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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] 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
KEYSTONE CLIPPERS, LLC 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

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)
KEYSTONE CLIPPERS, LLC

20666 PERRY HIGHWAY
CRANBERRY TWP, PA 16066

2b Employer Identification Number (EIN) 20-3165614

2c Sponsor's telephone number 724-591-8883

2d Business code (see instructions) 812112

3a Plan administrator's name and address [X] 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**	115
b Total number of participants at the end of the plan year	**5b**	119
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	110
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	107
d(2) Total number of active participants at the end of the plan year	**5d(2)**	108
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	8

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.	05/06/2022	ALLISON GOETZ
	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.) [X] 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.) [X] 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 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	234469	530816
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	234469	530816
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	107584	
(2) Participants	8a(2)	183368	
(3) Others (including rollovers)	8a(3)	7423	
b Other income (loss)	8b	54916	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		353291
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	45767	
e Certain deemed and/or corrective distributions (see instructions)	8e	485	
f Administrative service providers (salaries, fees, commissions)	8f	10692	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		56944
i Net income (loss) (subtract line 8h from line 8c)	8i		296347
j Transfers to (from) the plan (see instructions)	8j		

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:
2A 2E 2F 2G 2J 2K 2T 3D 3H

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 During the plan year:		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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		75000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		854
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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	10i			

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? (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. ☐ Yes ☒ No

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**	
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)

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Keystone Clippers, LLC 401k Plan

01-JAN-21 to 31-DEC-21

16-JAN-22 13:56:07

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3GWAQ35	1,084.97	0.000000	9	(1,446.92)	0.000000	3	(1,446.92)	SERIES
4GWAQ35	0.00	0.000000	0	0.00	0.000000	24	0.00	SERIES
1RFDTX	935.90	56.042345	34	(23.11)	(1.384498)	8	(22.93)	SERIES
1RFFTX	6,469.90	330.631361	200	(210.84)	(10.896565)	54	(195.08)	SERIES
1RFGTX	2,103.46	99.688753	35	(23.20)	(1.109007)	6	(23.12)	SERIES
1RFHTX	10,947.65	520.367348	199	(242.87)	(11.611722)	78	(215.05)	SERIES
1RFITX	40,679.56	1,953.744981	752	(5,628.19)	(267.349015)	249	(4,959.81)	SERIES
1RFKTX	53,730.86	2,063.815211	1258	(13,382.66)	(506.362100)	416	(11,514.76)	SERIES
1RFUTX	71,201.18	4,084.962334	1658	(19,998.32)	(1,122.472673)	507	(17,355.10)	SERIES
1RFVTX	21,484.85	1,332.940934	712	(8,034.28)	(475.721138)	245	(6,983.24)	SERIES
1FZAEX	15,487.35	420.517892	1478	(2,658.88)	(70.291487)	834	(2,289.61)	SERIES
1FSPSX	19,006.41	386.897362	1510	(2,716.66)	(55.602003)	739	(2,489.41)	SERIES
1TROIX	21,253.59	1,621.218065	1349	(11,271.58)	(860.643497)	973	(10,324.69)	SERIES
1QUAZX	9,121.37	101.813734	1380	(4,007.87)	(43.648032)	941	(3,729.69)	SERIES
1FSSNX	1,096.51	38.591034	68	(440.64)	(16.633710)	64	(322.64)	SERIES
1JSVUX	7,403.90	227.521071	1789	(809.47)	(23.595262)	633	(667.22)	SERIES
1BMGKX	4,843.38	99.249785	619	(506.67)	(10.362705)	179	(512.09)	SERIES
1FSMDX	13,564.51	431.421819	1566	(4,817.05)	(154.409413)	932	(4,009.62)	SERIES
1MVCKX	10,400.64	331.585809	1412	(8,262.95)	(258.724322)	1055	(7,305.45)	SERIES
1FXAIX	31,509.73	210.090768	1628	(13,039.91)	(86.055375)	889	(10,694.65)	SERIES
1FIFRX	4,541.31	32.318761	471	(3,642.48)	(24.996053)	362	(3,452.85)	SERIES
1OIEJX	9,559.37	429.042041	2005	(6,262.31)	(269.824985)	888	(5,601.63)	SERIES
1RLBGX	4,246.90	127.306857	65	(488.96)	(15.983978)	52	(459.24)	SERIES
1FIHLX	800.88	80.263585	205	(716.10)	(72.364562)	108	(708.21)	SERIES
1FXNAX	8,011.50	662.272675	2085	(1,890.90)	(155.954780)	567	(1,917.24)	SERIES
1WAPSX	2,288.21	189.354491	446	(331.44)	(26.966029)	139	(330.82)	SERIES

LEGEND

INVESTMENT OPTION:

3GWAQ35	GWI Fixed Account - Series Class I	4GWAQ35	GWI Fixed Account - Series Class I
1RFDTX	American Funds 2025 Trgt Date Retire R6	1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6	1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6	1RFKTX	American Funds 2055 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6	1RFVTX	American Funds 2065 Trgt Date Retire R6
1FZAEX	Fidelity Advisor Focused Emerging Mrkt Z	1FSPSX	Fidelity International Index
1TROIX	T. Rowe Price Overseas Stock I	1QUAZX	AB Small Cap Growth Z
1FSSNX	Fidelity Small Cap Index	1JSVUX	JPMorgan Small Cap Value R6
1BMGKX	BlackRock Mid-Cap Growth Equity K	1FSMDX	Fidelity Mid Cap Index
1MVCKX	MFS Mid Cap Value R6	1FXAIX	Fidelity 500 Index
1FIFRX	Franklin Growth R6	1OIEJX	JPMorgan Equity Income R6
1RLBGX	American Funds American Balanced R6	1FIHLX	Federated Hermes Instl High Yield Bd R6
1FXNAX	Fidelity US Bond Index	1WAPSX	Western Asset Core Plus Bond IS

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Keystone Clippers, LLC 401k Plan

01-JAN-21 to 31-DEC-21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RFDTX			912.97	883.82
1RFFTX			10,312.65	10,896.83
1RFGTX			2,080.34	2,042.57
1RFHTX			18,534.04	20,600.66
1RFITX			99,902.70	112,633.12
1RFKTX			71,983.90	77,229.52
1RFUTX			88,035.55	94,431.12
1RFVTX			21,352.07	23,046.24
1FZAEX			19,986.25	19,497.75
1FSPSX			19,186.58	19,617.06
1TROIX			23,879.42	25,616.80
1QUAZX			9,184.85	9,191.48
1FSSNX			1,086.35	1,053.78
1JSVUX			8,840.94	8,908.92
1BMGKX			4,331.35	4,276.36
1FSMDX			13,775.87	14,732.63
1MVCKX			6,537.77	7,148.86
1FXAIX			39,265.22	47,306.47
1FIFRX			1,960.83	2,201.25
1OIEJX			8,037.53	9,197.02
1RLBGX			4,246.90	4,262.23
1FIHLX			527.26	530.22
1FXNAX			11,845.13	11,614.50
1WAPSX			3,550.07	3,481.18
			489,356.54	**530,400.39**
PARTICIPANT LOANS	VARIOUS	5.250-5.250	854.13	854.13
FORFEITURES			364.91	370.20

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 20-3165614