**February 16, 2006** 

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

(electronic)

# **USER GUIDE**

Version 3.0



Phone: (866) 4-USA-DOL (487-2365)



# **Contents**

	Introduction	. 1
	Getting Started	. 1
	Before You Begin	. 2
	Hardware	.2
	Software	.3
	Using Adobe® Reader® 6x or Higher	.3
	Tips for Navigating Throughout Form LM-3	. 4
	Adding Additional Information (Item 56)	. 5
	Entering Required Additional Information	. 5
	Adding Required Information	. 6
	Deleting Required Information	. 6
	Adding Optional Information	. 7
	Modifying or Deleting Optional Additional Information	. 7
	Downloading and Prefilling Document	.8
	Completing Page 1:	12
	Completing Page 2:	14
	Completing Item 24:	15
	Completing Statement A:	16
	Completing Statement B:	17
	Importing Form Data	18
	Importing CSV Files	19
	Importing XML Files	21
	Viewing Form Attachments	23
	Validating the Form	25
	Adding Signatures	26
Li	st of Tables	
	Table 1: Companion Documents	
	Table 2: Additional Information Fields	
	Table 3: Prefill Fields	
	14. IIIPOH MEHIOA	ıO

**Phone:** 1 866 4-USA-DOL (487-2365)

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

- This page intentionally blank -

## Introduction

The U.S. Department of Labor's Office of Labor-Management Standards (OLMS) is pleased to introduce the new Form LM-3 electronic software. This software, which is in Adobe, replaces the previous versions, which were in Informed Filler. Using the electronic Form LM-3, you can:

- Enter information directly into an online version of the form;
- Import data files extracted from your financial accounting system into the form.

After you have completed the form, you can either:

- Have your labor organization's president and treasurer sign the report electronically; and
- Submit the signed form electronically to OLMS

or

- Print a copy of the completed report and have your labor organization's president and treasurer sign the paper copy; and
- Mail the signed copy to

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, DC 20210-0001

# **Getting Started**

This document guides you through the process of completing the electronic Form LM-3, providing instructions and navigation tips to help you:

- Download the electronic Form LM-3 from the OLMS Web site;
- Navigate and enter information directly into the form;
- Import data files extracted from your union's accounting system into the form;
   and
- Add digital signatures.

Phone: 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

This document's focus is "how" to enter information into the form. Two companion documents provide additional information:

**Table 1: Companion Documents** 

Document Name	Contents	Location
Instructions for Form LM-3 Annual Report	<ul><li>Rules for filing</li><li>Detailed directions for what information to enter</li></ul>	www.dol.gov/esa/regs/complianc e/olms/lm3.htm
Data Specifications Document (and accompanying files)	<ul> <li>Guidance to technical users for creating data access or transformation tools and preparing data import files</li> </ul>	www.dol.gov/esa/regs/complianc e/olms/dsd.htm

# **Before You Begin**

To use the electronic Form LM-3 you need the following hardware and software.

## **Hardware**

Processor: Intel® Pentium III® (or equivalent)

Operating System options:

Microsoft® Windows 98, Second Edition

Microsoft® Windows, Millennium Edition

Microsoft® Windows NT® 4.0 with Service Pack 6

Microsoft® Windows 2000 with Service Pack 2

Microsoft® XP Professional

Microsoft® XP Home Edition

Memory: 64MB of RAM

Available hard disk space: 60MB

**Note**: For optimum performance, OLMS recommends using an Intel Pentium 4® (or equivalent) processor running at a minimum speed of 2.4 GHz with 1GB of memory.

## **Software**

Adobe® Reader®, Version 6.x or Higher Internet Browser options:
Internet Explorer, Version 5.5 or 6
Netscape, Version 4.7
Mozilla, Version 1.3 or 1.4

# Using Adobe® Reader® 6.x or Higher

You will need Adobe® Reader® 6.x or Higher to use the electronic Form LM-3. If you do not have Adobe® Reader® 6.x or Higher installed on your system, you can download a free copy of Adobe® Reader® 6.x or Higher from the Adobe Web site (www.adobe.com).



**Phone:** 1 866 4-USA-DOL (487-2365)

# **Tips for Navigating Throughout Form LM-3**

ACTION	TIP
Moving from page to page	For greater ease in navigating through the document, use the Page thumbnails on the left side of the screen to scroll from page to page.  You also can highlight the page number that is displayed in the middle of the bottom of the screen, enter the page number you want to go to, and press <enter>. You are automatically taken to that page. This is very useful if you know exactly where you want to go and saves scrolling through the form and/or the thumbnails. Navigation buttons located on either side of the number box allow you to navigate forward and back one page at a time or go to the first or last page of the form.</enter>
Moving from field to field	Either use the <tab> key to move through the fields on the screen or use the mouse to click the field in which you want to enter text.</tab>
Saving the Document	Save your work frequently!  As you fill out the form, go to the "File" Menu and select "Save As." The "Save As" function will automatically reduce the file size of the form so it is preferable to use the "Save As" function.
Date Fields	Enter dates in the format: mm/dd/yyyy.
State Fields	Enter two-character postal abbreviation of a U.S. state or territory. You must use the drop-down list to enter the state in any section of the form where the state is required. The state cannot be manually entered by the user. Alternatively, you can choose "00" from the drop-down list to enter a non-listed country in the state field and its corresponding postal code (e.g., NW34D2).
	If you choose a U.S. state or territory you must enter a properly formatted U.S. ZIP code.
Telephone Numbers	Include the area code when entering the phone number.
Text Fields	Other than LM-3 Item 56 – Additional Information 50 characters is the maximum length of any field in the form.
ZIP Code Fields	ZIP codes must either be five or nine digits for U.S. states of territories. For example, 12345 or 12345-6789. Alternatively, choose "00" from the drop-down list to enter a non-listed country in the state field and its corresponding postal code (e.g., NW34D2).

# **Adding Additional Information (Item 56)**

The Instructions for Form LM-3 identify entries that require you to provide additional information.

Using the electronic Form LM-3, you add required and optional additional information in Item 56 (Page 1 of Form LM-3) in the following instances:

- When prompted by the form to enter required additional information into an item;
- When prompted by the form to enter required additional information when the form is validated; and
- When you want to add general comments or additional information about information you are reporting on Form LM-3 (optional additional information).

## **Entering Required Additional Information**

The following table identifies the Form LM-3 items that prompt you to enter information in Item 56.

Item/Column Number Page/Schedule **Reason for Prompt to Enter Additional Information** Item 2 Entering a reporting period that is less than one year in Page 1 length Selecting option "B" Terminal Report or option "C" Report Page 1 Item 3 for a Subsidiary. Item 9 Answering "No" Page 1 Page 1 Item 57 Changing the President's title Item 58 Page 1 Changing the Treasurer's title Page 2 Items 10 - 18 Answering "Yes" Statement A Item 25 If an automatically calculated cash reconciliation results in a discrepancy of \$100 or greater Statement A Items 25 – 36. Entering amounts that are different than the amounts of

previous filing's end of reporting period amounts

**Table 2: Additional Information Fields** 

After you enter data in a field that requires additional information or when the system validates that field (see Validating the Form), a message identifying the additional information that you must enter will display.

Phone: 1 866 4-USA-DOL (487-2365)

Email: olms-public@dol.gov Web: www.olms.dol.gov

Columns A and C

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

## **Adding Required Information**

To add required additional information:

1. Click the **OK** button to close the message window.

The form takes you to Item 56—Additional Information.

- 2. Enter the information according to the instructions in the message window that prompted you to enter additional information.
- 3. Click the **Save** button in the upper right corner of Item 56—Additional Information.

The additional information will display on the Additional Information Summary page that is automatically added to the end of the form.

**Note**: You are required to enter an answer in Item 56. Entering a space, tab or return without any other text will not be accepted by Form LM-3.

# **Deleting Required Information**

To delete additional information you were prompted to enter:

1. Go to the page and field that prompted you to enter the additional information and change or delete the entry in the field.

**Example 1**: If you entered an amount in a field, delete the amount.

**Example 2:** If you selected a check box that prompted the message to enter additional information, change the check box selection—for example, from "yes" to "no."

The additional information you entered is automatically deleted from the Additional Information page.

# **Adding Optional Information**

To add optional additional information:

- 1. Go to the first page of Form LM-3.
- 2. Click the **General Additional Information** button.

A message window stating that you can enter general comments will display.

3. Click the **OK** button to close the message window.

The cursor is now in Item 56—Additional Information.

- 4. Enter a comment in Item 56—Additional Information.
- 5. Click the Save button in the upper right corner of Item 56—Additional Information.

The comment that you entered is labeled "General Information" on the Additional Information Summary page at the end of the form.

# **Modifying or Deleting Optional Additional Information**

To modify or delete optional additional information:

- 1. Go to the first page of Form LM-3.
- 2. Click the **General Additional Information** button.

A message stating that you can enter general comments will display.

3. Click the **OK** button to close the message window.

Previously entered comments will display in Item 56—Additional Information.

- 4. Modify, including adding more information or deleting the comment(s) that display in Item 56—Additional Information.
- 5. Click the Save button in the upper right corner of Item 56—Additional Information.

The revised comment will display on the Additional Information Summary page at the end of the form. When you delete a comment, it is removed from the Additional Information Summary page.

**Phone:** 1 866 4-USA-DOL (487-2365)

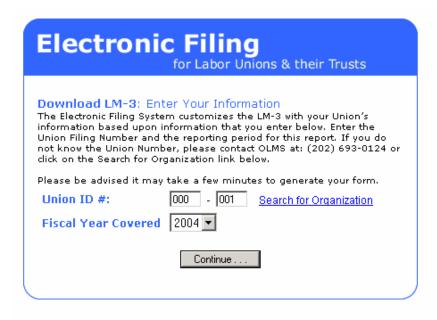
# **Downloading and Prefilling Document**

To begin the process of completing the electronic Form LM-3, download the form and prefill information by following these steps:

- Go to the OLMS home page (www.olms.dol.gov).
- 2. Select "Download the Electronic Form LM-2, LM-3, LM-4, and T-1" from the Quick Links section.



3. Enter the first three digits of your labor organization's file number in the Union ID # field's first segment. Enter the second three digits of your labor organization's file number in the Union ID # field's second segment. Once you have entered the Union ID, select the Fiscal Year for which you are submitting the LM3.



4. Click the Continue button

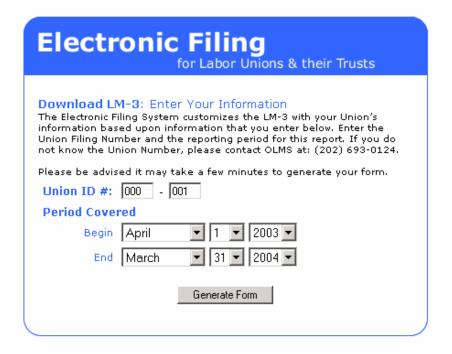
**Note**: Notice that the Begin and End dates are pre-populated with the Begin and End dates of your union's Fiscal Year.

- 5. If you need to change the beginning date, use the *Period Covered Begin* field's drop-down list.
- 6. If you need to change the end date, use the *Period Covered End* field's drop-down list.

Note: You cannot enter a date range that covers more than one year.

Phone: 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)



7. Click the **Generate Form** button.

The Click Below to Start Downloading window will display.

8. Right-click the New Form LM-3 link. Click "Save Target As..." and then select a location to store the PDF file. To use the downloaded form, first start the Adobe® Reader® 6.x or Higher program on your computer. Open the form by selecting "Open" from the Adobe® Reader® 6.x or Higher "File" menu, and navigating to the location where you saved the lm3.pdf and selecting it.

Some fields on page 1 of Form LM-3 are populated with prefill information. If this is not the first time your labor organization has filed an LM-3, some fields on Statement A are also populated with prefill information. The following table lists the fields containing prefill information and indicates whether or not those fields are editable.

Email: olms-public@dol.gov Web: www.olms.dol.gov

**Phone:** 1 866 4-USA-DOL (487-2365)

**Table 3: Prefill Fields** 

Page	Item Number	Name	Editable
1	1	File Number	No
1	2	Period Covered Start Date	No
1	2	Period Covered End Date	No
1	4	Affiliation Name	No
1	5	Designation	No
1	6	Designation Number	No
1	7	Unit Name	No
1	8	First Name	Yes
1	8	Last Name	Yes
1	8	P.O. Box	Yes
1	8	Number and Street	Yes
1	8	City	Yes
1	8	State	Yes
1	8	Zip Code	Yes
Statement A	25A	Cash (Start of Period)	Yes
Statement A	23A	Accounts Receivable (Start of Period)	Yes
Statement A	26A	Loans Receivable (Start of Period)	Yes
Statement A	27A	U.S. Treasury Securities (Start of Period)	Yes
Statement A	28A	Investments (Start of Period)	Yes
Statement A	29A	Fixed Assets (Start of Period)	Yes
Statement A	30A	Other Assets (Start of Period)	Yes
Statement A	32C	Accounts Payable (Start of Period)	Yes
Statement A	33C	Loans Payable (Start of Period)	Yes
Statement A	34C	Mortgages Payable (Start of Period)	Yes
Statement A	35C	Other Liabilities (Start of Period)	Yes

# Important:

• If you change Statement A information that has been prefilled, you are prompted to provide a reason in the Additional Information box (Item 56).

**Phone:** 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2006 FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT 3. (a) AMENDED - If this is an amended report correcting a previously filed For Official Use Only 1. FILE NUMBER 2. PERIOD COVERED DAY report, check here: (b) TERMINAL - If your organization ceased to exist and this is its terminal From report, see section XII of the instructions and check here (c) SUBSIDIARY - If this is a report for a subsidiary organization of your Through union as defined in section X of the instructions, check here 4. AFFILIATION OR ORGANIZATION NAME 8. MAILING ADDRESS (Type or print in capital letters) Last Name 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER P.O. Box - Building and Room Number (if any) 7. UNIT NAME (if any) Number and Street 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) ZIP Code + 4 Yes No State 56. ADDITIONAL INFORMATION Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) PRESIDENT TREASURER 57.SIGNED: 58. SIGNED: (If other title, see (If other title, see instructions.) instructions.) Date Telephone Number Date Telephone Number Form LM-3 (Revised 2004) Validate Form **General Additional Information** Submit

# **Completing Page 1:**

- Complete Item 3 if the report is amended, terminal, or for a subsidiary of the labor organization.
- 2. Enter information in Items 5-9 according to the instructions.

Note: Items 5-7 are not editable.

**Note**: You must contact the U.S. Department of Labor's Office of Labor-Management Standards at 202-693-0124 to officially change a labor organization's affiliation or organization name in Item 4.

Note: You must answer either "Yes" or "No" in Item 9.

## Important:

You are prompted to enter additional information in Item 56 if:

- The Period Covered is less than one year;
- You indicate that this is a terminal report (Item 3);
- You select "No" as the answer to Item 9;
- You are changing President's title (Item 57); and/or
- You are changing Treasurer's title (Item 58).

**Phone:** 1 866 4-USA-DOL (487-2365)

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

COMPLETE ITEMS 10 THROUGH 23	FILE NUMBER:										
10. During the reporting period did the labor organization organization" as defined in section X of the instructions?	have a 'subsidiary	18. During the reporting totaling more than \$250 loans to a business ent	to any o			e, or member					
11. During the reporting period did the labor organization participate in the administration of a trust or other fund or defined in the instructions, which provides benefits for me beneficiaries?	organization, as	19. How many member reporting period?	rs did you	ır orga	anization						
12. During the reporting period did the labor organization action committee (PAC) fund?		20. What is the maximulation fidelity bond, for a loss organization?									
13. During the reporting period did the labor organization of any assets in any manner other than by purchase or sa		21. During the reporting in its constitution and b practices/procedures list	ylaws, oth	her th e inst	an the rai	tes of dues an	d fees, or in				
14. During the reporting period did the labor organization review of its books and records by an outside accountant body auditor/representative?	or practices/procedures h				Y	es No No ion of officers?					
15. During the reporting period did the labor organization or shortage of funds or other assets? (Answer "Yes" ever repayment or recovery.)		23. What are your orga and maximum if more t					iter a minimum				
16. During the reporting period did the labor organization	During the reporting period did the labor organization have any officer					Rates of Dues and Fees					
who was paid \$10,000 or more by your organization and \$10,000 or more as an officer or employee of another lab	also received	Dues/Fees	Amount		Unit	Minimum	Maximum				
of an employee benefit plan?	Yes No	(a) Regular Dues/Fees		per							
	During the reporting period did the labor organization pay any employee iry, allowances, and other expenses which, together with any payments	(b) Initiation Fees		per							
from affiliates, totaled more than \$10,000?	Yes No	(c) Transfer Fees		per							
		(d) Work Permits		per							
If the answer to any of the above questions is "Yes", p	rovide details in Ite	m 56 (Additional Informat	ion) as ex	plain	ed in the i	nstructions fo	r each Item.				

Form LM-3 (Revised 2004)

# **Completing Page 2:**

1. Answer Items 10-23 according to the instructions.

# Important:

- You are prompted to enter additional information in Item 56 if you select "Yes" as the answer to Items 10 18 and Item 21.
- You cannot enter negative numbers in Item 19 or 20.

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS  Enter Amounts in Dollars Only – Do Not Enter Cents  FILE NUMBER:  (A) Name  (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)  (B) Title  (Enter title of officer, such as PRESIDENT or TREASURER.)  (C) Status *  (C) Status *  (C) Status *  (C) Status *  (D)  Allowances and Other Disbursements  (E)  Allowances and Other Disbursements  (E)  To (F)  To (F)  To (F)  Allowances and Other Disbursements  (E)  Allowances Allowances and Other Disbursements  To (C)  Status  Status  Status  Status  Status  Status  Status  Status  Allowances Allowances and Other Disbursements  To (C)  Status  Allowances Allowances and Other Disbursements  To (C)  Allowances Allowances and Other Disbursements  To (C)  Status  Allowances Allowances and Other Disbursements  To (C)  Allowances Allowances and Other Disbursements  To (C)  Status  Allowances Allowances and Other Disbursements  To (C)  Allowances Allowances and Other Disbursements  To (C)  Allowances Allowances and Other Disbursements  To (C)  Allowances Allowances Allowances  Allowan	
received no salary or other disbursements. Use all capital letters.  (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)  (C) Status*  (C) Status*  (C) Status*  (E) Itast Name	
Title Status  2. Last Name Last Name First Name Title Status  2. Last Name Last Name First Name Title Status  3. Last Name Last Name First Name Title Status  4. Last Name Last Name First Name Title Status  5. Last Name Last Name First Name Title Status  6. Last Name Last Name First Name Title Status  7. Last Name Last Name First Name Title Status  7. Last Name Last Name First Name Title Status  8. Totals from additional pages (if any)  9. Totals of Lines 1 through 8  5. So So 10. Less Deductions	
Last Name First Name Title  Last Name Last Name Title  Last Name Last Name Title  Status  Title  Status  Status  Status  Status  Status  Status  Status  Status  Title  Status  Title  Status  Status  Status  Status  Status  Title  Status	
2. Last Name Last Name First Name Trite Status  3. Last Name Last Name First Name Trite Status  4. Last Name Last Name First Name Trite Status  5. Last Name Last Name First Name Trite Status  6. Last Name Last Name First Name Trite Status  6. Last Name Last Name First Name Trite Status  6. Last Name Last Name First Name Trite Status  7. Last Name Last Name First Name Trite Status  8. Totals from additional pages (if any)  9. Totals of Lines 1 through 8  50. S0  9. Totals of Lines 1 through 8	
Title  Last Name Last Name First Name First Name Title  Last Name Last Name First Name Title  Status  Status  Status  Status  Last Name Last Name First Name First Name Title  Status  Title  Status  Status  Title  Status  Status  Title  Status  Status  Title  Status  Status  Status  Title  Status  Status  Title  Status  Status  Title  Status  Status  Status  Status  Status  Status  Status  Title  Status  Status  Status  Status  Status  Status  Status  Title  Status	,
Tritle  Status  At Last Name Last Name Tritle  Last Name Last Name First Name Tritle  Status  Status  Status  Tritle  Last Name Last Name First Name First Name First Name Tritle  Status  Tritle  Status  Status  Tritle  Status  Status  Status  Status  Status  Tritle  Status	
Last Name First Name Title  Last Name Last Name Title  Status  Status  Last Name Last Name First Name First Name Title  Status  Last Name Last Name First Name First Name First Name Title  Status  Last Name Last Name First Name First Name Title  Status  Totals from additional pages (if any) Totals of Lines 1 through 8  Status  10. Less Deductions	;
Title Status  At Last Name Last Name First Name  Title Status  5. Last Name Last Name First Name  Title Status  6. Last Name Last Name First Name  Title Status  7. Last Name Last Name First Name  Title Status  8. Totals from additional pages (if any)  9. Totals of Lines 1 through 8  Status  10. Less Deductions	
Last Name First Name Title  Status  5. Last Name Last Name First Name Title  Status  6. Last Name Last Name First Name Title  Status  7. Last Name Last Name First Name Title  Status  Status  Status  1. Last Name Status  First Name First Name First Name First Name Title  Status  8. Totals from additional pages (if any) 9. Totals of Lines 1 through 8  10. Less Deductions	3
Title Status  5. Last Name Last Name First Name First Name Title Status  6. Last Name Last Name First Name Title Status  7. Last Name Last Name First Name Title Status  8. Totals from additional pages (if any)  9. Totals of Lines 1 through 8  Status  10. Less Deductions	
Last Name	
6. Last Name	
Title	
Totals from additional pages (if any)   S0   S0	
Last Name	
8. Totals from additional pages (if any) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
9. Totals of Lines 1 through 8 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
10. Less Deductions	
** Code for (C) Status: past officer – P; continuing officer – C; new officer during the reporting (If any officer was not elected at a regular election in accordance with your	
period – N. organization's constitution and bylaws, explain in Item 56 on page 1.)  Perform Cal	lati.

Form LM-3 (Revised 2004)

# Completing Item 24:

- 1. Complete Columns A, B, C, D and E and Line 10 according to the instructions.
- 2. Click the **Perform Calculations** button.

## To add a page to report more disbursements to officers:

- 1. Click the **Add More Disbursements to Officers** button. A continuation page is added to the end of Form LM-3.
- 2. Enter additional disbursements to officers information.
- 3. Click the **Perform Calculations** button.

The total amounts from the additional page(s) will display on the original Item 24 page on Line 8 in Columns D, E and F.

**Note**: If you need to add more pages to report additional disbursements to officers, you must return to Item 24 (page 3 of Form LM-3) and click the **Add More Disbursements to Officers** button. You can return to Item 24 on Page 3 by clicking the **Return to Original Schedule Page** button.

**Phone:** 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

Enter	Amounts in Dollars Only – Do Not Ent	er Cents		FILE NUMBER:			
	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)	
<b>(0</b>	25. Cash			32. Accounts Payable			
A ILITIES	26. Loans Receivable			33. Loans Payable			
ENT /	27. U.S. Treasury Securities			34. Mortgages Payable			
ATEMENT AND LIAB	28. Investments			35. Other Liabilities			
STATEMENT A ASSETS AND LIABILITIES	29. Fixed Assets	\$0		36. TOTAL LIABILITITES	\$0	\$0	
AS	30. Other Assets						
	31. TOTAL ASSETS	\$0	\$0	37. NET ASSETS (Item 31 less Item 36)	\$0	\$0	
	Item CASH RECEIPTS	3	AMOUNT	CASH Item		AMOUNT	
	38. Dues			45. To Officers (from Item 24)		\$0	
	39. Per Capita Tax			46. To Employees (less deductions)			
STA	40. Fees, Fines, Assessments & Work Permits			47. Per Capita Tax			
B RSEME	41. Interest & Dividends			48. Office & Administrative Expense			
TATEMENT B AND DISBURSEMENTS	42. Sale of Investments & Fixed Assets			49. Professional Fees			
ATEM ND DI	43. Other Receipts			50. Benefits			
STATEMENT B RECEIPTS AND DISBUR	44. TOTAL RECEIPTS		\$0	51. Contributions, Gifts & Grants			
ECEI			•	52. Purchase of Investments & Fixed A	ssets		
Œ	If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.		organization must file	53. Loans Made			
				54. Other Disbursements			
				55. TOTAL DISBURSEMENTS		\$0	

# **Completing Statement A:**

Form LM-3 (Revised 2004)

- 1. The software will prefill assets information for the start of the reporting period in Column A. If the data is inaccurate, however, it can be edited manually.
- 2. Enter Cash and U.S. Treasury Securities information for the end of the reporting period in Column B, Lines 25 and 27 according to the instructions.
- 3. The software will prefill liabilities information for the start of the reporting period in Column C. If the data is inaccurate, however, it can be edited manually.
- 4. Enter Mortgages Payable information for the end of the reporting period in Column D, Line 34.
- 5. Click the **Perform Calculations** button.

## Important:

You are prompted to enter additional information in Item 56 if:

You change the amount in Column A or C in Statement A.

Email: olms-public@dol.gov Web: www.olms.dol.gov

**Phone:** 1 866 4-USA-DOL (487-2365)

Perform Calculations

# **Completing Statement B:**

- 1. Enter dollar amounts in Lines 38-43, and 45-54, according to the instructions.
- 2. Click the **Perform Calculations** button.

# **Important:**

• You are prompted to enter additional information in Item 69 if the following is true:

**Phone:** 1 866 4-USA-DOL (487-2365)

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

# **Importing Form Data**

Using the Form LM-3 electronic filing data import tool, you can:

• Import Comma Separated Value (CSV) and Extensible Markup Language (XML) files directly into Item 24 of Form LM-3 or as an attachment to the form.

Though the steps you take to import CSV and XML files are different, the import methods are the same.

**Table 4: Import Methods** 

Import Method	Recommended Use	What Happens
Import data into form fields	To import small and medium data files.	Information is imported directly into the form. Additional pages are automatically created if form data does not fit on one page.
Import data as attachment	To import large data files.	Information is imported as an attachment that you can view with the OLMS Attachment Viewer. You cannot modify information as an attachment.
Validate only; do not import	To validate that import file data is formatted correctly.	Information is validated only, and errors are identified so data can be corrected prior to importing. The form contents are not modified.

All import methods validate data. The import tool reports errors when data does not conform to specifications identified in the Data Specifications Document and OLMS business rules. You can print the error report or save it as a text file.

If the import process encounters errors, OLMS recommends that your labor organization fix the input data before you re-import files. *Do not submit Form LM-3 until all data has been imported successfully into Form LM-3.* 

# **Importing CSV Files**

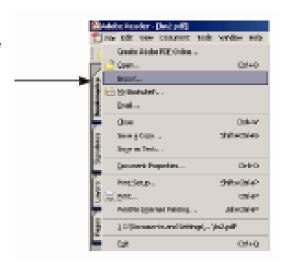
**Recommendation**: Avoid manually changing data you have imported; if you re-import data, you will overwrite your manual changes.

#### To import a CSV file:

- 1. Open Form LM-3 in Acrobat® Reader®.
- 2. Click "Import" from the File menu on the menu bar.

The Select Import Source box displays.





- 3. Click CSV File from the Select source of import data window.
- 4. Click the Next button.

The Import CSV-Options box displays.



**Phone:** 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

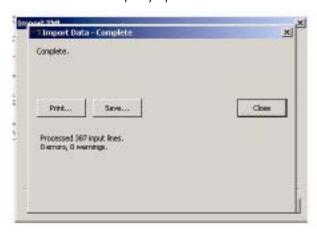
5. Click the **Browse** button to the right of the *Select import file* box. The *Open File* box displays.



- 6. Find and select the file containing the data you want to import.
- 7. Click the **Open** button to return to the *Import CSV-Options* box.
- 8. Select an import method from the Import Options list.
- 9. Click the Finish button.

The Importing Data box displays.

After the import process is complete, the *Import Data - Complete* box displays. The box displays problems detected in the import file.



- 10. Review the information in the information window. You can print the error report or save it as a text file by clicking the **Print** or **Save** buttons.
- 11. Click the Close button to return to Form LM-3.
- 12. Review the information that you imported in Item 24.

## Important:

- Once the data is imported directly into the form the totals are automatically calculated and the data rows can be edited.
- When importing as an attachment, the totals (but not the data rows) go into the form itself and the totals will be automatically calculated.
- The attachment cannot be edited.

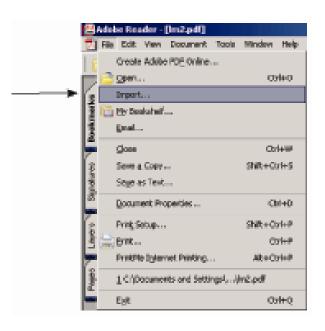
# Importing XML Files

To import XML file data:

- Open Form LM-3 in Adobe® Reader®
   s or Higher.
- 2. Select *Import* from the File menu on the menu bar.

The Select Import Source box displays.





- 3. Select XML File from the Select source of import data window.
- 4. Click the Next button.

The Import XML box displays.

Phone: 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

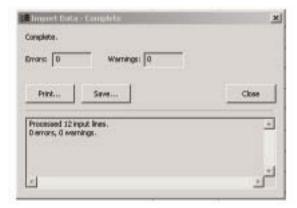


Click the Browse button to the right of the Select import file box.
 The Open File box displays.



- 6. Find and select the file containing the data you want to import.
- 7. Click the **Open** button to return to the *Import XML* box.
- 8. Select an import method from the Import Options list.
- 9. Click the Finish button.

The *Importing Data* box displays. After the import process is complete, the *Import Data - Complete* box displays. The box displays problems detected in the import file.



**Phone:** 1 866 4-USA-DOL (487-2365)

- 10. Review the information in the information window. You can print the error report or save it as a text file by clicking the **Print** or **Save** buttons.
- 11. Click the Close button to return to Form LM-3.
- 12. Review the imported information in the form.

# **Viewing Form Attachments**

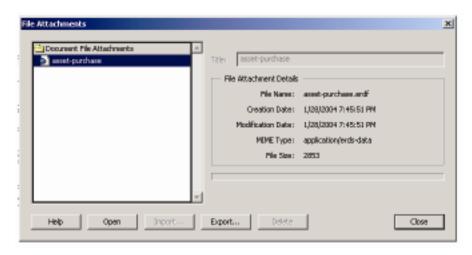
After importing data as an attachment, you will not be able to edit most of the corresponding fields on the form. Row 10 is the only field that can be edited after data is imported into Item 24.

## To view data imported as an attachment:

1. Select "File Attachments" from the "Document" menu on the menu bar.



The File Attachments window opens.



2. Select the schedule that you want to view from the Document File Attachments list.

Phone: 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

3. Click the **Open** button.

The Attachment Viewer opens displaying the schedule you selected.

**Note**: If a warning message pops up, check the *Do not show this message again* box then click the **Open** button.

4. Close the Attachment Viewer by clicking the **Close** button in the upper right corner of the window.



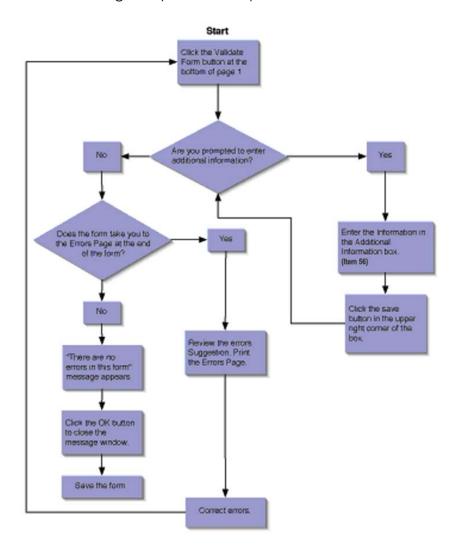
# Validating the Form

After completing pages 1 and 2, and Statements A and B, validate the form. The validation process:

- Verifies that you entered information in required fields;
- Ensures that the information you entered is what the form "expected" for example, validation checks that you have entered a number, not text, into an amount field; and
- Ensures that data you have imported, if you imported data, is what the form "expected".

#### To validate the form:

- 1. Go to page 1 of Form LM-3.
- 2. Use the decision chart to guide your next steps.



Phone: 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

# **Adding Signatures**

In order to file Form LM-3 electronically, you are required to add digital signatures to the signature block on the bottom of page one. Before being able to do so, the following must be completed:

You must obtain an Access Certificate for Electronic Services (ACES) digital certificate. See the OLMS Web site (www.dol.gov/esa/regs/compliance/olms/digital-signatures.htm) for information on obtaining an ACES certificate. Once you receive your digital signature, you must install it based on the instructions provided by the digital certificate vendor.

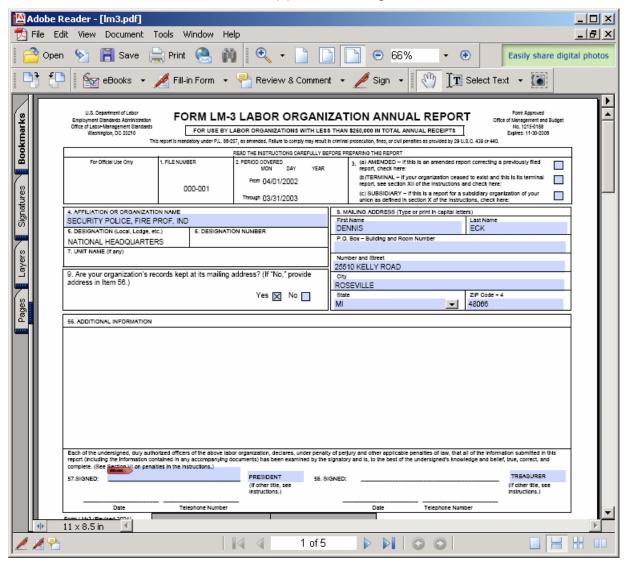
**Note**: If your organization's Form LM-3 is prepared by a third party (for example, an accounting firm), the preparer will need to save the completed form to a CD or other removable media and send it to the officers of your organization who will be signing the form. Once the completed form is loaded on an officer's computer, the officer will use his/her digital signature to sign the form. After the first officer digitally signs the form, he/she must send the form using removable media to the other officer who will then load the form on his/her computer and digitally sign the form.

Before you can digitally sign the Form LM-3, the form must pass validation. See the section on validation for more information about errors in the Form LM-3. All errors must be resolved before the form may be signed.

If an officer other than the President or Treasurer is signing the form, the title field next to the signature can be changed. Changing the title field to a different value prompts you to enter an explanation as to why the President or Treasurer is not signing the form.

To affix a digital signature to the form, do the following:

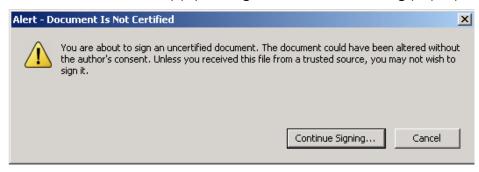
- 1. Click the signature line.
- 2. A pop-up will appear with a paragraph of text starting "This form has passed the validation check and is able to be signed and submitted to the Department of Labor."
- 3. Click OK.
- 4. Another pop-up will indicate "The form is ready for signing. Click the signature again to sign."
- 5. Click **OK** and a red arrow should appear in the signature block.



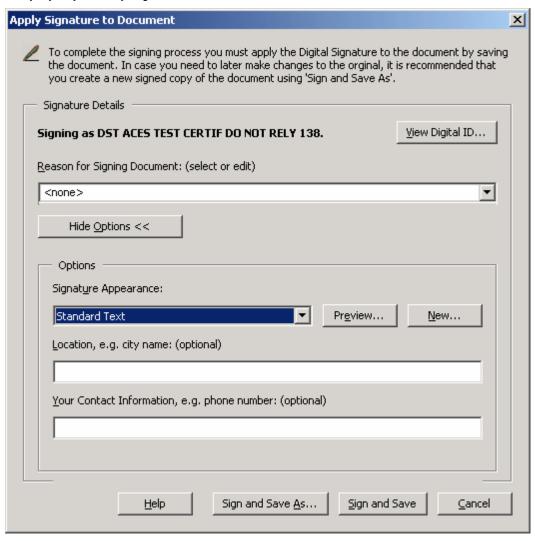
Phone: 1 866 4-USA-DOL (487-2365)

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

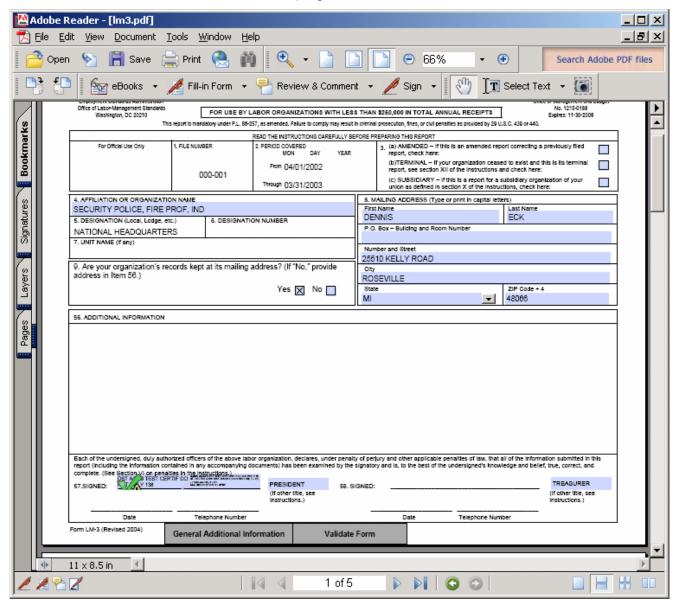
6. Click the arrow to apply the signature. The following pop-up will appear:



- 7. Click **Continue Signing**... button in the pop-up alert. A pop-up with a list of possible digital signatures is displayed.
- 8. Select the digital ID previously installed, and click **OK**. **Once you do, the following pop-up is displayed**:



9. Click **Sign and Save As** to complete the form and save it with signature. Once you do, the form has been successfully signed.



Once you have successfully signed the form, a green checkmark should appear next to the red arrow. The green checkmark indicates that the form has been signed, and there have been no changes to the form since the signature was applied. If any data in the form is changed after the signature is applied, the signature will disappear, and must be re-applied.

Phone: 1 866 4-USA-DOL (487-2365)

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT (electronic)

- This page intentionally blank -