# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1993

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ALPIN HAUS SKI SHOP, INC.

1863 STATE HIGHWAY, 5S
AMSTERDAM, NY 12010-8175

**2b** Employer Identification Number (EIN)
14-1501133

**2c** Sponsor's telephone number
518-842-5900

**2d** Business code (see instructions)
441210

**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 accompanying schedules, statements and attachments, 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. | 10/05/2010 | CHRISTOPHER CARMICHAEL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/05/2010 | CHRISTOPHER CARMICHAEL |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

ALPIN HAUS SKI SHOP, INC.

1863 STATE HIGHWAY, 5S
AMSTERDAM, NY 12010-8175

**3b** Administrator's EIN
14-1501133

**3c** Administrator's telephone number
518-842-5900

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 162 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 105 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 32 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 137 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 137 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 108 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | X | 1 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | X | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
ALPIN HAUS SKI SHOP, INC.

**D** Employer Identification Number (EIN)
14-1501133

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 04-1590850 | 65935 | RM 82753-1 | 142 | 01/01/2009 | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 9069 | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN D DEMARIA
3 HALFMOON EXECUTIVE PARK DRIVE
CLIFTON PARK, NY 12065

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 9069 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2833424 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 666043 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 206651 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 21205 | | |
| | (4) Transferred from separate account | 7c(4) | 124499 | | |
| | (5) Other (specify below) | 7c(5) | 54316 | | |
| | ▶ LN INT, LN PRIN, LOAN DEFAULT, ROLLOVER, TRANS FORFS | | | | |
| | (6) Total additions | | | 7c(6) | 406671 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 1072714 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 24754 | | |
| | (2) Administration charge made by carrier | 7e(2) | 2884 | | |
| | (3) Transferred to separate account | 7e(3) | 248654 | | |
| | (4) Other (specify below) | 7e(4) | 348 | | |
| | ▶ LN DISTRIB | | | | |
| | (5) Total deductions | | | 7e(5) | 276640 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 796074 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ALPIN HAUS SKI SHOP, INC.

**D** Employer Identification Number (EIN)
14-1501133

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

MASSACHUSETTS MUTUAL LIFE INSURANCE

MASS MUTUAL FINANCIAL GROUP
SPRINGFIELD, MA 01111

04-1590850

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 52 | CONTRACT ADM INISTRATO | 13420 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INSURANCE | 52 | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MASSACHUSETTS MUTUAL - SEE ATTACHED<br>MASSMUTUAL FINANCIAL GROUP<br>SPRINGFIELD, MA 01111<br><br>04-1590850 | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALPIN HAUS SKI SHOP, INC.

**D** Employer Identification Number (EIN)
14-1501133

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG PREMIER MONEY MARKET

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-016 | P | 26191 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AH SELECT OVERSEAS

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-155 | P | 5644 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AI PREMIER INT L EQUITY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-017 | P | 69736 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AL SEL BLUE CHIP GR II

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-019 | P | 156438 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C2 REAL ESTATE

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-272 | P | 17801 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CM CCM CAP APPREC

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-409 | P | 18144 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DA AGGRESSIVE JOURNEY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-037 | P | 336086 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DC CONSERVATIVE JOURNEY | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-038 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 37873 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DE ULTRA AGGRESSIVE JOURNEY | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-039 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 238919 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DH PREMIER HIGH YIELD | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-274 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 74075 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DM MODERATE JOURNEY | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-040 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 237318 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DP ADV CAPITAL GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-402 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 200352 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FF PREMIER DISCOVERY VALUE | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-381 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 44186 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FJ DOW JONES TARGET TODAY | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-003 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2926 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HW GROWTH AMERICA | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-419 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 216525 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-IP SMALL CAP SELECT | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-434 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 188166 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-NT PREMIER ENH INDEX VALUE | | | |
| **b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE | | | |
| **c** EIN-PN 04-1590850-162 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 32202 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-01 EQUITY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-087 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44270 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-09 CHAMPION INCOME

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-095 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1432 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OD PREMIER GLOBAL

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-098 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279426 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-PV CULLEN VALUE

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-413 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73107 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RG MID CAP EQUITY INDEX

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSRUANCE

| **c** EIN-PN 04-1590850-467 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53160 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TG SMALL CAP EQUITY INDEX

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-439 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42862 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VA EQUITY & INCOME

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-430 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259730 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VB EUROPACIFIC GROWTH

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-276 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3275 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VE BALANCED

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-278 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 874 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WT MID CAP CORE EQUITY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-233 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60638 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WIZ TOTAL RETURN

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-193 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33160 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Y PREM INFLAT-PROT AND INCM

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-183 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78909 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ALPIN HAUS SKI SHOP, INC.

**D** Employer Identification Number (EIN)
14-1501133

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | |
| **(2)** Participant contributions | 1b(2) | 0 | 3576 |
| **(3)** Other | 1b(3) | | 205 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 30062 | 0 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 70973 | 71020 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 2194173 | 2833425 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 666043 | 796074 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2961251 | 3704300 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 221 | 384 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | 0 |
| **j** | Other liabilities | 1j | 18972 | 3184 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 19193 | 3568 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2942058 | 3700732 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 0 | |
| | **(B)** Participants | 2a(1)(B) | 212273 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 4415 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 216688 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 4 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5700 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5704 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 713292 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 935684 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 163590 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 163590 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 13420 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 13420 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 177010 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 758674 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: BOLLAM, SHEEDY & TORANI, CPA S **(2)** EIN: 14-1442607

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 400000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ALPIN HAUS SKI SHOP, INC.

**D** Employer Identification Number (EIN)
14-1501133

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-1590850

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BOLLAM, SHEEDY, TORANI & CO. LLP
Certified Public Accountants
26 Computer Drive West
Albany, New York 12205
(518) 459-6700

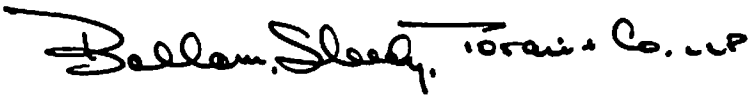
**INDEPENDENT AUDITOR'S REPORT**

Board of Trustees
Alpin Haus Ski Shop, Inc.
401(k) Profit Sharing Plan and Trust
Amsterdam, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Alpin Haus Ski Shop, Inc. 401(k) Profit Sharing Plan and Trust (Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, line 4i, schedule of assets held (at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements as of and for the years ended December 31, 2009 and 2008, and the supplemental schedule as of December 31, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Albany, New York
September 17, 2010

**RM 82753 - 1**

**5500 Schedule C Service Provider Information for the period of: 01/01/2009 - 12/31/2009**

*The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.*
*It is anticipated that information not furnished below can be supplied from your own records.*

## Part I Service Provider Information

**1. Information on Persons Receiving Only Eligible Indirect Compensation**

**a Check Yes or No to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures**

**Yes** **X No**

**b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed.**

**Name** **EIN**

---

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation**

**(a) Name and EIN or address of Service Provider**

**Name** **EIN**

| (b) Service Codes | (c)Relationship to employer, employee, organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter 0 | (e) Did Service Provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered Yes to element (f). If none enter -0- | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| Massachusetts Mutual Life Insurance Company | | | 041590850 | | | |
| 24 52 63 72 99 | Contract Administrator | 13420.08 | Y | Y | 0.00 | Y |

---

**3. Sources of Indirect Information**

**Name** **EIN**

| (b) Service Codes | (c) Enter Amount of Indirect Compensation |
|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 |
| 52 | 0.00 |

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**

Aggressive Journey 041590850 Basis points * plan assets

---

Massachusetts Mutual Life Insurance Company 041590850

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52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Conservative Journey 041590850 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Moderate Journey 041590850 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Ultra Aggressive Journey 041590850 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Adv Capital Growth (WlsFrgo) 202241880 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Balanced (American) 946050854 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
CCM Cap Apprec (Allianz) 330434037 Basis points * plan assets

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63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Champion Income (OFI) 133054122 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Cullen Value (Pioneer) 364356313 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Dow Jones Target 2015 (SSGA) 040025081 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Dow Jones Target 2025 (SSGA) 040025081 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Dow Jones Target 2035 (SSGA) 040025081 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Dow Jones Target 2045 (SSGA) 040025081 Basis points * plan assets

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63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Dow Jones Target Today (SSGA) 040025081 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Equity & Income (Oakmark) 043276558 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Equity (OFI) 846615607 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
EuroPacific Growth (American) 956810128 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Growth America (American) 520792143 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Mid Cap Core Equity (AIM) 946602729 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

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**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Mid Cap Equity Index (SSGA) 040025081 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Real Estate (OFI) 223849391 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Small Cap Equity Index (SSGA) 040025081 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Small Cap Select (First American) 391901483 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Total Return (PIMCO) 330239892 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Adv Capital Growth (WlsFrgo) 202241880 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**

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Balanced (American) 946050854 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
CCM Cap Apprec (Allianz) 330434037 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Champion Income (OFI) 133054122 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Cullen Value (Pioneer) 364356313 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Equity & Income (Oakmark) 043276558 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Equity (OFI) 846615607 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
EuroPacific Growth (American) 956810128 Basis points * plan assets

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| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | |
| 72 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | **(e) Describe the indirect compensation including any formula...** | |
| Growth America (American) 520792143 | Basis points * plan assets | |
| Massachusetts Mutual Life Insurance Company | 041590850 | |
| 72 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | **(e) Describe the indirect compensation including any formula...** | |
| Mid Cap Core Equity (AIM) 946602729 | Basis points * plan assets | |
| Massachusetts Mutual Life Insurance Company | 041590850 | |
| 72 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | **(e) Describe the indirect compensation including any formula...** | |
| Prem Inflat-Prot and Incm (Babson) 030532475 | Basis points * plan assets | |
| Massachusetts Mutual Life Insurance Company | 041590850 | |
| 72 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | **(e) Describe the indirect compensation including any formula...** | |
| Premier Discovery Value (OFI Inst) 020754270 | Basis points * plan assets | |
| Massachusetts Mutual Life Insurance Company | 041590850 | |
| 72 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | **(e) Describe the indirect compensation including any formula...** | |
| Premier Enh Index Value (Babson) 043539083 | Basis points * plan assets | |
| Massachusetts Mutual Life Insurance Company | 041590850 | |
| 72 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | **(e) Describe the indirect compensation including any formula...** | |
| Premier Global (OFI) 510529334 | Basis points * plan assets | |

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Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Premier High Yield (Babson) 043520009 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Premier Int'l Equity (OFI Inst) 043212044 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Real Estate (OFI) 223849391 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Sel Blue Chip Gr II (T.Rowe Price) 043556992 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Select Overseas (MFS/Harris/AllBer) 043557000 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Small Cap Select (First American) 391901483 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

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72 0.00

**(d) Name and EIN of source of indirect compensation**
Total Return (PIMCO) 330239892

**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

99 0.00

**(d) Name and EIN of source of indirect compensation**
Champion Income (OFI) 133054122

**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

99 0.00

**(d) Name and EIN of source of indirect compensation**
Equity (OFI) 846615607

**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

99 0.00

**(d) Name and EIN of source of indirect compensation**
Real Estate (OFI) 223849391

**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

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| A Name of Plan | B Three-digit plan Number |
|---|---|
| **Alpin Haus Ski Shop, Inc. 401(k) Profit Sharing Plan and Trust** | **001** |
| **C Plan sponsor's name as shown on line 2a of Form 5500** | **D Employer Identification Number** |
| **Alpin Haus Ski Shop, Inc.** | **141501133** |

# Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name | Service Provider EIN | Service Provider Address | Formula / EIC Statement |
|---|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | | AIM received estimated Other Fees of 37 basis points * plan assets with respect to Mid Cap Core Equity (AIM) (SIA-WT). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | Allianz Global Investors received estimated Other Fees of 18 basis points * plan assets with respect to Total Return (PIMCO) (SIA-WZ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | Allianz Global Investors received estimated Other Fees of 2 basis points * plan assets with respect to CCM Cap Apprec (Allianz) (SIA-CM). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | American Funds received estimated Other Fees of 16 basis points * plan assets with respect to Balanced (American) (SIA-VE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | American Funds received estimated Other Fees of 18 basis points * plan assets with respect to EuroPacific Growth (American) (SIA-VB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | American Funds received estimated Other Fees of 21 basis points * plan assets with respect to Growth America (American) (SIA-HW). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | First American received estimated Other Fees of 32 basis points * plan assets with respect to Small Cap Select (First American) (SIA-IP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Adv Capital Growth (WlsFrgo) separate account (SIA-DP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Balanced (American) separate account (SIA-VE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the CCM Cap Apprec (Allianz) separate account (SIA-CM). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Champion Income (OFI) separate account (SIA-O9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Equity (OFI) separate account (SIA-O1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Core Equity (AIM) separate account (SIA-WT). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Discovery Value |

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| | | |
|---|---|---|
| | | (OFI Inst) separate account (SIA-FF). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-AI). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Real Estate (OFI) separate account (SIA-C2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel Blue Chip Gr II (T.Rowe Price) separate account (SIA-AL). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Small Cap Select (First American) separate account (SIA-IP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Total Return (PIMCO) separate account (SIA-WZ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual. |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Adv Capital Growth (WlsFrgo) separate account (SIA-DP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Balanced (American) separate account (SIA-VE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the CCM Cap Apprec (Allianz) separate account (SIA-CM). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Champion Income (OFI) separate account (SIA-O9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Cullen Value (Pioneer) separate account (SIA-PV). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Dow Jones Target 2015 (SSGA) separate account (SIA-HJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Dow Jones Target 2025 (SSGA) separate account (SIA-JJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Dow Jones Target 2035 (SSGA) separate account (SIA-MJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Dow Jones Target 2045 (SSGA) separate account (SIA-SJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Dow Jones Target |

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| | | |
|---|---|---|
| | | Today (SSGA) separate account (SIA-FJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Equity & Income (Oakmark) separate account (SIA-VA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Equity (OFI) separate account (SIA-O1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Core Equity (AIM) separate account (SIA-WT). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Equity Index (SSGA) separate account (SIA-RG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Discovery Value (OFI Inst) separate account (SIA-FF). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Enh Index Value (Babson) separate account (SIA-NT). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Global (OFI) separate account (SIA-OD). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-DH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-AI). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Real Estate (OFI) separate account (SIA-C2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel Blue Chip Gr II (T.Rowe Price) separate account (SIA-AL). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Small Cap Equity Index (SSGA) separate account (SIA-TG). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees |

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| | | |
|---|---|---|
| Company | | received by MassMutual with respect to the mutual fund underlying the Small Cap Select (First American) separate account (SIA-IP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Total Return (PIMCO) separate account (SIA-WZ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 13 basis points * plan assets with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-AH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 16 basis points * plan assets with respect to the mutual fund underlying the Premier Enh Index Value (Babson) separate account (SIA-NT). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 19 basis points * plan assets with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-DH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 20 basis points * plan assets with respect to the mutual fund underlying the Premier Discovery Value (OFI Inst) separate account (SIA-FF). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 26 basis points * plan assets with respect to the mutual fund underlying the Premier Global (OFI) separate account (SIA-OD). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-AI). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 41 basis points * plan assets with respect to the mutual fund underlying the Sel Blue Chip Gr II (T.Rowe Price) separate account (SIA-AL). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Management Fees of 101 basis points * plan assets with respect to the Moderate Journey separate account (SIA-DM). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Management Fees of 107 basis points * plan assets with respect to the Aggressive Journey separate account (SIA-DA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Management Fees of 109 basis points * plan assets with respect to the Ultra Aggressive Journey separate account (SIA-DE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Management Fees of 92 basis points * plan assets with respect to the Conservative Journey separate account (SIA-DC). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the Balanced (American) separate account (SIA-VE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Total Return (PIMCO) separate account (SIA-WZ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 20 basis points * plan assets with respect to the mutual fund underlying the Adv Capital Growth (WlsFrgo) separate account (SIA-DP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 20 basis points * plan assets with respect to the mutual fund underlying the CCM Cap Apprec (Allianz) separate account (SIA-CM). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 20 basis points * plan assets with respect to the mutual fund underlying the Cullen Value (Pioneer) separate account (SIA-PV). |

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| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to the mutual fund underlying the Champion Income (OFI) separate account (SIA-O9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to the mutual fund underlying the Equity (OFI) separate account (SIA-O1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to the mutual fund underlying the Real Estate (OFI) separate account (SIA-C2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to the mutual fund underlying the Equity & Income (Oakmark) separate account (SIA-VA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to the mutual fund underlying the Mid Cap Core Equity (AIM) separate account (SIA-WT). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to the mutual fund underlying the Small Cap Select (First American) separate account (SIA-IP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to the mutual fund underlying the Dow Jones Target 2015 (SSGA) separate account (SIA-HJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to the mutual fund underlying the Dow Jones Target 2025 (SSGA) separate account (SIA-JJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to the mutual fund underlying the Dow Jones Target 2035 (SSGA) separate account (SIA-MJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to the mutual fund underlying the Dow Jones Target 2045 (SSGA) separate account (SIA-SJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 50 basis points * plan assets with respect to the mutual fund underlying the Dow Jones Target Today (SSGA) separate account (SIA-FJ). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 52 basis points * plan assets with respect to the mutual fund underlying the Mid Cap Equity Index (SSGA) separate account (SIA-RG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 52 basis points * plan assets with respect to the mutual fund underlying the Small Cap Equity Index (SSGA) separate account (SIA-TG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Champion Income (OFI) separate account (SIA-O9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Equity (OFI) separate account (SIA-O1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Real Estate (OFI) separate account (SIA-C2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Oakmark received estimated Other Fees of 12 basis points * plan assets with respect to Equity & Income (Oakmark) (SIA-VA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Oppenheimer received estimated Other Fees of 18 basis points * plan assets with respect to Equity (OFI) (SIA-O1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Oppenheimer received estimated Other Fees of 45 basis points * plan assets with respect to Champion Income (OFI) (SIA-O9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Oppenheimer received estimated Other Fees of 52 basis points * plan assets with respect to Real Estate (OFI) (SIA-C2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Pioneer received estimated Other Fees of 13 basis points * plan assets with respect to Cullen Value (Pioneer) (SIA-PV). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Wells Fargo received estimated Other Fees of 77 basis points * plan assets with respect to Adv Capital Growth (WlsFrgo) (SIA-DP). |

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**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS**
**and**
**INDEPENDENT AUDITOR'S REPORT**

**December 31, 2009 and 2008**

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS**
**and**
**INDEPENDENT AUDITOR'S REPORT**

**December 31, 2009 and 2008**

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BOLLAM, SHEEDY, TORANI & CO. LLP
Certified Public Accountants
26 Computer Drive West
Albany, New York 12205
(518) 459-6700

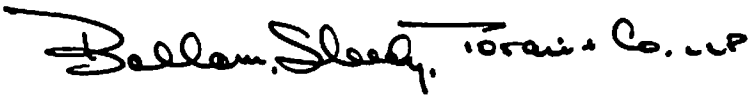
**INDEPENDENT AUDITOR'S REPORT**

Board of Trustees
Alpin Haus Ski Shop, Inc.
401(k) Profit Sharing Plan and Trust
Amsterdam, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Alpin Haus Ski Shop, Inc. 401(k) Profit Sharing Plan and Trust (Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, line 4i, schedule of assets held (at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements as of and for the years ended December 31, 2009 and 2008, and the supplemental schedule as of December 31, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Albany, New York
September 17, 2010

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| | December 31, | |
|---|---|---|
| | **2009** | **2008** |
| **ASSETS** | | |
| Investments, at fair value | 3,665,658 | 2,853,344 |
| Participant notes | 71,020 | 70,973 |
| | 3,736,678 | 2,924,317 |
| **RECEIVABLES** | | |
| Participant contributions | 3,576 | - |
| Other | 205 | - |
| | 3,781 | - |
| Total assets | 3,740,459 | 2,924,317 |
| **LIABILITIES** | | |
| Excess deferral refunds payable and other liabilities | 3,568 | 19,193 |
| **NET ASSETS AVAILABLE FOR BENEFITS, at fair value** | **3,736,891** | **2,905,124** |
| Adjustments from fair value to contract value for fully benefit responsive investment contracts | (36,159) | 36,934 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 3,700,732** | **$ 2,942,058** |

See Independent Auditor's Report and accompanying Notes to Financial Statements.

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

| | Years Ended December 31, | |
|---|---|---|
| | **2009** | **2008** |
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | | |
| Investment income | | |
| Net appreciation in fair value of investments | $ 713,292 | $ - |
| Interest | 5,704 | 7,313 |
| | 718,996 | 7,313 |
| Contributions | | |
| Employer | - | 41,714 |
| Participants | 212,273 | 352,375 |
| Rollover | 4,415 | 9,125 |
| | 216,688 | 403,214 |
| Total additions | 935,684 | 410,527 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits paid to participants | 163,590 | 189,315 |
| Net depreciation in fair value of investments | - | 1,199,857 |
| Administrative fees | 13,420 | 15,594 |
| Total deductions | 177,010 | 1,404,766 |
| **Net increase (decrease) in net assets available for benefits** | **758,674** | **(994,239)** |
| **NET ASSETS AVAILABLE FOR BENEFITS,** *beginning of year* | 2,942,058 | 3,936,297 |
| **NET ASSETS AVAILABLE FOR BENEFITS,** *end of year* | **$ 3,700,732** | **$ 2,942,058** |

See Independent Auditor's Report and accompanying Notes to Financial Statements.

## NOTE 1 - DESCRIPTION OF PLAN

The Alpin Haus Ski Shop, Inc. 401(k) Profit Sharing Plan and Trust was established on March 1, 1993. The following description of the Alpin Haus Ski Shop, Inc. (Company) 401(k) Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

*a. General*

The Plan is a defined contribution profit sharing plan covering all eligible employees of the Company. The Plan is drafted on a standardized prototype document and includes a 401(k) provision. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*b. Contributions*

Each year, participants may contribute a percentage of their annual wages on a pre-tax basis to the Plan. Contributions are subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). The maximum participant deferral for the Plan years ended December 31, 2009 and 2008, was $16,500 and $15,500, respectively. Participants age 50 and over are also permitted to make additional "catch-up" contributions as defined by the Economic Growth and Tax Relief Act of 2001 (EGTRRA). The Company may make a matching contribution equal to a discretionary percentage of the employee's elective deferral to the extent the deferral does not exceed 6% of the participant's total compensation. The discretionary matching contribution percentage was 20% for both 2009 and 2008. Matching contributions totaled $-0- and $41,714 for the years ended December 31, 2009 and 2008, respectively. The Company chose to temporarily suspend matching contributions as of December 1, 2008. There is no anticipated date for these discretionary matching contributions to be resumed. The Company may also make a discretionary profit sharing contribution at the option of its Board of Directors. There were no discretionary profit sharing contributions made for the years ended December 31, 2009 and 2008. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of contributions into various investment options offered by the Plan.

*c. Plan Eligibility*

Employees are eligible to enter the Plan after they have attained the age of 21 and have completed one year of service. One year of service is defined as being credited with 1,000 hours of service in a consecutive twelve-month period. Entry dates of the Plan are January 1 and July 1. Participants who are actively employed at the end of the Plan year will share in the employer's matching and profit sharing contributions regardless of the service completed during the Plan year. Participants who left employment prior to year-end must complete more than 500 hours of service to share in the employer's profit sharing contributions. Participants who are not actively employed at the end of the year due to death, total and permanent disability, or early or normal retirement may share in the employer's matching and profit sharing contributions.

*d. Participant Accounts*

Each participant's account is credited with the participant's contributions, the Company's match of those contributions, plus earnings and losses thereon, and the participant's allocable share, if any, of (a) the Company's discretionary profit sharing contribution and (b) forfeitures of the nonvested portion of terminated participants' accounts. Allocations of the Company's discretionary profit sharing contributions and forfeitures are based on a formula which takes into account the participant's gross compensation for the allocation period. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**NOTE 1 - DESCRIPTION OF PLAN - Continued**

*e. Vesting*

Participants are immediately vested in their contributions and rollovers plus actual earnings thereon. Vesting in the Company's matching and discretionary contributions is subject to a graduated vesting schedule. A participant shall have a vested and nonforfeitable interest in his or her account determined by the number of years of service as follows:

| Years of Service | Vesting % |
|---|---|
| Less than 2 | 0 |
| 2 | 20 |
| 3 | 40 |
| 4 | 60 |
| 5 | 80 |
| 6 | 100 |

*f. Participant Notes Receivable*

Participants may borrow up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or a reasonable number of years determined by the Plan Administrator for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The Plan interest rates for loans during the years ended December 31, 2009 and 2008, range from 5.25% to 10.25%. Principal and interest are paid ratably through weekly payroll deductions.

*g. Payment of Benefits*

Upon termination of service due to death, disability, attainment of normal retirement age, or termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment.

*h. Forfeited Accounts*

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures may be used to reduce Company contributions. During the years ended December 31, 2009 and 2008, the Company used $-0- and $1,977, respectively, of forfeitures to reduce Company contributions. As of December 31, 2009 and 2008, the Plan has forfeitures of $2,861 and $3,748, respectively, to reduce future Company contributions.

*i. Administrative Expenses*

Certain Plan fees and expenses are paid from Plan assets. These fees totaled $13,420 and $15,594 for the years ended December 31, 2009 and 2008, respectively. In addition, certain other administrative expenses of the Plan are paid directly by the Company. Administrative expenses paid by the Company were $18,150 and $10,908 for the years ended December 31, 2009 and 2008, respectively.

*j. Excess Deferrals*

During 2010, the Plan will refund excess 2009 contributions totaling $3,568 plus any related investment earnings. Excess contributions from the 2008 Plan year, totaling $19,193 were refunded during 2009. These amounts are recorded as a liability on the statement of net assets available for benefits at December 31, 2009 and 2008.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

*a. Basis of Accounting*

The accompanying financial statements have been prepared under the accrual method of accounting.

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP), management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*b. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC)*

On December 31, 2009, the Plan adopted the FASB ASC. The ASC is an aggregation of previously issued authoritative GAAP in one comprehensive set of guidance organized by subject area. In accordance with the ASC, references to previously issued accounting standards have been replaced by ASC references. Subsequent revisions to GAAP will be incorporated into the ASC through Accounting Standards Updates.

*c. Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is defined as an exchange price that would be received for an asset or paid to transfer a liability (an "exit" price) in the principal or most advantageous market for the asset or liability between market participants on the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

*d. Payment of Benefits*

Benefits are recorded when paid.

*e. Risks and Uncertainties*

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

*f. Subsequent Events*

On December 31, 2009, the Plan adopted ASC 855, *Subsequent Events*, which establishes general standards of accounting for, and disclosure of, events that occur after the date of the financial statements but before the financial statements are issued or are available to be issued. ASC 855 requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. In preparing the financial statements and notes thereto, the Plan has considered subsequent events through September 17, 2010, the date the financial statements were available to be issued.

*g. Reclassifications*

Certain 2008 amounts have been reclassified to conform to 2009 presentation.

## NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

For the years ended December 31, 2009 and 2008, the Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan, as complete and accurate, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule of assets held for investment purposes.

| | 2009 | 2008 |
|---|---|---|
| Assets, at fair value | | |
| Investments | $ 3,665,658 | $ 2,853,344 |
| Participant notes | 71,020 | 70,973 |
| Adjustment from fair value to contract value | (36,159) | 36,934 |
| Investment income | | |
| Interest | 5,704 | 7,313 |
| Net appreciation (depreciation) in fair value of investments | 713,292 | (1,199,857) |

## NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENT

The following table presents investments that represent five percent or more of the Plan's net assets:

| | 2009 | 2008 |
|---|---|---|
| Moderate Journey Fund | $ 237,318 | $ - |
| Aggressive Journey Fund | 336,086 | 273,267 |
| Ultra Aggressive Journey Fund | 238,919 | 198,313 |
| Oakmark Equity & Income Fund | 259,730 | 243,375 |
| Select Growth Equity Fund | 216,525 | 151,531 |
| Small Cap Select Fund | 188,166 | - |
| Premier Global Fund | 279,426 | 226,273 |
| Wells Fargo Advantage Capital Growth Fund | 200,352 | 181,001 |
| Guaranteed investment contract with Massachusetts Mutual Life Insurance Company, at contract value | 832,233 | 629,108 |

**NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENT - Continued**

The Plan's investments appreciated (depreciated) as follows:

| | Years Ended December 31, | |
|---|---|---|
| | 2009 | 2008 |
| Pooled separate accounts | $ 692,087 | $ (1,216,003) |
| Investment contract | 21,205 | 16,146 |
| | $ 713,292 | $ (1,199,857) |

GAAP provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following three levels of inputs may be used to measure fair value:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability, and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2009.

Cash, held for investment: The carrying amounts of cash approximate fair value because of the short maturity of these instruments.

Pooled separate accounts: Valued at the net asset value ("NAV") of shares held by the plan at year-end.

Participant notes receivable: Valued at amortized cost, which approximates fair value.

Investment contract: Valued at fair value by MassMutual Retirement Services, the issuer of this contract, based on the estimated liquidation value determined within contract specifications based on the Lehman (Barclay's Capital) Index.

**NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENT - Continued**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value:

| | December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments, at fair value | | | | |
| Pooled Separate Accounts | | | | |
| Balanced Funds | $ 1,170,564 | $ - | $ - | $ 1,170,564 |
| Domestic Equities Growth Funds | 919,916 | - | - | 919,916 |
| Domestic Equities Value Funds | 149,495 | - | - | 149,495 |
| International/Global Funds | 358,081 | - | - | 358,081 |
| Bond Funds | 107,235 | - | - | 107,235 |
| Other | 101,943 | - | - | 101,943 |
| Investment Contract | - | - | 832,233 | 832,233 |
| | 2,807,234 | - | 832,233 | 3,639,467 |
| Cash held for investment | 26,191 | - | - | 26,191 |
| Participant notes receivable | - | - | 71,020 | 71,020 |
| Total | $ 2,833,425 | $ - | $ 903,253 | $ 3,736,678 |

| | December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments, at fair value | | | | |
| Pooled Separate Accounts | | | | |
| Balanced Funds | $ 888,359 | $ - | $ - | $ 888,359 |
| Domestic Equities Growth Funds | 741,068 | - | - | 741,068 |
| Domestic Equities Value Funds | 118,536 | - | - | 118,536 |
| International/Global Funds | 301,462 | - | - | 301,462 |
| Bond Funds | 58,493 | | | 58,493 |
| Other | 86,256 | - | - | 86,256 |
| Investment Contract | - | - | 629,108 | 629,108 |
| | 2,194,174 | - | 629,108 | 2,823,282 |
| Cash held for investment | 30,062 | - | - | 30,062 |
| Participant notes receivable | - | - | 70,973 | 70,973 |
| Total | $ 2,224,236 | $ - | $ 700,081 | $ 2,924,317 |

## NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENT - Continued

The following sets forth a summary of changes in the fair value of the Plan's unobservable (Level 3) assets measured for the year ended December 31, 2009:

| | Investment Contract | Participant Notes Receivable | Total |
|---|---|---|---|
| Balance, beginning of year | $ 629,108 | $ 70,973 | $ 700,081 |
| Interest and dividends | 22,015 | 5,700 | 27,715 |
| Purchases, sales, issuances, and settlements, net | 181,110 | (5,653) | 175,457 |
| Balance, end of year | $ 832,233 | $ 71,020 | $ 903,253 |

## NOTE 5 - INVESTMENT CONTRACT

The Plan has entered into a benefit-responsive investment contract with MassMutual Retirement Services. MassMutual Retirement Services maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Massachusetts Mutual Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008, was $832,233 and $629,108, respectively. The crediting interest rates are based on a formula agreed upon with the issuer. Such interest rates are viewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

| Average Yields | December 31, 2009 | December 31, 2008 |
|---|---|---|
| Based on actual earnings | 2.90% | 3.08% |
| Based on interest rate credited to participants | 2.90% | 3.08% |

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event the Plan terminates, participants will become 100% vested in their accounts, and the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

## NOTE 7 - TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself; however, the Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## NOTE 8 - ADMINISTRATION OF PLAN ASSETS

The Plan assets are held by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan.

Company contributions, participant elective deferrals, and participant accounts are held and administered by the Custodian, who invests cash received in accordance with participant instructions and makes distributions to participants.

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation for such functions from the Plan.

## NOTE 9 - RELATED PARTY TRANSACTIONS

The Company contributed $-0- and $41,714 to the Plan for the years ended December 31, 2009 and 2008, respectively. In addition, the Company paid for certain administrative expenses on behalf of the Plan. Administrative expenses totaled $18,150 and $10,908 for the years ended December 31, 2009 and 2008, respectively.

In addition, all of the pooled separate accounts offered as investment options are managed by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan.

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS**
**SCHEDULE H**
**December 31, 2009**

**LINE 4i - SCHEDULE OF ASSETS HELD (AT END OF YEAR)**

The following schedule presents the fair value of investments at December 31, 2009:

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (e) 2009 Fair Value |
|---|---|---|---|
| | Massachusetts Mutual Life Insurance Company and Its Affiliate - Oppenheimer Funds | | |
| | * Guaranteed | General Account | $ 832,233 |
| | * Conservative Journey Fund | Pooled Separate Account | 37,873 |
| | * Moderate Journey Fund | Pooled Separate Account | 237,318 |
| | * Aggressive Journey Fund | Pooled Separate Account | 336,086 |
| | * Ultra Aggressive Journey Fund | Pooled Separate Account | 238,919 |
| | * Premier International Equity Fund | Pooled Separate Account | 69,736 |
| | Select Growth Equity Fund | Pooled Separate Account | 156,438 |
| | AIM Mid Cap Core Equity | Pooled Separate Account | 60,638 |
| | Premier High Yield | Pooled Separate Account | 74,075 |
| | Premier Inflation-Protected Bond | Pooled Separate Account | 78,909 |
| | Oppenheimer Champion Income Fund | Pooled Separate Account | 1,432 |
| | Oakmark Equity & Income Fund | Pooled Separate Account | 259,730 |
| | Premier Enhanced Index Value Fund | Pooled Separate Account | 32,202 |
| | Pioneer Cullen Value Fund | Pooled Separate Account | 73,107 |
| | Oppenheimer Equity Fund | Pooled Separate Account | 44,270 |
| | Select Growth Equity Fund | Pooled Separate Account | 216,525 |
| | Allianz CCM Capital Appreciation Fund | Pooled Separate Account | 18,144 |
| | Mid Cap Equity Index Fund | Pooled Separate Account | 53,160 |
| | Small Cap Equity Index Fund | Pooled Separate Account | 42,862 |
| | Premier Discovery Value Fund | Pooled Separate Account | 44,186 |
| | Real Estate Fund | Pooled Separate Account | 17,801 |
| | EuroPacific Growth Fund | Pooled Separate Account | 3,275 |
| | Total Return Fund | Pooled Separate Account | 33,160 |
| | Small Cap Select Fund | Pooled Separate Account | 188,166 |
| | Premier Global Fund | Pooled Separate Account | 279,426 |
| | Wells Fargo Advantage Capital Growth Fund | Pooled Separate Account | 200,352 |
| | Balanced Fund | Pooled Separate Account | 874 |
| | Dow Jones Target Today Fund | Pooled Separate Account | 2,926 |
| | Select Overseas Fund | Pooled Separate Account | 5,644 |
| | Premier Money Market Fund | Pooled Separate Account | 26,191 |
| | | | 3,665,658 |
| | * Participant notes receivable (1) | 5.25% - 10.25% | 71,020 |
| | | | $ 3,736,678 |

See Independent Auditor's Report.

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS**
**SCHEDULE H**
**December 31, 2009**

**LINE 4i - SCHEDULE OF ASSETS HELD (AT END OF YEAR) - Continued**

(1) These notes are solely secured by the participant account balances in the Plan.

* A party-in-interest to the Plan as defined by ERISA.

As permitted by ERISA, Column (d) cost information may be omitted with respect to participant directed investments.

See Independent Auditor's Report.

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS**
**SCHEDULE H**
**December 31, 2009**

**LINE 4i - SCHEDULE OF ASSETS HELD (AT END OF YEAR)**

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| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (e) 2009 Fair Value |
|---|---|---|---|
| | Massachusetts Mutual Life Insurance Company and Its Affiliate - Oppenheimer Funds | | |
| | * Guaranteed | General Account | $ 832,233 |
| | * Conservative Journey Fund | Pooled Separate Account | 37,873 |
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| | * Aggressive Journey Fund | Pooled Separate Account | 336,086 |
| | * Ultra Aggressive Journey Fund | Pooled Separate Account | 238,919 |
| | * Premier International Equity Fund | Pooled Separate Account | 69,736 |
| | Select Growth Equity Fund | Pooled Separate Account | 156,438 |
| | AIM Mid Cap Core Equity | Pooled Separate Account | 60,638 |
| | Premier High Yield | Pooled Separate Account | 74,075 |
| | Premier Inflation-Protected Bond | Pooled Separate Account | 78,909 |
| | Oppenheimer Champion Income Fund | Pooled Separate Account | 1,432 |
| | Oakmark Equity & Income Fund | Pooled Separate Account | 259,730 |
| | Premier Enhanced Index Value Fund | Pooled Separate Account | 32,202 |
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| | Real Estate Fund | Pooled Separate Account | 17,801 |
| | EuroPacific Growth Fund | Pooled Separate Account | 3,275 |
| | Total Return Fund | Pooled Separate Account | 33,160 |
| | Small Cap Select Fund | Pooled Separate Account | 188,166 |
| | Premier Global Fund | Pooled Separate Account | 279,426 |
| | Wells Fargo Advantage Capital Growth Fund | Pooled Separate Account | 200,352 |
| | Balanced Fund | Pooled Separate Account | 874 |
| | Dow Jones Target Today Fund | Pooled Separate Account | 2,926 |
| | Select Overseas Fund | Pooled Separate Account | 5,644 |
| | Premier Money Market Fund | Pooled Separate Account | 26,191 |
| | | | 3,665,658 |
| | * Participant notes receivable (1) | 5.25% - 10.25% | 71,020 |
| | | | $ 3,736,678 |

See Independent Auditor's Report.

**ALPIN HAUS SKI SHOP, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

**SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS**
**SCHEDULE H**
**December 31, 2009**

**LINE 4i - SCHEDULE OF ASSETS HELD (AT END OF YEAR) - Continued**

(1) These notes are solely secured by the participant account balances in the Plan.

* A party-in-interest to the Plan as defined by ERISA.

As permitted by ERISA, Column (d) cost information may be omitted with respect to participant directed investments.

See Independent Auditor's Report.