No., if any	Street	City	State ZIP Code + 4
The boxy blagy tooth toy it any			~
10.a. Date of the promise, agreement		10.b. The promise, agreem	
arrangement pursuant to which or expenditures were agreed to   11.a. Date of each payment or expenditure (mm/dd/yyyy)	to an agreement or arrange		entered into during the fiscal year must
(IIIII/ad/yyyy)			
X 1.			
x 2.			
x 3.			
The Francis City and Commission of	f all payments, including the terms of any or		
	or permitted and the control of the		
12b. If your Part B applies to Items 8b abcontract?* (Enter Unique Entity Iden	o 8f., did the payments or agreements cor tifier (UEI) or No UEI if "Yes' is selected for	ncern employees performing work pu 12.b.)	rsuant to a Federal contract or
Yes O No O N/A	Unique Entity Identifier (UEI)		O No UEI
List the Federal contracting Agency(s) Note: Click on the 'Agency Search' bu	that are a party to Federal contract mention ton to search for the subject agency.	ned in Item 12b. (Minimum one agen	cy should be entered.)
	Agency	Unlisted Agency 🔞	
Agency Search			<ul> <li>Name of agency would reveal classified information</li> </ul>
Add additional Federal Agency	]0		
Catal Street and Cart Dia Add.			Delete Part B
Total Number of Part B's Added			

# **Entering Data – Form LM-10, Part B Saved**



Saved Part Bs will be listed in the "Saved Part Bs" list.

Office of Labor-	Management Standards	- OLMS			<u> </u>
OLMS HOME	OLMS Reports ▼	User Guides/FAQs ▼	EFS Helpdesk: 1-87	7-401-1109  TTY: 711 Telecomm	unications Relay Services(TRS) Email: olms-public@dol.gov
DOL Home > OLM	S > EFS > Report Selection	> Home Page			
MAIN	Save Validate Import	Add Attachments   Print   Form	Instructions Help	FIL	E NUMBER:69587 < >
ITEMS 5,6 & 7	8.a. Did you make or pr	omise or agree to make, directly	y or indirectly, any payment or loan	of money or other thing of value	(including reimbursed
ITEM 8	expenses than any labor	organization or to any officer	pagent, shop steward, or other repre	esentative or employee of any lab	oor organization?
-Item 8a-PART			PART B		
-Item 8b-MRT B	Saved Part Bs : Final 4	Inc234 Main Street-City-MD V			New LM-10 Part B
-Item 8c ART B		C1866 F Street-City-MD	tion with whom a reportable agree	ment was made	
-Item 8d-PART B	Final 4	Inc234 Main Street-City-MD	ton man mont a reportable agree	mone nos model	
-Item 8e-PART B	Search by organ CCC IN	C1913 AvenueMD			
-Item 8f-PART B	9.a. (Chuck all that apply		A P. C.		
VALIDATION SUMMARY	☐ Agreement ☐ Paymen				
			n whom a separate agreement was i		made.
	First Name Joe	Middle Nan	ne	Last Name Smith	
	P.O. Box, Bldg., Room N	lo., if any Street		City	State ZIP Code + 4
		234 Main 5	Street	City	MD <b>~</b> 88888
		panization or with employer abor consultant, so state).	resident		
		of firm or labor organization wil	th whom employed or affiliated.		Clear
	Organization Final 4 Inc.				
	Same as 9.b address	5			
	P.O. Box, Bldg., Room N	lo., if any Street		City	State ZIP Code + 4
					MD 🗸
		uant to which payments   Che	10. eck if the payment is unrelated an agreement or arrangement	b. The promise, agreement, or an (Check all that apply)  Oral Written (Written agreements entered be attached.)	rrangement was: into during the fiscal year must
	11.a. Date of each paym or expenditure (mm/dd/yyyy)	nent 11.b. Amount of each payment or expendit		r expenditure (specify whether hether in cash or property)	Add More Item 11
	<b>x</b> 1.				
	<b>x</b> 2.				
	<b>X</b> 3.				
	X 4.				
	<b>X</b> 5.				
	Z 3.				

# **Entering Data – Form LM-10, Part B Deleting**



To delete a part B, open the part B to be deleted and click the "Delete Part B" button at the bottom of the page.

person unde	ake any agre											
	rtook activit	ies where an o	object th	t with a labor nereof, directly o in which you w	or indirectly	y, was to furnish	you with info	rmation conc	eming activ	ities of emplo	oyees or o	of a labor
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											Add LM-	10 Part B
aved Part Bs												
				rganization with Enter date or :					1.b. and 11	.c. if Paymen	t is check	ed in Item
earch by orga	anization nar	ne or person's	name	Q								
a. (Check all												
Agreement												
	address of	person with w		hrough whom a	separate	agreement was	made or to w		ts were ma	de.		
irst Name			Mid	dle Name			_	Last Name				
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c. Position in	n labor organ	nization or wit	th emplo	yer (if								
an Indepe	endent labor	consultant, se	o state).									
S		francisco labora		tion with whom								
.u. Name an	d address of	nim or labor	organiza	tion with whom	employed	or anniated.						Clear
Organization												Clear
Jiganization												
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Office of Labor-Management Standards (OLMS) https://www.dol.gov/olms/

### **Entering Data – Form LM-10, Part B Total Number**

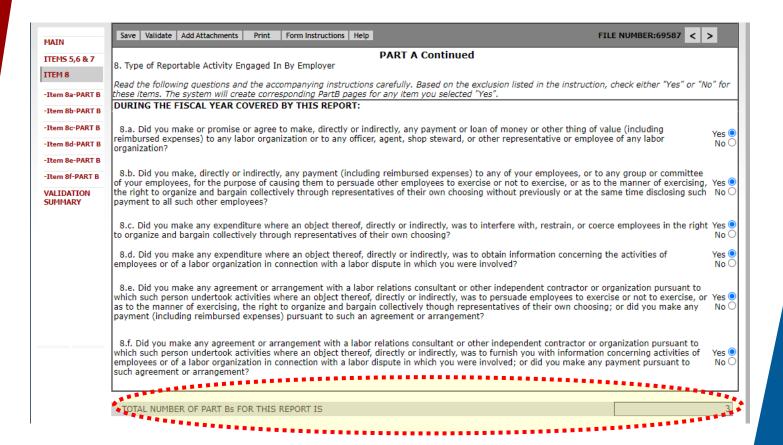


The total number of Part Bs added will be listed at the bottom of the page.

Ш	Validate Imp	ort Add Attachments	Print	Form Instructions He	elp			F	ILE NUMBE	R:69203	<	>
per org	id you make son undertoo anization in o	any agreement or arra ok activities where an o connection with a labor	ingeme bject th dispute	nt with a labor relatio sereof, directly or indi in which you were in	ons consultant or oth- lirectly, was to furnish involved; or did you r	er Independen h you with info make any payr	it contractor or ormation concer ment pursuant	organizatio ming activit to such agn	n pursuant ties of empl eement or a	to which oyees or arrangem	such of a ent?	labor
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ave	Part Bs : -	- 🕶							ļ	Add LM-	10 P	art B
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Sear	ch by organiz	ation name or person's	name	Q								
).a. (	Check all tha	t apply)										
-	reement 🗆 F											
		dress of person with wh			arate agreement was	s made or to w		s were made	e.			
First	Name		Mic	Idle Name		7	Last Name			_		
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9.c.	Position in la	bor organization or with	h emplo	yer (if								
		dress of firm or labor			ployed or affiliated *							
	anization										C	lear
	or m2dUUII											
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1.	_											_
2.	_											
3.												
2a.	Explain fully t	he circumstances of al	I payme	nts, including the ter	rms of any oral agree	ement or unde	rstanding pursi	Mant to whi	ch they wer	re made.*		
L2b.	f your Part B ract?* (Enter	applies to Items 8b Unique Entity Identifie	8f., did er (UEI)	the payments or agr or No UEI if 'Yes' is s	reements concern en selected for 12.b.)	nployees perfo	rming work pur	rsuant to a	Federal con	tract or		
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tal I	lumber of Pa	rt B's Added								Dele	te Pa	art B
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Total number of Part Bs added will also be visible at the bottom of the Item 8 – Part A page.





For Item 8b **exclude** expenditures made to any regular officer, supervisor, or employee as compensation for services as a regular officer, supervisor, or

employee.

Save Validate Import Add	Attachments F	Print Form Instructions	Help		FILE NUMBER:69203 < >
person undertook activities	s where an obje	ect thereof, directly or	indirectly, was to furni	sh you with information concer	organization pursuant to which such ming activities of employees or of a labor to such agreement or arrangement?
			PART B		Add LM-10 Part B
Saved Part Bs : 🗸					
Complete a separate Part B I Fill Item 9.c. if information is 9.a.					b. and 11.c. if Payment is checked in Item
Search by organization name	or person's na	me Q			
9.a. (Check all that apply)					
☐ Agreement ☐ Payment					
	rson with whor		separate agreement wa	s made or to whom payments	were made.
First Name		Middle Name		Last Name	1
P.O. Box, Bldg., Room No., i	f any	Street (Either P.O.B	ox or Street needs to b	e entered.) City	State ZIP Code + 4
2 200 0		,			~
a contract to the					
<ol> <li>Position in labor organia an independent labor cr</li> </ol>	onsultant, so st	mployer (if tate).			
9.d. Name and address of fi	rm or labor ord	anization with whom	employed or affiliated.		
					Clear
Organization					
Same as 9.b address					
P.O. Box, Bldg., Room No., i	f any	Street		City	State ZIP Code + 4
Date of the promise, a arrangement pursuant or expenditures were a large of each payment or expenditure.	to which paymagreed to or ma	to an agree	payment is unrelated ment or arrangement	be attached.)	entered into during the fiscal year must
(mm/dd/yyyy)	payme	nt or expenditure	payment or loan,	and whether in cash or propert	y) Add Wore Rem 11
x 1.					
x 2.					
x 3.	_				
12a. Explain fully the circums	stances of all p	ayments, including the	e terms of any oral agr	eement or understanding purs	uant to which they were made.*
					<i>I</i>
12b. If your Part B applies to	Items 8b 8f.	, did the payments or	agreements concern e	mployees performing work pur	suant to a Federal contract or
ubcontract?* (Enter Unique En		ique Entity Identifier (	_	1	O No LIFE (2)
				Item 12b. (Minimum one agen	
Note: Click on the ' Agency S				- Carrier agen	, , , , , , , , , , , , , , , , , , , ,
		Agency		Unlisted Agency 🕝	
1. Agency Search					O Name of agency would reveal classified information
Add additional Feder	al Agency 🔞				
Total Number of Part B's Adde	ed				Delete Part B

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For Item 8c **exclude** expenditures relating exclusively to matters protected by Section 8(c) of the National Labor Relations Act, as amended (NLRA).

	Print Form Instructions Help	FILE NUMBER:69203 < >
person undertook activities where an obj	gement with a labor relations consultant or other independen ject thereof, directly or indirectly, was to furnish you with info lispute in which you were involved; or did you make any payr	rmation concerning activities of employees or of a labor
	PART B	
		Add LM-10 Part B
Saved Part Bs : V		
	on or organization with whom a reportable agreement was m em 9.b. Enter date or select the checkbox for Item 10.a. Fill I	
Search by organization name or person's na	ame Q	
9.a. (Check all that apply)		
Agreement Payment		
A THE RESERVE OF THE PROPERTY	om or through whom a separate agreement was made or to w	hom payments were made
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
P.O. Box, Bldg., Room No., if any	Street (Either P.O.Box or Street needs to be entered.)	City State ZIP Code + 4
<ol> <li>Position in labor organization or with an independent labor consultant, so s</li> </ol>	employer (if state).	
9.d. Name and address of firm or labor or	ganization with whom employed or affiliated.*	
		Clear
Organization		
Same as 9.b address		
P.O. Box, Bldg., Room No., if any	Street City	State ZIP Code + 4
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<ol> <li>Date of the promise, agreement or arrangement pursuant to which payr or expenditures were agreed to or m</li> </ol>	ments Check if the payment is unrelated Check	omise, agreement, or arrangement was: : all that apply)     Written
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For Item 8d **exclude** the following: (1) Information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding; **and** (2) Expenditures made to any regular officer, supervisor, or employee as compensation for service as a regular officer, supervisor, or employee.

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person undertook a	activities where an ob-	gement with a labor relations consultar eject thereof, directly or indirectly, was t dispute in which you were involved; or	to furnish you with information concer	ming activities of employees or of a labo
		PAR	ET B	
	-			Add LM-10 Part I
Saved Part Bs : V	_			
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Search by organizatio	on name or person's r	ame O		
9.a. (Check all that as	nnlv)			
Agreement Payr				
		om or through whom a separate agreen	nent was made or to whom payments	were made.
First Name		Middle Name	Last Name	
P.O. Box, Bldg., Roor	m No., If any	Street (Either P.O.Box or Street nee	ids to be entered.) City	State ZIP Code +
9.c. Position in labor				
an independent	labor consultant, so	state).		
9.d. Name and addre	ess of firm or labor or	rganization with whom employed or affi	liated.*	
				Clea
Organization				
Same as 9.b addr				
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(mm/dd/yyyy)	paym	ent or expenditure payment or	loan, and whether in cash or propert	у)
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x 3.				
12a. Explain fully the	circumstances of all	payments, including the terms of any o	ral agreement or understanding purs	uant to which they were made.*
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2b. If your Part B ap	polies to Items 8b 8	Bf., did the payments or agreements con	ncern employees performing work ou	rsuant to a Federal contract or
bcontract?* (Enter Ur	nique Entity Identifier	r (UEI) or No UEI If 'Yes' is selected for	12.b.)	
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		are a party to Federal contract mentio	ned in Item 12b. (Minimum one agen	cy should be entered.)
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		Agency	Unlisted Agency 🕜	
X 1. Agency Sear	rch			O Name of agency would reveal classified information
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Add additional	al Federal Agency	•		
				Delete Part B
total Number of Part P	a's Added			



For Item 8e **exclude** agreements or arrangements covering services related exclusively to the following: (1) giving you advice; **or** (2) agreeing to represent you before any court proceeding, administrative agency, or tribunal of arbitration; **or** (3) engaging in collective bargaining on your behalf with respect to wages, hours, or other terms or conditions of employment or negotiating an agreement or any question arising thereunder.

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person undertook activities of	here an object thereof, directly	or indirectly, was to furnish you with in-	int contractor or organization pursuant to which formation concerning activities of employees or a yment pursuant to such agreement or arrangement	of a labo
		PART B		
			Add LM-	10 Part E
Saved Part Bs : V				
		with whom a reportable agreement was n or select the checkbox for Item 10.a. Fill	nodo. Items 11.a., 11.b. and 11.c. if Payment is check	aed in Ite
Search by organization name or	person's name Q			
a. (Check all that apply)				
Agreement Poyment				
b. Name and address of perso	e with whom or through whom	n a separate agreement was made or to	whom payments were made.	
first Name	Middle Name		Last Name	
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P.O. Box, Bldg., Room No., if an	y Street (Extrer P.C	O.Box or Street needs to be entered.)	City State ZIP	Code +
.c. Position in labor organizati				_
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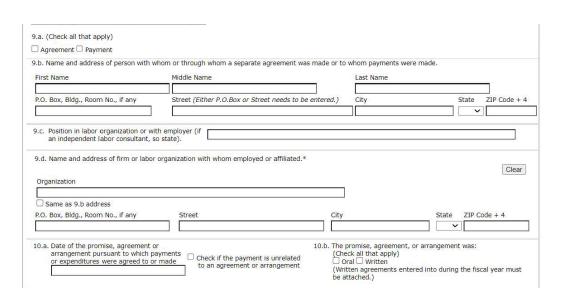
For Item 8f **exclude** agreements or arrangements for obtaining information solely for use in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

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Searc	ch by organization name	or person's n	ame Q						
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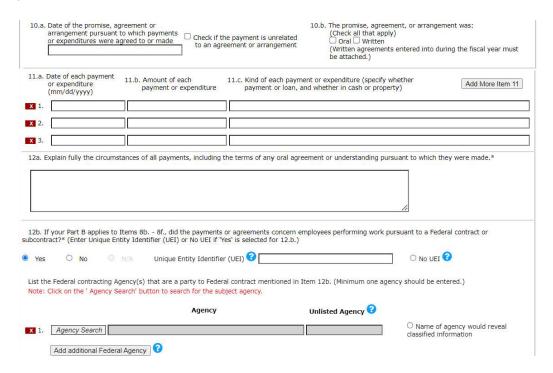


- Item 9.a. Select whether the Part B covers an agreement, payment or both.
- ➤ Item 9.b. Enter the name and address of the individual with whom you made a reportable agreement or to whom payments were made.
- Item 9.c. Give the position or title of each person listed in Item 9.b., per the instructions
- ➤ Item 9.d. Enter the name and address of the firm, labor organization or group to whom payments were made, with whom the agreement was made, or with whom the person listed in Item 9.b. was employed or affiliated.



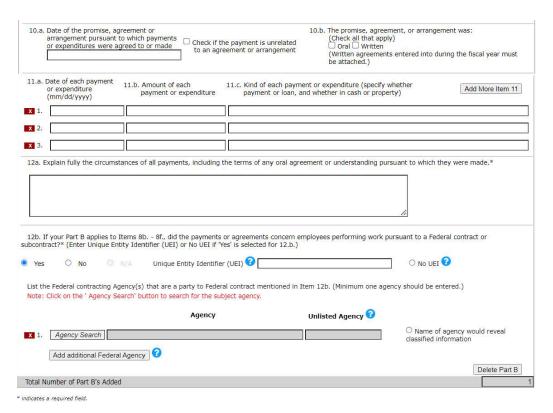


- ➤ Item 10.a. Enter the date on which either the promise was made, or the agreement or arrangement was entered (if payments in Item 11 are unrelated, enter NONE in this section.
- Item 10.b. Select whether the promise, agreement or arrangement was oral, written or both. Attach a copy of any written agreements entered into during the fiscal year.





- Item 11.a. Enter the date of each payment referred to in Item 9.
- Item 11.b. Enter the amount of each payment
- Item 11.c. Indicate the type of payment or loan and whether it was cash or property.





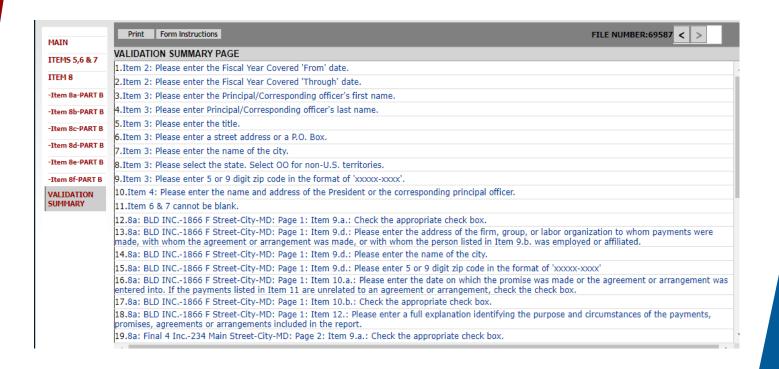
- ▶ Item 12.a. Provide an explanation identifying the purpose and circumstances of the payments, promises, agreements or arrangements. The explanation must contain the details of services rendered or promised, and fully outline all conditions and terms
- ▶ Item 12.b. If Part B applies to Items 8b-8f, indicate whether the payments or agreements concerned employees performing work pursuant to a Federal contract or subcontract. Enter the Unique Entity Identifier (UEI), if applicable. Otherwise, select No UEI. Additionally, list each Federal contracting agency that is identified.

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Ph. If your Part B applies to It.	ems 8b 8f., did the payments or agreements	concern employees performing work p	irsuant to a Federal contract or
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\* indicates a required field.

#### Form LM-10 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-10 report. You may select the error to make corrections.



### Printing and/or Saving the Form



In order to print and/or save the form for your records, select the "PRINT" 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.

			<u>Log or</u>
Office of Labor-M	lanagement Standards -	OLMS	
OLMS HOME	OLMS Reports ▼	User Guides/FAQs ▼	EFS Helpdesk: 1-877-401-1109  TTY: 711 Telecommunications Relay Services(TRS) Email: olms-public@dol.gov
DOL Home > OLMS	> EFS > Report Selection	> <u>Home Page</u>	
MAIN	Print Form Instructions		FILE NUMBER:69587 < >
ITEMS 5,6 & 7	VALIDATION SUMMARY P	AGE	
ITEM 8			
-Item 8a-PART B			
VALIDATION SUMMARY			
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#### Form LM-10 Validation Complete



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.

Office of Labor	MS > EFS > Report Selection > Home Pad  Save Validate Add Attachments Pri  U.S. Department of Labor Office of Labor-Management Standa Washington, DC 20210  This report is mandatory under PL. 86-257,	sure data has been entered pro reporting errors in the form. Ple sure this form has been filled o Please click on a signature field	communal prosecution, tines, or civil penaloes a	till be to make  ications Relay Services(TRS) Email: olms-public@dol.gov  IUMBER:69587 < >	
SUMMARY	1. File Number: E- 69587		o1/01/2021	Through 12/31/2021	
	3. Name and address of Reporting Emplo		(mm/dd/yyyy)	(mm/dd/yyyy)	
		oyer (IIIC. trade hame, If any).			
	Employer New LM-10 Form				
	Trade Name				
	Attention To: Principal/Corresponding Officer First Name	Middle Name	Last Name	Title	
	Paul	Finding Maille	Adams	President	
	Mailing Address:		Charle		
	P.O. Box, Bldg., Room No., if any		Street 123 Main Street		
	City	State	ZIP Code +4		
	Anywhere	DC V	22222		
	4. Name and address of President or cor	responding principal officer, if different	from address in Item 3.		
	First Name	Middle Name	Last Name		
	P.O. Box, Bldg., Room No., if any		Street		
	City	State	ZIP Code +4		
		×			
		S	ignatures		
		ed in any accompanying documents) has been		es of law, that all of the information submitted in st of the undersigned's knowledge and belief, true,	
	13. Click Here to	Sign PRESIDENT	14. Click Here	e to Sign TREASURER	
	SIGNED.	(If other title, see instructions)		(If other title, see instructions)	
	On Date:	Telephone Number:	On Date:	Telephone Number:	
	Form LM-10-Part A (2003)				

#### 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.)

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IN	> EFS > Report Selection				сго нефи	esk: 1-877-401-1109	TTY: 711 Telec	ommunications Relay: Email: olms-p	
		> <u>Home Page</u>							
MS 5.6 & 7	Save Validate Add Attach	ments Print I	Form Instructions	Help		Submit		FILE NUMBER:69587	< >
м 8	U.S. Department Office of Labor-Manage Washington, Di	ment Standards		FORM LI EMPLOYER		Of	Form Appr fice of Manageme No. 9999-9 Expires: 10-2	nt and Budget 9999	
m 8a-PART B	his report is mandatory under					ution, fines, or civil pena EPARING THIS REPO		by 29 U.S.C. 439 or 440.	
IDATION IMARY		PELASE IN	AD THE INSTR	PART A	ELI BLI OKE PI	EFARINO IIIIS REFO	XI.		
	File Number: E- 69587 Name and address of Rep				From 01/01/2 (mm/dd		Through	12/31/2021 (mm/dd/yyyy)	
Tra	nployer ew LM-10 Form ade Name								
Fir Pa	Principal/Corresponding rst Name aul		dle Name		Last Nam Adams	e	Title Pres	ident	
	ailing Address: O. Box, Bldg., Room No., if	any			Street 123 Main	Street			
Cit	ty nywhere	Stat DC			ZIP Code 22222	+4			
4.	Name and address of Pres	sident or correspo	nding principal	officer, if different	from address i	n Item 3.			
Fir	rst Name	Mide	dle Name		Last Nam	e			
P.0	O. Box, Bldg., Room No., if	any			Street				
Cit	ty	Stat	te 💙		ZIP Code	+4			
thi	ach of the undersigned, duly a is report (including the inform rrect, and complete. (See Sec	ation contained in a	ny accompanyin	oyer declares, under g documents) has be	Signatures penalty of perjui en examined by	ry and other applicable p the signatory and is, to	enalties of law, th	at all of the information s dersigned's knowledge ar	submitted in and belief, to

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.

#### **Printing the Form**



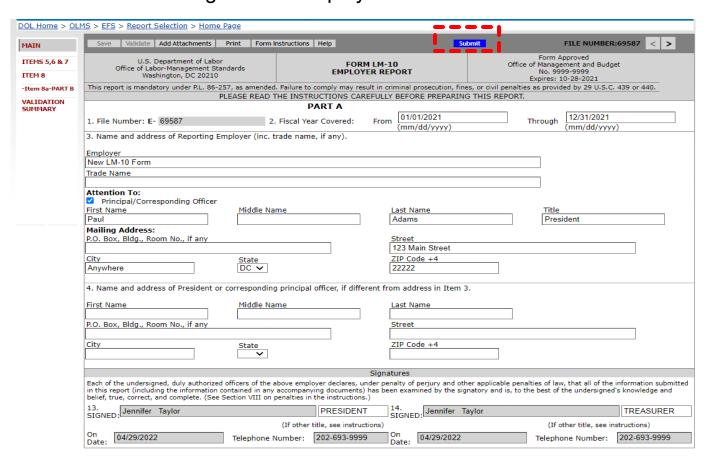
Once the report has been signed, if any changes are made to any fields on the form, the signature will be removed and the form must be validated and signed again. You should print a copy of the form for your records. Select the "Print" tab to save the form.

DOL Home > OLN	MS > EFS > Report Selection > Home	<u>Page</u>							
MAIN	Save Validate Add Attachments	Print Form Instructions	Help	Sut	bmit .	FILE NUMBER	:69587 < >		
ITEMS 5,6 & 7	Office of Labor-Management Standards EMDLC			RM LM-10 Form Approved Office of Management and Budget No. 9999-9999 YER REPORT No. 999-9999					
ITEM 8	wasnington, DC 20210			Expires: 10-28-2021					
-Item 8a-PART B		./, as amended. Failure to d LEASE READ THE INSTRU				is provided by 29 U.S.C.	439 or 440.		
VALIDATION SUMMARY			ART A			42/24/2024			
	1. File Number: E- 69587	2. Fiscal Year		n [01/01/2021 (mm/dd/yyyy)	Th	12/31/2021 (mm/dd/yyyy	')		
	3. Name and address of Reporting En	nployer (inc. trade name	, if any).						
	Employer					_			
	New LM-10 Form								
	Trade Name								
	Attention To:								
	Principal/Corresponding Officer								
	First Name Paul	Middle Name		Adams		Title President			
	Mailing Address:			Additio		1 resident			
	P.O. Box, Bldg., Room No., if any		Street						
				123 Main Street					
	City Anywhere	State DC 🗸		ZIP Code +4 22222					
	Allywhere	DC V		22222					
	4. Name and address of President or	corresponding principal o	officer, if different fr	om address in Item 3					
	First Name	Middle Name		Last Name					
	P.O. Box, Bldg., Room No., if any			Street					
	City	Chata		ZIP Code +4					
	City	State 🗸		ZIF Code +4					
			Ci	- t	<u> </u>				
	Each of the undersigned, duly authorized	officers of the above employ	_	ignatures r penalty of perjury and other applicable penalties of law, that all of the information submitted					
	in this report (including the information of belief, true, correct, and complete. (See S	ontained in any accompanyi	ng documents) has be						
	13. SIGNED: Jennifer Taylor		PRESIDENT	14. SIGNED: Jennifer Ta	aylor		TREASURER		
		(If other ti	tle, see instructions)			(If other title, see in	structions)		
	On Date: 04/29/2022	Telephone Number:	202-693-9999	On Date: 04/29/2022		Telephone Number:	202-693-9999		

#### **Submitting the Form**



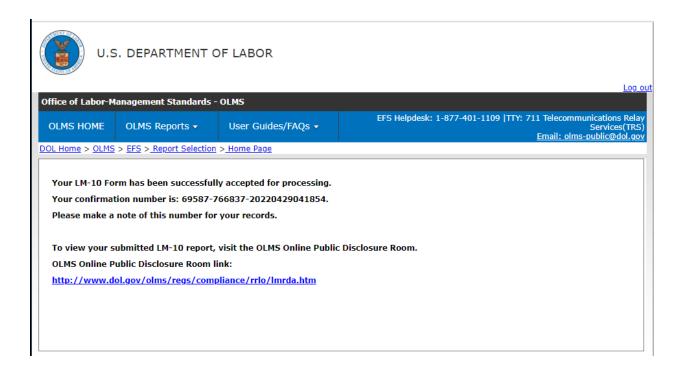
Once the signatures have been applied, select the "Submit" button from the top menu bar. Once the form has been processed (this may take a few minutes), a confirmation message will be displayed.



#### **Confirmation page**



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



#### **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 <u>OLMS EFS Help page</u>

If you have additional questions or comments, please contact OLMS E-Mail OLMS at <a href="mailto:olms-public@dol.gov">olms-public@dol.gov</a> or contact your local OLMS District Office.