

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan C. EDWARD WINPIGLER & SONS, INC. PENSION PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) C. EDWARD WINPIGLER & SONS, INC. 300A EAST 4TH STREET FREDERICK, MD 21701		2b Employer Identification Number (EIN)	52-1064173
		2c Sponsor's telephone number	301-663-3641
		2d Business code (see instructions)	238290
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year.....		5a	22
b Total number of participants at the end of the plan year		5b	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	0
d(2) Total number of active participants at the end of the plan year.....		5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/05/2024	ADRIAN WINPIGLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets.....	1123593	0
b	Total plan liabilities.....		
c	Net plan assets (subtract line 7b from line 7a).....	1123593	0
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers.....		
	(2) Participants.....		
	(3) Others (including rollovers).....		
b	Other income (loss).....	-172697	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....		-172697
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	950896	
e	Certain deemed and/or corrective distributions (see instructions).....		
f	Administrative service providers (salaries, fees, commissions).....		
g	Other expenses.....		
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....		950896
i	Net income (loss) (subtract line 8h from line 8c).....		-1123593
j	Transfers to (from) the plan (see instructions).....		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
c	Was the plan covered by a fidelity bond?.....		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....		X	
f	Has the plan failed to provide any benefit when due under the plan?.....		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

ACCOUNT NUMBER

0005151082442

Truist

TODAY'S DATE

October 03, 2022

Account Closeout Receipt

C EDWARD WINPIGLER & SONS INC

PENSION TRUST

300 E 4TH ST

FREDERICK, MD 21701-6589

Transaction Description

Client Request - account closeout

Expected Processing Date

10/03/2022

Account Balance

\$0.62

+ Accrued Interest

\$0.00

- Early Closing Fee

\$0.00

- Pending Service Charges *(business accounts only)*

\$0.00

Debit Amount

\$0.62

Truist Representative DIEGO CORREA 71152

Branch 36004

Phone (000) 000-0000

- If you have drafts debited from this account, you must notify the company to stop the drafts, or provide them with another account number to debit.
- If you have direct deposits, you must notify the sender to discontinue the deposits to this account.
- If you have Truist Online Banking, and have no other eligible accounts, your Truist Online Banking account will be deleted. If you have online bill payments set up, they will be deleted and cannot be retrieved.
- Please destroy all blank checks and deposit slips you have for this account.
- Final account statement will be mailed to the mailing address on file for the account.

BRAD GOLDSMAN & ASSOCIATES
Pension Consulting And Actuarial Services
Employee Benefit Plans

2300 Computer Avenue, Suite H-45
Willow Grove, PA 19090

(215) 830-7339
FAX: (215) 830-0622

June 7, 2021

Brad Wexler, CPFA, QPFC, QPA, QKA
Benefits Consultants Group
51 Haddonfield Road, Suite 200
Cherry Hill, NJ 08002

Re: C. Edward Wirpighler And Sons, Inc. Pension Plan

Dear Brad:

Enclosed is PBGC Schedule EA-S.

Should you have any questions, please feel free to contact me.

Sincerely,



Brad Goldsman, MAAA, EA, MSPA, QPA, QKC
President

Enclosure



**Standard Termination
Certification of Sufficiency**

PBGC Schedule EA-S

(PBGC Form 500)
Approved OMB 1212-0038
Expires 1/30/2017

IDENTIFYING INFORMATION

1a Plan Name C. EDWARD WINPIGLER AND SONS, INC. PENSION PLAN	1b 9-digit employer identification number (EIN) 521064173
	1c 3-digit plan number (PN) 001

CODE SECTION 412(e)(3) PLANS

2 Is this plan a Code section 412(e)(3) plan?
 No: the Enrolled Actuary must complete Parts III and IV. Item 3 and Part V should not be completed.
 Yes: Item 3 and Part III must be completed. Depending upon who completes Part III, either Part IV or Part V must be completed and signed by the Plan Administrator or Enrolled Actuary as appropriate.

3a Enter name (full official name of record) and address of the insurer (Address should include room or suite no.)	3b Telephone Number
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PLAN SUFFICIENCY

4 Proposed distribution date	(MM/DD/YYYY) 10/01/2021
5 Is the value of plan assets projected to be sufficient as of the proposed distribution date to provide all plan benefits? If "No," the plan cannot terminate in a standard termination.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Estimated fair market value of plan assets as of the proposed distribution date	\$1,123,593.00
7 Estimated present value of plan benefits as of the proposed distribution date	\$1,123,593.00
8 Estimated total amount of residual assets	\$0.00
9 Estimated amount of residual assets to be distributed to the employer	\$0.00
10 Estimated amount of residual assets to be distributed to participants and beneficiaries	\$0.00
11 Has the plan ever required employee contributions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12 If the amount in item 9 is \$1 million or more and if any benefits are to be distributed other than through the purchase of annuity contracts, attach a statement showing interest rate/structure used to value the benefits.	

ENROLLED ACTUARY CERTIFICATION

I, the Enrolled Actuary, certify that: (1) I have reviewed all plan documents and plan and participant data, and applied all relevant provisions of ERISA and the Internal Revenue Code and regulations promulgated thereunder; (2) to the best of my knowledge and belief, this plan's assets equal or exceed the value of its plan benefits as of the proposed distribution date; and (3) to the best of my knowledge and belief, the information contained in this schedule is true, correct, and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. §1001.

Enrolled Actuary's company's name and address (Address should include room or suite no.) BRAD GOLDSMAN AND ASSOCIATES 2300 COMPUTER AVENUE, SUITE H-45 WILLOW GROVE, PA 19090	Enrolled Actuary's Name (Print or type) BRAD GOLDSMAN
	Enrollment Number 20-05018
	Telephone Number 215-830-7339
	E-mail address (optional)
<i>Br Goldman</i> Enrolled Actuary's signature	x 6/7/21 Date

PLAN ADMINISTRATOR CERTIFICATION FOR CODE SECTION 412(e)(3) PLANS

I, the Plan Administrator, certify that, to the best of my knowledge and belief: (1) this plan complies with section 412(e)(3) of the Internal Revenue Code and regulations promulgated thereunder; (2) I have reviewed all plan documents and plan and participant data, and applied all relevant provisions of ERISA and the Code and regulations promulgated thereunder; (3) this plan's assets equal or exceed the value of its plan benefits as of the proposed distribution date; and (4) the information contained in this schedule is true, correct and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. §1001.

Plan Administrator's signature	Date	Printed name and title of Plan Administrator
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