

TY 2021 5330 MeF ATS Scenario 5
EIN: 00-9991000
Filed by Multiemployer Plan Sponsor

Form Required: 5330

Attachment: Payment Record, p. 3

PreparerFirmGrp

PreparerFirmEIN – 00-9555000

PreparerFirmName – Pension Plan Company

PreparerUSAddress – 12 Road, Nowhere, GA 30308

MultSoftwarePackagesUsedInd – No

OriginatorGrp

EFIN – as assigned

OriginatorTypeCd – ERO

PractitionerPrinGrp

EFIN – as assigned

PIN – 15512

PinEnteredByCd – ERO or N/A for Online Filer

SignatureOptionCd – 15512

ReturnTypeCd – 5330

TaxPeriodBeginDt – 01-01-2021

TaxperiodEndDt – 12-31-2021

Filer

EIN – 00-9991000

BusinessName – The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust

BusinessNameControl – BOAR

USAddress – 999 Circle, No Town, GA 30308

BusinessOfficerGrp

PersonNm – Gloria Gold

PersonTitleText – Financial Officer

PhoneNum – 470-888-6666

EmailAddressTxt

SignatureDt – self-select

TaxpayerPIN – self-select

DiscussWithPaidPreparerInd – Y

PreparerPersonDetail

PreparerPersonNm – Mrs. Pension Plan

PTIN – P00934343

PhoneNum – (404) 333-3333

EmailAddressTxt – 12 Road, Nowhere, GA 30309

PreparationDt – self-select

SelfEmployedInd – Y

TY 2021 5330 MeF ATS Scenario 5
EIN: 00-9991000
Filed by Multiemployer Plan Sponsor

SigningOfficerGrp

PersonFirtNm – Nicole

PersonLastNm – Cool

SSN – 555-00-5555

Note: This scenario reports the following minimum funding and endangered or critical status event:

- In the case of a multiemployer plan, IRC section 4971(a) imposes a 5% excise tax on the amount of the accumulated funding deficiency determined as of the end of the plan year.
- IRC section 4971(g) imposes an excise tax on employers who contribute to multiemployer plans for failure to meet requirements for plans in endangered or critical status.

Complete reporting of this event will require the following Form 5330 return:

By the **Multiemployer Plan Sponsor** (the return attached to this cover page).

TY 2021 5330 MeF ATS Scenario 5
EIN: 00-9991000
Filed by Multiemployer Plan Sponsor

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-6666
Account Type	Checking
Payment Amount	\$38,000.00
Requested Payment Date	7/7/2022
Taxpayer Daytime Phone	(404) 333-3333

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

► Information about Form 5330 and its instructions is at www.irs.gov/form5330.

OMB No. 1545-0575

Filer tax year beginning January 1 , 2021 and ending December 31 , 2021	
A Name of filer (see instructions) The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) 999 Circle City or town, state or province, country, and ZIP or foreign postal code Every Town, GA 30308	B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) 00-9991000 Social security number (SSN)
C Name of plan ABC Employees Lcl 01 Multiemplr Pln	E Plan sponsor's EIN 00-9200000
D Name and address of plan sponsor ABC Plan Sponsor 999 Circle No Town, GA 30308	F Plan year ending (MM/DD/YYYY) 12/31/2020
H If this is an amended return, check here <input type="checkbox"/>	G Plan number 002

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed (see instructions).

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY			
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1		
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2		
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a		
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b		
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4		
5a Section 4978 tax on ESOP dispositions	209	5a		
b The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042		5b		
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6		
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7		
Section B. Taxes that are reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year				
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a	5000	00
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b		
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a		
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b		
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a		
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b		
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c	33000	00
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees				
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11		
12 Total Section B taxes. Add lines 8a through 11. Enter here and on Part II, line 17		12	38000	00
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year				
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13		

Name of Filer: **The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust**Filer's identifying number: **00-9991000****Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

14 Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 ▶	204	14	
---	-----	-----------	--

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15 Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 ▶	228	15	
--	-----	-----------	--

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's taxable year during which the plan became a party to a prohibited tax shelter transaction

16 Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17.....▶	237	16	
---	-----	-----------	--

Part II Tax Due

17 Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	38000	00
18 Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	0	00
19 Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here, and attach check or money order payable to "United States Treasury." Write your name, identifying number, plan number, and "Form 5330, Section(s) 4971(a) " on your payment.....▶	19	38000	00

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ ▶	470-888-6666	▶ _____ ▶
Your Signature	Telephone number	Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name ▶ Pension Plan Company			Firm's EIN ▶	00-9555000
Firm's address ▶ 12 Road, Nowhere, GA 30308			Phone no.	4043333333

Name of Filer: **The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust**Filer's identifying number: **00-9991000****Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972)****Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1		
2	Amount allowable as a deduction under section 404	2		
3	Subtract line 2 from line 1	3		
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4		
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year . .	5		
6	Subtract line 5 from line 4	6		
7	Amount of line 6 carried forward and deductible in this tax year . . .	7		
8	Subtract line 7 from line 6	8		
9	Tentative taxable excess contributions. Add lines 3 and 8	9		
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10		
11	Taxable excess contributions. Subtract line 10 from line 9	11		
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 ▶	12		

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3))**Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total amount contributed for current year less rollovers (see instructions)	1		
2	Amount excludable from gross income under section 403(b) (see instructions)	2		
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3		
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4		
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5		
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6		
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4 . .	7		
8	Taxable excess contributions. Add lines 3 and 7	8		
9	Multiply line 8 by 6%	9		
10	Enter the value of your account as of the last day of the year	10		
11	Multiply line 10 by 6%	11		
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2 . . ▶	12		

Name of Filer: **The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust**Filer's identifying number: **00-9991000****Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)****1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):**a** ☐ discrete**b** ☐ other than discrete (a lease or a loan)**2** Complete the table below to disclose the prohibited transactions and figure the initial tax (see instructions)

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a.....▶**4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement (see instructions) . . . ▶☐ **Yes** ☐ **No**

Filer's identifying number: **00-9991000**

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction (see instructions).

[illegible]

Schedule D. Tax on Failure to Meet Minimum Funding Standards (Section 4971(a)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans) (see instructions)	1	100,000	00
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a ▶	2	5000	00

Name of Filer: **The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust**Filer's identifying number: **00-9991000****Schedule E. Tax on Failure to Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year**

	(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total Add cols. a-d for line 3
1 Amount of shortfall	1				
2 Shortfall paid by the due date	2				
3 Net shortfall amount	3				
4 Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a.....▶				4	

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Section 4971(g)(3), 4971(g)(4)) Reported by the last day of the 7th month after the end of the employer's tax year or 8½ months after the last day of the plan year that ends within the filer's tax year

1 Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status . . . a	1		
Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . . b	1a		
Enter the amount of the accumulated funding deficiency	1b		
c Enter the greater of line 1a or line 1b, here and on Part I, line 10b.....▶	1c		
2 Section 4971(g)(4) tax on failure to adopt rehabilitation plan	2		
a Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a	5000	00
b Enter the number of days during the tax year which are included in the period beginning on the first day of the 240 day period and ending on the day the rehabilitation plan is adopted ▶ 30	2b		
c Multiply line 2b by \$1,100	2c	33000	00
d Enter the greater of line 2a or line 2c, here and on Part I, line 10c.....▶	2d	33000	00

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1 Did you make an election to be taxed under section 4977? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid ▶			
3 If line 1 is "Yes," enter the excess fringe benefits on this line (see instructions)	3		
4 Enter 30% of line 3 here and on Part I, line 11.....▶	4		

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1 Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions .	1		
2 Multiply line 1 by 10% and enter here and on Part I, line 13.....▶	2		

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1 Date reversion occurred ▶ MM____DD____YY ____			
2a Employer reversion amount_____ b Excise tax rate _____			
3 Multiply line 2a by line 2b and enter the amount here and on Part I, line 14.....▶	3		
4 Explain below why you qualify for a rate other than 50%:			

Schedule J. Tax on Failure to Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1 Enter the number of applicable individuals who were not provided ERISA section 204(h) notice ▶	1		
2 Enter the effective date of the amendment ▶ MM____DD____YY ____	2		
3 Enter the number of days in the noncompliance period ▶	3		
4 Enter the total number of failures to provide ERISA section 204(h) notice (see instructions) . .	4		
5 Multiply line 4 by \$100. Enter here and on Part I, line 15.....▶	5		
6 Provide a brief description of the failure, and of the correction, if any			

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1 Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to ▶	1		
2 Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16 ▶	2		