



ELECTRONIC FORMS SYSTEM (EFS)

**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 [OLMS website](#).

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

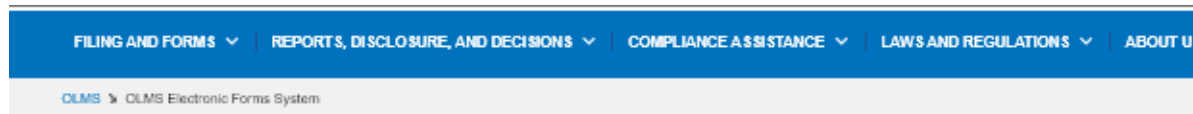
Navigate to the [OLMS Website](#) and select FILING AND FORMS, then from the drop down menu, select the “File Labor Union, Employer, and Consultant Reports (EFS)” link.

The screenshot shows the OLMS website interface. At the top, there is a dark blue header with the U.S. Department of Labor logo and the text "U.S. DEPARTMENT OF LABOR". Below this is a white navigation bar with the text "Office of Labor-Management Standards" on the left, "FAQ CONTACT" in the center, and a search box labeled "Search OLMS" on the right. A blue navigation bar contains several menu items: "FILING AND FORMS", "REPORTS DISCLOSURE", "ENFORCEMENT", "COMPLIANCE ASSISTANCE", "LAWS AND REGULATIONS", "ABOUT US", "CONTACT US", and "OLMS EN ESPAÑOL". A dropdown menu is open under "FILING AND FORMS", listing four options: "File Labor Union, Employer, and Consultant Reports (EFS)", "File Trusteeship or Surety Reports", "Forms and Instructions", and "Historical Filing Data". The main content area features a large image of a woman looking at a document, with a text overlay that reads: "OLMS PROMOTES WORKER AND PUBLIC CONFIDENCE IN LABOR UNIONS". Below this text is a paragraph: "OLMS promotes union democracy, protects union assets, advances labor-management transparency, protects employment rights of public transit employees, and highlights the important role unions play in the modern American economy." and a "Learn More" button.



Access the OLMS EFS

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



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.


Office of Labor-Management Standards (OLMS)

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

Accessing the Form LM-10



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

 U.S. DEPARTMENT OF LABOR

Office of Labor-Management Standards - OLMS

OLMS HOME | OLMS Reports ▾ | User Guides/FAQs ▾ | EFS Helpdesk: 1-866-401-1109 | TTY: 7-1-1 Telecommunications Relay Service (TRS) | Email: OLMS-Public@dol.gov

[DOL Home](#) > [OLMS](#) > [EFS](#)

**Welcome to the Office of Labor-Management Standards
Electronic Forms System (EFS)**


Existing and New User Account Management	LM-1, LM-2, LM-3, LM-4 and Simplified Report	LM-10, LM-20, LM-21 and LM-30
<p>Register for an EFS User ID and Password</p> <p>Edit your account information</p> <hr/> <p>To reset your password, you must have the user ID and email address you provided when registering with the EFS system.</p> <p>Forgot your password?</p> <hr/> <p>To retrieve your user ID, you must have the email address, First Name, and Last Name you provided when registering with the EFS System.</p> <p>Forgot your User ID?</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p>*File No/Registration ID <input type="text"/> - <input type="text"/></p> <p>Union PIN <input type="text"/></p> <p><input type="button" value="Sign In"/></p> <hr/> <p>To get a new PIN, you must have your User ID, password, and organization's file number. You can only reset the PIN if it is expired. If you forgot the PIN, please contact EFS Helpdesk.</p> <p>Request a new PIN</p> <hr/> <p>Use this link to obtain an organizational Registration ID and PIN in order to file an initial LM-1.</p> <p>Obtain an Initial LM-1 Registration ID and PIN</p> <p>Do not use this link if you have already registered with OLMS and have an existing organization file number.</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p><input type="button" value="Sign In"/></p>

Recommended browsers are - Microsoft Edge or Google Chrome

Accessing the Form LM-10



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

 U.S. DEPARTMENT OF LABOR

Office of Labor-Management Standards - OLMS

OLMS HOME | OLMS Reports ▾ | User Guides/FAQs ▾ | EFS Helpdesk: 1-866-401-1109 | TTY: 7-1-1 Telecommunications Relay Service (TRS) | Email: OLMS-Public@dol.gov

[DOL Home](#) > [OLMS](#) > [EFS](#)

**Welcome to the Office of Labor-Management Standards
Electronic Forms System (EFS)**

Existing and New User Account Management	LM-1, LM-2, LM-3, LM-4 and Simplified Report	LM-10, LM-20, LM-21 and LM-30
<p>Register for an EFS User ID and Password</p> <p>Edit your account information</p> <hr/> <p>To reset your password, you must have the user ID and email address you provided when registering with the EFS system.</p> <p>Forgot your password?</p> <hr/> <p>To retrieve your user ID, you must have the email address, First Name, and Last Name you provided when registering with the EFS System.</p> <p>Forgot your User ID?</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p>*File No/Registration ID <input type="text"/> - <input type="text"/></p> <p>Union PIN <input type="text"/></p> <p><input type="button" value="Sign In"/></p> <hr/> <p>To get a new PIN, you must have your User ID, password, and organization's file number. You can only reset the PIN if it is expired. If you forgot the PIN, please contact EFS Helpdesk.</p> <p>Request a new PIN</p> <hr/> <p>Use this link to obtain an organizational Registration ID and PIN in order to file an initial LM-1.</p> <p>Obtain an Initial LM-1 Registration ID and PIN</p> <p>Do not use this link if you have already registered with OLMS and have an existing organization file number.</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p><input type="button" value="Sign In"/></p>

Recommended browsers are - Microsoft Edge or Google Chrome

Office of Labor-Management Standards (OLMS)

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



Select Report Type

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



U.S. DEPARTMENT OF LABOR

[Log out](#)

Office of Labor-Management 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](#)

SELECT REPORT TYPE

Report Type: ▾

- Select
- LM-10
- LM-20/21
- LM-30



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

[Log out](#)

Office of Labor-Management 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](mailto:olms-public@dol.gov)

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

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

START A NEW FORM

Report Type:

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

Use the "Locate An Existing LM-10 Filer" button to locate an existing filer. To register a new filer, use the "Register A New LM-10 Filer" button.

[Locate An Existing LM-10 Filer](#) | [Register A New LM-10 Filer](#)



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

[Log out](#)

Office of Labor-Management 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](#)

Start New Form | Forms In Progress | Submitted Forms

START A NEW FORM

Report Type:

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

Use the "**Locate An Existing LM-10 Filer**" button to locate an existing filer. To register a new filer, use the "**Register A New LM-10 Filer**" button.

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.



U.S. DEPARTMENT OF LABOR

[Log out](#)

Office of Labor-Management 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](#)

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

START A NEW FORM

Report Type:

Employer

Street Address P.O.Box - Building and Room Number City State Zip+4

[Previous](#) **Register the organization**

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”.

The screenshot shows the OLMS web application interface. At the top left is the U.S. Department of Labor logo and the text "U.S. DEPARTMENT OF LABOR". A "Log out" link is visible in the top right. The main header area includes "Office of Labor-Management Standards - OLMS" and navigation links for "OLMS HOME", "OLMS Reports", and "User Guides/FAQs". Contact information for the EFS Helpdesk is also present. Below the header is a breadcrumb trail: "DOL Home > OLMS > EFS > Report Selection". A secondary navigation bar contains "Start New Form", "Forms In Progress", "Submitted Forms", and "Access Key". The main content area is titled "START A NEW FORM" and features a "Report Type" dropdown menu set to "LM-10". Below this, the "File Number" is displayed as "E- 69587" and the "Access Key" as "958402". A button labeled "Start New LM-10" is highlighted with a red dashed rectangular border.

Navigating the Form LM-10 in EFS



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

MAIN	Save	Validate	Add Attachments	Print	Form Instructions	Help	Submit	FILE NUMBER:69587	<	>
ITEMS 5,6 & 7	U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210			FORM LM-10 EMPLOYER REPORT			Form Approved Office of Management and Budget No. 9999-9999 Expires: 10-28-2021			
ITEM 8	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. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.									
VALIDATION SUMMARY	PART A									
	1. File Number: E- 69587		2. Fiscal Year Covered:		From		Through			
	3. Name and address of Reporting Employer (Inc. trade name, if any).									
	Employer									
	New LM-10 Form									
	Trade Name									
	Atten									
	<input type="checkbox"/> Pr									
	First N									
	Last Name									
	Title									
	Street									
	ZIP Code +4									
	4. Name and address of Reporting Officer (Inc. trade name, if any).									
	First N									
	Last Name									
	Street									
	ZIP Code +4									
	P.O. Box, Bldg., Room No., if any									
	City									
	State									
	Signatures									
	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:		PRESIDENT		14. SIGNED:		TREASURER			
	(If other title, see instructions)									
	On Date:		Telephone Number:		On Date:		Telephone Number:			

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.

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.

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

MAIN
ITEMS 5,6 & 7
ITEM 8
VALIDATION SUMMARY

Save Validate Add Attachments Print **Form Instructions** Help Submit FILE NUMBER: 69587 < >

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

**FORM LM-10
EMPLOYER REPORT**

Form Approved
Office of Management and Budget
No. 9999-9999
Expires: 10-28-2021

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.
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

PART A

1. File Number: E- 69587 2. Fiscal Year Covered: From [] Through []
(mm/dd/yyyy) (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 []

4. Name and address of President or corresponding 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 []

Signatures

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

On Date: [] Telephone Number: [] On Date: [] Telephone Number: []

Form LM-10-Part A (2003)

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.

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

MAIN	Save	Validate	Add Attachments	Print	Form Instructions	Help	Submit	FILE NUMBER: 69587
ITEMS 5,6 & 7	U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210			FORM LM-10 EMPLOYER REPORT			Form Approved Office of Management and Budget No. 9999-9999 Expires: 10-28-2021	
ITEM 8	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. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
VALIDATION SUMMARY	PART A							
	1. File Number: E- 69587		2. Fiscal Year Covered: From		Through			
			(mm/dd/yyyy)		(mm/dd/yyyy)			
	3. Name and address of Reporting Employer (inc. trade name, if any).							
	Employer New LM-10 Form							
	Trade Name							
	Attention To:							
	<input type="checkbox"/> 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			
			▼					
	4. Name and address of President or corresponding 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			
			▼					
	Signatures							
	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:		PRESIDENT		14. SIGNED:		TREASURER	
	(If other title, see instructions)				(If other title, see instructions)			
	On Date:		Telephone Number:		On Date:		Telephone Number:	

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.

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

Save | Validate | Add Attachments | Print | Form Instructions | Help | FILE NUMBER: 69587 < >

MAIN

ITEMS 5, 6 & 7

ITEM 8

VALIDATION SUMMARY

5. Any other address where records necessary to verify this report will be available for examination.

First Name Middle Name Last Name Title

Organization

P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.

Address in Item 3 Address in Item 4 Address in Item 5

7. Type of organization

Corporation Partnership Individual Other (Specify)

Form LM-10-Part A (2003)

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.

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

Save Validate Add Attachments Print Form Instructions Help FILE NUMBER:69587 < >

MAIN

ITEMS 5,6 & 7

ITEM 8

VALIDATION SUMMARY

PART A Continued

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully. Based on the exclusion listed in the instruction, check either "Yes" or "No" for these items. The system will create corresponding PartB pages for any item you selected "Yes".

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization? Yes No

8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees? Yes No

8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing? Yes No

8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved? Yes No

8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? Yes No

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement? Yes No

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS



Entering Data – Form LM-10, Part B

Item 8a

- 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.

Save Validate Import Add Attachments Print Form Instructions Help FILE NUMBER:69203 < >

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B Add LM-10 Part B

Saved Part Bs : [--- v]

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name [Q]

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O. Box, Bldg., Room No., if any	Street (Either P.O.Box or Street needs to be entered.)	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
		State ZIP Code + 4
		<input type="text"/> <input type="text"/>

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Entering Data – Form LM-10, Part B



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

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B

Saved Part Bs :

Add LM-10 Part B

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement 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 needs to be entered.) City State ZIP Code + 4

9.c. Position in labor organization or with employer (if an independent labor consultant, so state.)

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization
 Same as 9.b address
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was:
(Check all that apply)
 Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy) 11.b. Amount of each payment or expenditure 11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)

1.
2.
3.

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)

Yes No N/A Unique Entity Identifier (UEI) No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the 'Agency Search' button to search for the subject agency.

Agency Unlisted Agency Name of agency would reveal classified information

1.

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

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 > Home Page

Save | Validate | Import | Add Attachments | Print | Form Instructions | Help | FILE NUMBER: 695B7

ITEMS 5, 6 & 7

ITEM 8

-Item 8a-PART B

-Item 8b-PART B

-Item 8c-PART B

-Item 8d-PART B

-Item 8e-PART B

-Item 8f-PART B

VALIDATION SUMMARY

PART B

8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?

Completed a separate agreement with whom a reasonable agreement was made.

Search by organization

Final 4 Inc.-234 Main Street-City-MD

BLD INC -1866 F Street-City-MD

1111 G Street-City-MD

Final 4 Inc.-234 Main Street-City-MD

CCC INC -1913 Avenue--MD

New LM-10 Part B

9.a. (Check all that apply)

Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name: Joe Middle Name: Last Name: Smith

P.O. Box, Bldg., Room No., if any: Street: 234 Main Street City: State: MD ZIP Code + 4: 88888

9.c. Position in labor organization or with employer (If an independent labor consultant, so state). President

9.d. Name and address of firm or labor organization with whom employed or affiliated.

Organization: Final 4 Inc.

Same as 9.b address

P.O. Box, Bldg., Room No., if any: Street: City: State: MD ZIP Code + 4:

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made

Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was: (Check all that apply) Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy)

11.b. Amount of each payment or expenditure

11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)

Add More Item 11

<input checked="" type="checkbox"/>	1.		
<input checked="" type="checkbox"/>	2.		
<input checked="" type="checkbox"/>	3.		
<input checked="" type="checkbox"/>	4.		
<input checked="" type="checkbox"/>	5.		

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.

Save Validate Import Add Attachments Print Form Instructions Help FILE NUMBER: 69203

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B Add LM-10 Part B

Saved Part Bs : [dropdown]

Complete a separate Part B for every person or organization with whom a reportable agreement was made. Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name [input]

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name [input] Middle Name [input] Last Name [input]
P.O. Box, Bldg., Room No., if any [input] Street (Either P.O.Box or Street needs to be entered.) [input] City [input] State [dropdown] ZIP Code + 4 [input]

9.c. Position in labor organization or with employer (if an independent labor consultant, so state). [input]

9.d. Name and address of firm or labor organization with whom employed or affiliated.* [input] Clear

Organization [input]
 Same as 9.b address
P.O. Box, Bldg., Room No., if any [input] Street [input] City [input] State [dropdown] ZIP Code + 4 [input]

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made [input] Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was: (Check all that apply)
 Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy) [input] 11.b. Amount of each payment or expenditure [input] 11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property) [input] Add More Item 11

1. [input] [input] [input]
2. [input] [input] [input]
3. [input] [input] [input]

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.* [input]

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract?* (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)
 Yes No N/A Unique Entity Identifier (UEI) [input] No UEI [input]

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the "Agency Search" button to search for the subject agency.

Agency [input] Unlisted Agency [input]
1. Agency Search [input] [input] Name of agency would reveal classified information [input]

Add additional Federal Agency [input]

Total Number of Part B's Added [input]

Delete Part B [button]

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.

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B

Saved Part Bs :

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement 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 needs to be entered.) City State ZIP Code + 4

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization
 Same as 9.b address
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made Check if the payment is unrelated to an agreement or arrangement
10.b. The promise, agreement, or arrangement was: (Check all that apply)
 Oral Written
(Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy) 11.b. Amount of each payment or expenditure 11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)

1.
2.
3.

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)
 Yes No N/A Unique Entity Identifier (UEI) No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the 'Agency Search' button to search for the subject agency.

Agency Unlisted Agency
1. Agency Search Name of agency would reveal classified information

Total Number of Part B's Added

Entering Data – Form LM-10, Part B Item 8



- Total number of Part Bs added will also be visible at the bottom of the Item 8 – Part A page.

Save Validate Add Attachments Print Form Instructions Help FILE NUMBER:69587 < >

PART A Continued

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully. Based on the exclusion listed in the instruction, check either "Yes" or "No" for these items. The system will create corresponding PartB pages for any item you selected "Yes".

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization? Yes No

8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees? Yes No

8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing? Yes No

8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved? Yes No

8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? Yes No

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement? Yes No

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS



Entering Data – Form LM-10, Part B

Item 8b

- 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 Print Form Instructions Help FILE NUMBER: 69203 < >

8f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B Add LM-10 Part B

Saved Part Bs : ...

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement 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 needs to be entered.) City State ZIP Code + 4

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization
 Same as 9.b address
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made
 Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was:
 Oral Written
(Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy) 11.b. Amount of each payment or expenditure 11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property) Add More Item 11

1.			
2.			
3.			

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if "Yes" is selected for 12.b.)
 Yes No N/A Unique Entity Identifier (UEI) No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the "Agency Search" button to search for the subject agency.

Agency Unlisted Agency
1. Agency Search Name of agency would reveal classified information
Add additional Federal Agency Delete Part B

Total Number of Part B's Added 1

Entering Data – Form LM-10, Part B

Item 8c



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

Save Validate Import Add Attachments Print Form Instructions Help FILE NUMBER: 69203 < >

8f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B Add LM-10 Part B

Saved Part Bs : ...

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement 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 needs to be entered.) City State ZIP Code + 4

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization
 Same as 9.b address
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made
 Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was:
 Oral Written
(Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy) 11.b. Amount of each payment or expenditure 11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property) Add More Item 11

1.			
2.			
3.			

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if "Yes" is selected for 12.b.)
 Yes No N/A Unique Entity Identifier (UEI) No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the "Agency Search" button to search for the subject agency.

Agency Unlisted Agency
1. Agency Search Name of agency would reveal classified information
Add additional Federal Agency Delete Part B

Total Number of Part B's Added 1

Entering Data – Form LM-10, Part B

Item 8d



- 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.

FILE NUMBER: 99203

PART B

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill items 11.a., 11.b. and 11.c. if payment is checked in Item 9.a.

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement 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 needs to be entered.) City State ZIP Code + 4

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization
 Same as 9.b address
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was: (Check all that apply)
 Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy) 11.b. Amount of each payment or expenditure 11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)

Date	Amount	Kind
1. [mm/dd/yyyy]	[Amount]	[Kind]
2. [mm/dd/yyyy]	[Amount]	[Kind]
3. [mm/dd/yyyy]	[Amount]	[Kind]

12.a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12.b. If your Part B applies to Items 6b. - 6f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)
 Yes No N/A Unique Entity Identifier (UEI) [UEI] No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the "Agency Search" button to search for the subject agency.

Agency Unlisted Agency
1. [Agency Search] [Unlisted Agency] Name of agency would reveal classified information

Add additional Federal Agency

Total Number of Part B's Added: 1



Entering Data – Form LM-10, Part B

Item 8e

- 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.

The screenshot shows the 'PART B' section of Form LM-10, Item 8e. It includes a search bar for organization name or person's name, a checkbox for 'Agreement or payment', and fields for the name and address of the person or organization. It also has a table for entering dates and amounts of payments or expenditures, and a section for identifying the Federal contracting agency.

8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved or did you make any payment pursuant to such agreement or arrangement?

PART B ADD LM TO PART B

Saved Part Bs: [dropdown]

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b., and 11.c. if payment is checked in Item 10.a.

Search by organization name or person's name: [input]

9.a. (Check all that apply.)
 Agreement or payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name: [input] Middle Name: [input] Last Name: [input]
P.O. Box, Bldg., Room No., if any: [input] Street (Either P.O. Box or Street needs to be entered.): [input] City: [input] State: [input] ZIP Code + 4: [input]

9.c. Position in labor organization or with employer (if an independent labor consultant, so state): [input]

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization: [input] Clear
 Same as 9.b. address
P.O. Box, Bldg., Room No., if any: [input] Street: [input] City: [input] State: [input] ZIP Code + 4: [input]

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made: [input] Check if the payment is unrelated to an agreement or arrangement.
10.b. The promise, agreement, or arrangement was: (Check all that apply.)
 Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy): [input] 11.b. Amount of each payment or expenditure: [input] 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property): [input] Add More Items 11

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*
[input]

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)
 Yes No No UEI Unique Entity Identifier (UEI): [input] No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the "Agency Search" button to search for the subject agency.

Agency: [input] Unaffiliated Agency: [input] Name of agency would reveal classified information

1. [Agency Search] [input] Add additional Federal Agency Delete Part B

Total Number of Part B's Added: [input]

Entering Data – Form LM-10, Part B

Item 8f



- 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.

Save | Validate | Import | Add Attachments | Print | Form Instructions | Help | FILE NUMBER: 69203

8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

PART B Add LM-10 Part B

Saved Part Bs : Add LM-10 Part B

Complete a separate Part B for every person or organization with whom a reportable agreement was made.
Fill Item 9.c. if information is entered in Item 9.b. Enter date or select the checkbox for Item 10.a. Fill Items 11.a., 11.b. and 11.c. if Payment is checked in Item 9.a.

Search by organization name or person's name

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O. Box, Bldg., Room No., if any	Street (Either P.O.Box or Street needs to be entered.)	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
		State
		<input type="text"/>
		ZIP Code + 4
		<input type="text"/>

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was: (Check all that apply)
 Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy)	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)
<input type="checkbox"/> 1. <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2. <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Add More Item 11

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)
 Yes No N/A Unique Entity Identifier (UEI) No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the 'Agency Search' button to search for the subject agency.

Agency	Unlisted Agency
<input checked="" type="checkbox"/> 1. <input type="text"/>	<input type="text"/>

Name of agency would reveal classified information

Add additional Federal Agency Delete Part B

Total Number of Part B's Added: 1

Entering Data – Form LM-10, Part B

Item 9



- 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.

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
P.O. Box, Bldg., Room No., if any	Street (Either P.O.Box or Street needs to be entered.)	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
		State
		<input type="text"/>
		ZIP Code + 4
		<input type="text"/>

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.*

Organization

Same as 9.b address

P.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made

Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was:
(Check all that apply)
 Oral Written
(Written agreements entered into during the fiscal year must be attached.)



Entering Data – Form LM-10, Part B

Item 10

- 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.

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made <input type="text"/>		<input type="checkbox"/> Check if the payment is unrelated to an agreement or arrangement	10.b. The promise, agreement, or arrangement was: (Check all that apply) <input type="checkbox"/> Oral <input type="checkbox"/> Written (Written agreements entered into during the fiscal year must be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy)	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)	Add More Item 11
<input checked="" type="checkbox"/> 1. <input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/> 2. <input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/> 3. <input type="text"/>	<input type="text"/>	<input type="text"/>	
12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.* <input type="text"/>			
12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract?* (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Unique Entity Identifier (UEI) <input type="text"/> <input type="radio"/> No UEI <input type="text"/>			
List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.) <i>Note: Click on the ' Agency Search' button to search for the subject agency.</i>			
Agency		Unlisted Agency <input type="text"/>	
<input checked="" type="checkbox"/> 1. <input type="text"/>	<input type="text"/>	<input type="radio"/> Name of agency would reveal classified information	
Add additional Federal Agency <input type="text"/>			



Entering Data – Form LM-10, Part B

Item 11

- 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.

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made <input type="text"/>		<input type="checkbox"/> Check if the payment is unrelated to an agreement or arrangement	10.b. The promise, agreement, or arrangement was: (Check all that apply) <input type="checkbox"/> Oral <input type="checkbox"/> Written (Written agreements entered into during the fiscal year must be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy)	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)	Add More Item 11
<input checked="" type="checkbox"/> 1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.* <input type="text"/>			
12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract?*(Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Unique Entity Identifier (UEI) <input type="text"/> <input type="radio"/> No UEI <input type="text"/>			
List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.) <i>Note: Click on the ' Agency Search' button to search for the subject agency.</i>			
	Agency	Unlisted Agency <input type="text"/>	<input type="radio"/> Name of agency would reveal classified information
<input checked="" type="checkbox"/> 1.	Agency Search <input type="text"/>	<input type="text"/>	
	Add additional Federal Agency <input type="text"/>		
Total Number of Part B's Added			Delete Part B <input type="text" value="1"/>

* indicates a required field.

Entering Data – Form LM-10, Part B

Item 12



- 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.

12a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.*

12b. If your Part B applies to Items 8b. - 8f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract?* (Enter Unique Entity Identifier (UEI) or No UEI if 'Yes' is selected for 12.b.)

Yes No N/A Unique Entity Identifier (UEI) No UEI

List the Federal contracting Agency(s) that are a party to Federal contract mentioned in Item 12b. (Minimum one agency should be entered.)
Note: Click on the ' Agency Search' button to search for the subject agency.

	Agency	Unlisted Agency
x 1.	<input type="text" value="Agency Search"/>	<input type="text"/>
	<input type="text" value="Add additional Federal Agency"/>	

Name of agency would reveal classified information

Total Number of Part B's Added 1

* 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.

Print Form Instructions FILE NUMBER:69587 < >

VALIDATION SUMMARY PAGE

- 1.Item 2: Please enter the Fiscal Year Covered 'From' date.
- 2.Item 2: Please enter the Fiscal Year Covered 'Through' date.
- 3.Item 3: Please enter the Principal/Corresponding officer's first name.
- 4.Item 3: Please enter Principal/Corresponding officer's last name.
- 5.Item 3: Please enter the title.
- 6.Item 3: Please enter a street address or a P.O. Box.
- 7.Item 3: Please enter the name of the city.
- 8.Item 3: Please select the state. Select OO for non-U.S. territories.
- 9.Item 3: Please enter 5 or 9 digit zip code in the format of 'xxxxx-xxxx'.
- 10.Item 4: Please enter the name and address of the President or the corresponding principal officer.
- 11.Item 6 & 7 cannot be blank.
- 12.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 9.a.: Check the appropriate check box.
- 13.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 9.d.: Please enter the address of the firm, group, or labor organization to whom payments were made, with whom the agreement or arrangement was made, or with whom the person listed in Item 9.b. was employed or affiliated.
- 14.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 9.d.: Please enter the name of the city.
- 15.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 9.d.: Please enter 5 or 9 digit zip code in the format of 'xxxxx-xxxx'
- 16.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 10.a.: Please enter the date on which the promise was made or the agreement or arrangement was entered into. If the payments listed in Item 11 are unrelated to an agreement or arrangement, check the check box.
- 17.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 10.b.: Check the appropriate check box.
- 18.8a: BLD INC.-1866 F Street-City-MD: Page 1: Item 12.: Please enter a full explanation identifying the purpose and circumstances of the payments, promises, agreements or arrangements included in the report.
- 19.8a: Final 4 Inc.-234 Main Street-City-MD: Page 2: Item 9.a.: Check the appropriate check box.



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.

The screenshot displays the Office of Labor-Management Standards (OLMS) web application. At the top right, there is a "Log out" link. The main header area contains "Office of Labor-Management Standards - OLMS" and contact information: "EFS Helpdesk: 1-877-401-1109 | TTY: 711 Telecommunications Relay Services(TRS) Email: olms-public@dol.gov". Below this is a navigation bar with "OLMS HOME", "OLMS Reports", and "User Guides/FAQs". A breadcrumb trail reads "DOL Home > OLMS > EFS > Report Selection > Home Page". On the left, a sidebar menu lists "MAIN", "ITEMS 5,6 & 7", "ITEM 8", "-Item 8a-PART B", and "VALIDATION SUMMARY". The main content area shows a "Print" button (highlighted with a red dashed box) and "Form Instructions" next to it. To the right of these buttons is a "FILE NUMBER:69587" with left and right arrow buttons. Below the buttons is a "VALIDATION SUMMARY PAGE" header and a large empty table area.



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.

U.S. DEPARTMENT OF LABOR
Office of Labor-Management Standards - OLMS

olmstest.dol.gov says
This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-10 instructions to make sure this form has been filled out according to the requirements.

Please click on a signature field to sign.

Log out
Communications Relay Services(TRS)
Email: olms-public@dol.gov

NUMBER:69587

Save Validate Add Attachments Pri

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

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.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

PART A

1. File Number: E- 69587 2. Fiscal Year Covered: From 01/01/2021 Through 12/31/2021
(mm/dd/yyyy) (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
Paul Adams President

Mailing Address:
P.O. Box, Bldg., Room No., if any Street
123 Main Street
City State ZIP Code +4
Anywhere DC 22222

4. Name and address of President or corresponding 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

Signatures

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 signatory's knowledge and belief, true, correct, and complete. (See Section VIII on penalties in the instructions.)

13. SIGNED: Click Here to Sign PRESIDENT 14. SIGNED: Click Here to Sign TREASURER
(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.)

The screenshot shows the 'Office of Labor-Management Standards - OLMS' web interface. The main content area is titled 'FORM LM-10 EMPLOYER REPORT'. It includes a navigation menu on the left with options like 'MAIN', 'ITEMS 5,6 & 7', 'ITEM 8', and 'VALIDATION SUMMARY'. The form itself has several sections: 'PART A' with fields for 'File Number' (E-69587) and 'Fiscal Year Covered' (From 01/01/2021 to 12/31/2021); 'Employer' information including 'New LM-10 Form' and 'Trade Name'; 'Attention To:' section with a checked box for 'Principal/Corresponding Officer' and fields for 'First Name' (Paul), 'Middle Name', 'Last Name' (Adams), and 'Title' (President); 'Mailing Address' section with fields for 'P.O. Box, Bldg., Room No., If any', 'Street' (123 Main Street), 'City', 'State' (DC), and 'ZIP Code +4' (22222); and a 'Signatures' section at the bottom with two signature blocks. The first block is for '13. SIGNED:' with a 'Click Here to Sign' button, a dropdown menu set to 'PRESIDENT', and a 'Telephone Number' field. The second block is for '14. SIGNED:' with a 'Click Here to Sign' button, a dropdown menu set to 'TREASURER', and a 'Telephone Number' field. There are also 'On Date' fields for both signatures.

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 > OLMS > EFS > Report Selection > Home Page

Save Validate Add Attachments **Print** Form Instructions Help Submit FILE NUMBER:69587

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

**FORM LM-10
EMPLOYER REPORT**

Form Approved
Office of Management and Budget
No. 9999-9999
Expires: 10-28-2021

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.
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

PART A

1. File Number: E- 69587 2. Fiscal Year Covered: From 01/01/2021 Through 12/31/2021
(mm/dd/yyyy) (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
Paul		Adams	President

Mailing Address:
P.O. Box, Bldg., Room No., if any
Street
123 Main Street
City
Anywhere State DC ZIP Code +4
22222

4. Name and address of President or corresponding 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

Signatures

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

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.

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

MAIN | Save | Validate | Add Attachments | Print | Form Instructions | Help | **Submit** | FILE NUMBER: 69587 < >

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

**FORM LM-10
EMPLOYER REPORT**

Form Approved
Office of Management and Budget
No. 9999-9999
Expires: 10-28-2021

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.
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

PART A

1. File Number: E- 69587 2. Fiscal Year Covered: From 01/01/2021 Through 12/31/2021
(mm/dd/yyyy) (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
Paul		Adams	President

Mailing Address:
P.O. Box, Bldg., Room No., if any
Street
123 Main Street
City
Anywhere State
DC

4. Name and address of President or corresponding 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

Signatures


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: Jennifer Taylor	PRESIDENT	14. SIGNED: Jennifer Taylor	TREASURER
(If other title, see instructions)		(If other title, see instructions)	
On Date: 04/29/2022	Telephone Number: 202-693-9999	On Date: 04/29/2022	Telephone Number: 202-693-9999

Confirmation page



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



U.S. DEPARTMENT OF LABOR

[Log out](#)

Office of Labor-Management 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](#) > [Home Page](#)

Your LM-10 Form has been successfully accepted for processing.
Your confirmation number is: 69587-766837-20220429041854.
Please make a note of this number for your records.

To view your submitted LM-10 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.