

TY 2026 5330 MeF ATS Scenario 5
EIN: 00-9991000
Filed by Multiemployer Plan Sponsor

Form Required: 5330

Attachment: Payment Record

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 – 01-01-2026

TaxPeriodEndDt – 12-31-2026

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

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SigningOfficerGrp

PersonFirtNm – Nicole

PersonLastNm – Cool

SSN – 555-00-5555

IRSResponsiblePrtyInfoCurrInd -- Y

binaryAttachmentCnt – 0

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).

Form **5330**
(Rev. December 2025)
Department of the Treasury
Internal Revenue Service

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)

OMB No. 1545-0575

Go to www.irs.gov/Form5330 for instructions and the latest information.

Filer tax year beginning January 1 , 2026 and ending December 31 , 2026	
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 Every Town	State or province GA
Country	ZIP or foreign postal code 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) 12/31/2026	
H If this is an amended return, check here ☐	
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: ☐ Sec. 664(g) ☐ 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 15th day of the 10th month after the last day of the plan year

8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a	5,000.00
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	33,000.00
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d	

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 10d or 11. Enter here and on Part II, line 17		12	38,000.00

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	
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Name of filer: **The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust** Filer's identifying number: **00-9991000**

Part I Taxes (continued)

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
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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
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Section F. Taxes 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

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
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Part II Tax Due

17	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	38,000.00
18	Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	0.00
19	Tax due. If the amount on line 17 is more than the amount on line 18, subtract line 18 from line 17. For details on how to pay, go to www.irs.gov/Payments or see the instructions	19	38,000.00
20a	Overpayment. If the amount on line 18 is more than the amount on line 17, subtract line 17 from line 18	20a	
b Routing number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		c Type: ☐ Checking ☐ Savings	
d Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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.		
	<div style="display: flex; justify-content: space-between;"> <div>Your signature _____</div> <div> (470) 888-6666 Telephone number _____ </div> <div>Date _____</div> </div>		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☒ 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. (404) 333-3333	

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 **3**

- 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**

DRAFT — DO NOT FILE

DRAFT — DO NOT FILE

Name of filer: **The Board of Trustees of the ABC Employees Union Local No. 01 Pension Trust** Filer's identifying number: **00-9991000****Schedule F Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4))**
Reported by the 15th day of the 10th month after the last day of the plan year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.		
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . .	1a	
b	Enter the amount of the accumulated funding deficiency	1b	
c	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b	1c	
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.		
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a	5,000.00
b	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted		30
c	Multiply line 2b by \$1,100	2c	33,000.00
d	Enter the greater of line 2a or line 2c here and on Part I, line 10c	2d	33,000.00

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? ☐ Yes ☐ 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 (20% or 50%): _____		
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 20% rather than a 50% excise tax rate:		

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: _____		
2	Enter the effective date of the amendment MM ____ DD ____ YY ____		
3	Enter the number of days in the noncompliance period: _____		
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: _____		
2	Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16	2	

Schedule L Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted		
2	Multiply line 1 by \$100. Enter the result here and on Part I, line 10d	2	

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Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-6666
Account Type	Checking
Payment Amount	\$38,000.00
Requested Payment Date	7/7/2027
Taxpayer Daytime Phone	(404) 333-3333