# 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 6057(b) 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

**2020**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

**C** 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ALPIN HAUS SKI SHOP, INC.

1863 STATE HIGHWAY 5S
P.O. BOX 859
AMSTERDAM, NY 12010

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

**2c** Plan 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. | 10/14/2021 | CHRISTOPHER CARMICHAEL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2021 | 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 [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 178 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 160 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 216 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 11 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 228 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 228 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 87 |
| **h** Number of participants who 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 Characteristics Codes in the instructions:

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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) |

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# 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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 INS CO

| **(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 | 87 | 01/01/2021 | 12/31/2021 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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 |
|---|---|
| 9481 | 0 |

**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
24 CENTURY HILL DR
STE 105
LATHAM, NY 12110

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 8625 | 0 | | 3 |

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

CODY LAPAGE
227 WASHINGTON ST
#101
SARATOGA SPRINGS, NY 12866

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 856 | 0 | | 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 | |
| | | | |

## 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 | 6545980 |

**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

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 962908 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 514883 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 46315 | | |
| | (4) Transferred from separate account | 7c(4) | 1391875 | | |
| | (5) Other (specify below) | 7c(5) | 58453 | | |
| | ▶ LN INT, LN PRIN, LOAN | | | | |
| | (6) Total additions | | | 7c(6) | 2011526 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 2974434 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 36735 | | |
| | (2) Administration charge made by carrier | 7e(2) | 84 | | |
| | (3) Transferred to separate account | 7e(3) | 542937 | | |
| | (4) Other (specify below) | 7e(4) | 3793 | | |
| | ▶ LN DISTRIB | | | | |
| | (5) Total deductions | | | 7e(5) | 583549 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 2390885 |

## 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 organizations(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 line **9c(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, line 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.** | **2020**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| ALPIN HAUS SKI SHOP, INC. 401(K) PROFIT SHARING PLAN | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| ALPIN HAUS SKI SHOP, INC. | 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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**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)

JOHN D DEMARIA

24 CENTURY HILL DR
LATHAM, NY 12110

| (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? |
|---|---|---|---|---|---|---|
| 53 | SHAREHOLDER SERVICE PROV | 0 | Yes [ ] No [X] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

CODY LAPAGE

628 MAPLE AVENUE
SARATOGA SPRINGS, NY 12866

| (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? |
|---|---|---|---|---|---|---|
| 53 | SHAREHOLDER SERVICE PROV | 0 | Yes [ ] No [X] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

MASSACHUSETTS MUTUAL LIFE INS CO

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 60 62 63 64 68 72 | CONTRACT ADMINISTRATOR | 1063 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

**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)

| **(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 INS CO | 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><br>04-1590850 | SEE ATTACHED |

| **(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)**<br>(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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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-AO (MM SEL T. ROWE PRICE RET 20

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

| **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) |
|---|---|---|
| 90-0779283-000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG (PREM US GOVT MONEY MRKT)

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

| **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) |
|---|---|---|
| 04-1590850-000 | P | 7 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-BO (MM SEL T ROWE PRICE RET 201

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

| **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) |
|---|---|---|
| 90-0779283-000 | P | 255886 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CO (MM SEL T ROWE PRICE RET 202

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

| **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) |
|---|---|---|
| 90-0779283-000 | P | 177541 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBL (MM RSL 2000 SMCAP INDX)

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

| **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) |
|---|---|---|
| 90-0779283-000 | P | 92901 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBU (MM S&P MID CAP INDEX)

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

| **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) |
|---|---|---|
| 90-0779283-000 | P | 191371 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CCA (MM MSCI EAFE INTL INDX)

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

| **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) |
|---|---|---|
| 90-0779283-000 | P | 54601 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-CFP (SMALL CAP GROWTH) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 610677 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-CFX (SMALL CAP GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-CGU (EMERGING MARKETS) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 52444 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-CPE (SELECT TRP/LS BLUE CHIP GR | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-DO (MM SEL T ROWE PRICE 2035) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 335241 |
| **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 INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 84152 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-E (PREMIER CORE BOND) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 87409 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-EO (MM SEL T ROWE PRICE 2045) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 467845 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-FO (MM SEL T ROWE PRICE 2055) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 114158 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-GR (REAL ESTATE) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 43596 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-JHB (COMSTOCK) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-JPR (DIVERSIFIED DIVIDEND) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 119220 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-JZR (INTERNATIONAL DIVERSIFIED) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 67360 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-KB (SEL SM CAP CAL EQUITY) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-M (PREMIER BALANCED) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 412028 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-ND (PREMIER GLOBAL) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 519245 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-QF (COMMODITY RI RTN STRAT) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-QK (COMMODITY RI RTN STRAT) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 15955 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-QW (BOND INDEX) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4496 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-T2 (MM SEL T ROWE PRICE RET BAL | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1049 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-T3 (MM SEL T ROWE PRICE RET 201 | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-T4 (MM SEL T ROWE PRIC RET 2020 | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 194406 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-T6 (MM SEL T ROWE PRIC RET 2030 | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 461230 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-T7 (MM SEL T ROWE PRIC RET 2040 | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 77214 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-T9 (MM SEL T ROWE PRIC RET 2050 | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 159945 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-UU (BLENDED RESEARCH CORE EQUIT | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 74404 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-W1 (SELECT TRPLS BLUE CHP GR) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1412184 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-XA (SYCAMORE SM CO OPPTY) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 52910 |
| **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 INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 75311 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | SIA-YE (PREMIER CORE BOND) | | |
| **b** Name of sponsor of entity listed in (a): | MASSACHUSETTS MUTUAL LIFE INS CO | | |
| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |

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

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

| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40840 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YI (PREMIER INT'L EQUITY)

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

| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AZ (MM S&P 500 INDEX)

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

| **c** EIN-PN 90-0779283-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290351 |
|---|---|---|

**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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 4890 | 6130 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 47829 | 29351 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6526099 | 6545970 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 962907 | 2390892 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | **1d(1)** | 0 | 0 |
| | **(2)** Employer real property | **1d(2)** | 0 | 0 |
| **e** | Buildings and other property used in plan operation | **1e** | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | **1f** | 7541725 | 8972343 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | 34509 | 0 |
| **h** | Operating payables | **1h** | 0 | 0 |
| **i** | Acquisition indebtedness | **1i** | 0 | 0 |
| **j** | Other liabilities | **1j** | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | **1k** | 34509 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | **1l** | 7507216 | 8972343 |

## 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)** | 42523 | |
| | **(B)** Participants | **2a(1)(B)** | 473600 | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | 0 | |
| | **(2)** Noncash contributions | **2a(2)** | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | 516123 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | 0 | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | 0 | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | 0 | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | 0 | |
| | **(E)** Participant loans | **2b(1)(E)** | 2742 | |
| | **(F)** Other | **2b(1)(F)** | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | 2742 |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | 0 | |
| | **(B)** Common stock | **2b(2)(B)** | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 0 |
| | **(3)** Rents | **2b(3)** | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | **2b(4)(C)** | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | 0 | |
| | **(B)** Other | **2b(5)(B)** | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1254581 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1773446 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 307256 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 0 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 307256 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 1063 | |
| **(2)** Contract administrator fees | 2i(2) | 0 | |
| **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| **(4)** Other | 2i(4) | 0 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1063 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 308319 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1465127 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(2)** From this plan | 2l(2) | | 0 |

## 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)** [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [X] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: BST & CO. CPAS, LLP **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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 | | 18266 |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **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 | | 500000 |
| **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? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

# 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 sections 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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 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 (include any prior year accumulated funding deficiency not waived) ..... | **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

Financial Statements

December 31, 2020 and 2019

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

Financial Statements

December 31, 2020 and 2019

C O N T E N T S


| | Page |
|---|---|
| **Independent Auditor's Report** | 1-2 |
| **Financial Statements** | |
| Statements of Net Assets Available for Benefits | 3 |
| Statements of Changes in Net Assets Available for Benefits | 4 |
| Notes to Financial Statements | 5-13 |
| **Supplementary Information** | |
| Supplemental Schedule Required Under ERISA and Department of Labor Regulations | 14-15 |

## Independent Auditor's Report

Board of Trustees
Alpin Haus Ski Shop, Inc.
Amsterdam, New York

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Alpin Haus Ski Shop, Inc. 401(k) Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the 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 such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's assets and executes transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

### Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental schedule of delinquent participant contributions for the year ended December 31, 2020 and schedule of assets (held at end of year) as of December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with Department of Labor Rules and Regulations**

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BST + Co. CPAs, LLP

Albany, New York
October 12, 2021

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

## Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | **2020** | **2019** |
| **ASSETS** | | |
| Investments, at fair value | $ 6,545,970 | $ 6,526,097 |
| Fully benefit-responsive investment contract, at contract value | 2,390,892 | 962,908 |
| | 8,936,862 | 7,489,005 |
| Receivables | | |
| Employer contributions | 6,130 | 4,890 |
| Participant notes | 29,351 | 47,829 |
| | 35,481 | 52,719 |
| Total assets | 8,972,343 | 7,541,724 |
| **LIABILITIES** | | |
| Excess deferral refunds payable | - | 34,509 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 8,972,343** | **$ 7,507,215** |

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

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

## Statements of Changes in Net Assets Available for Benefits

| | Years Ended December 31, | |
|---|---|---|
| | **2020** | **2019** |
| **ADDITIONS** | | |
| Investment income | | |
| Net appreciation in fair value of investments | $ 1,254,581 | $ 1,310,333 |
| Interest on participant notes receivable | 2,742 | 3,665 |
| Contributions | | |
| Participants | 473,600 | 438,163 |
| Employer | 42,523 | 52,003 |
| Rollovers | - | 95,785 |
| | 516,123 | 585,951 |
| Total additions | 1,773,446 | 1,899,949 |
| **DEDUCTIONS** | | |
| Benefits paid | 307,255 | 324,524 |
| Administrative expenses | 1,063 | 1,272 |
| Total deductions | 308,318 | 325,796 |
| **Net increase in net assets available for benefits** | **1,465,128** | **1,574,153** |
| **NET ASSETS AVAILABLE FOR BENEFITS, *beginning of year*** | 7,507,215 | 5,933,062 |
| **NET ASSETS AVAILABLE FOR BENEFITS, *end of year*** | **$ 8,972,343** | **$ 7,507,215** |

*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 (Plan) was established effective March 1, 1993. The Plan is sponsored by Alpin Haus Ski Shop, Inc. (Company).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

In January 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a "Public Health Emergency of International Concern," which caused business disruption through mandated and voluntary closings in both the public and private sectors. In March 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to provide emergency assistance and health care response for individuals, families and businesses affected. The CARES Act provides various forms of optional relief to the Company and participants of retirement plans.

*a. General*

The Plan is a defined contribution profit sharing plan with a 401(k) feature covering all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan assets are held and administered by Massachusetts Mutual Life Insurance Company (MassMutual), the Custodian of the Plan. Company contributions, participant elective deferrals, and participant accounts are also held and managed by the Custodian, who invests cash received and income from investments based on instructions from the Company and participants and makes distributions to participants. The Plan's Trustees are responsible for the oversight of the Plan, including investment offerings and monitoring investment performance of the Plan.

*b. Plan Eligibility*

Employees are eligible to enter the Plan after they have attained the age of twenty-one 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, April 1, July 1, and October 1. Upon joining the Plan, participants will share in the employer's discretionary matching contributions regardless of service completed during the year or employment status at the end of the Plan year. Participants who are actively employed at the end of the Plan year and have completed 1,000 hours of service during the Plan year will share in the allocation of the employer's discretionary profit sharing contribution. Participants who are not actively employed at the end of the year due to death, total and permanent disability, or early or normal retirement, but otherwise meet eligibility requirements, will share in the employer's discretionary profit sharing contributions.

**Note 1 - Description of Plan - Continued**

*c. Contributions*

Each year, participants may contribute a percentage or fixed dollar amount of their pre-tax annual compensation to the Plan, subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). In addition, participants may contribute after-tax Roth elective contributions to the Plan. Contributions are subject to certain limitations as defined by the Plan and the IRC. The maximum participant deferral was $19,500 and $19,000 for the years ended December 31, 2020 and 2019, respectively. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions, up to a maximum of $6,500 and $6,000 for the years ended December 31, 2020 and 2019, respectively. Participants may also contribute rollover amounts representing distributions from other qualified plans.

Prior to the Plan being amended on January 1, 2020, the Company's discretionary matching contribution, if any, was equal to 5% of a participant's eligible compensation. Effective January 1, 2020, the Plan was amended such that the match is equal to a discretionary percentage of a participant's eligible compensation.

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, 2020 and 2019.

Participants direct the investment of their contributions into various investment options offered by the Plan.

*d. Participant Accounts*

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's discretionary matching and profit sharing contributions (if any); (b) the Plan's investment earnings (losses), net of investment expenses, (c) forfeitures of the nonvested portion of terminated participants' accounts, and (d) administrative expenses paid by the Plan. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is equal to the vested portion of the participant's account.

*e. Vesting*

Participants are immediately vested in their contributions and rollovers, plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions is subject to a graduated vesting schedule. A participant is 100% vested upon: (1) disability, (2) death, (3) normal retirement at age 62 with five years of participation, or (4) termination of the Plan.

**Note 1 - Description of Plan - Continued**

*e. Vesting - Continued*

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 from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000, or 50% of their vested account balance. In addition, the $50,000 limit is reduced by the highest outstanding loan balance (of any previous loans made) in the previous twelve months. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through regular payroll deductions. In general, loans must be repaid within five years.

Under the relief provisions of the CARES Act, plan sponsors could allow qualified individuals (as defined in the CARES Act) to take loans up to the lesser of $100,000 or 100% of their vested account balance between March 27, 2020 and September 22, 2020. In addition, for loans outstanding as of March 27, 2020, plan sponsors could allow qualified individuals to delay loan repayments due between March 27, 2020 and December 31, 2020 for up to one year.

*g. Payment of Benefits*

Upon death, disability, attainment of normal retirement age, or termination of service, a participant (or their beneficiary upon death) may elect to receive an amount equal to the value of the participant's vested interest in his or her account as a lump-sum payment. The Plan also permits in-service and hardship distributions under certain conditions. The Plan may distribute account balances to participants (or their beneficiary upon death) whose account balance is $5,000 or less without participant (or beneficiary) consent.

Under the relief provisions of the CARES Act, Plan sponsors could allow participants to take up to a $100,000 distribution from a qualified retirement plan through December 31, 2020, if the participant met certain requirements as defined in the CARES Act.

h. *Forfeiture Accounts*

The nonvested portion of terminated participants' accounts, as defined by the Plan, represents a forfeiture. Forfeitures are used to reduce Company contributions. There were no forfeitures used during the year ended December 31, 2020 to reduce Company contributions. During the year ended December 31, 2019, $1,439 was used to reduce Company contributions. As of December 31, 2020 and 2019, the Plan had $7,580 and $5,780, respectively, of forfeitures available to reduce future Company contributions.

**Note 2 - Summary of Significant Accounting Policies**

*a. Basis of Accounting*

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) for defined contribution plans.

*b. Estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*c. Investment Valuation and Income Recognition*

Investments are reported at fair value (except for fully benefit-responsive investment contracts which are reported at contract value). Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants on the measurement date. Contract value is the relevant measure for the 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 normally receive if they were to initiate permitted transactions under the terms of the Plan. The Plan Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*d. Participant Notes Receivable*

Notes receivable from participants are stated at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. There were no loans treated as distributions for the years ended December 31, 2020 and 2019.

*e. Excess Contributions Payable*

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions payable for the Plan year ended December 31, 2020. The Plan distributed the excess contributions related to the Plan year ended December 31, 2019 to the applicable participants prior to March 15, 2020.

**Note 2 - Summary of Significant Accounting Policies - Continued**

*f. Payment of Benefits*

Benefits are recorded when paid.

*g. Administrative Expenses*

Administrative expenses of the Plan are paid by the Plan and the Company. Fees related to the administration of participant notes receivable and distributions are charged directly to the participant's account and are included in administrative expenses. Other administrative expenses paid by the Plan are allocated proportionately to participants based on the value of their account balances. Investment-related expenses are included in net appreciation in fair value of investments.

*h. Subsequent Events*

The Plan has evaluated subsequent events for potential recognition or disclosure through October 12, 2021, the date the financial statements were available to be issued.

**Note 3 - Information Certified by Custodian (Unaudited)**

The Plan administrator has elected the method of compliance 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 the Custodian of the Plan as complete and accurate, except for comparing such information certified by the Custodian to information including the Plan's financial statements and supplemental schedule:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Investments, at fair value | $ 6,545,970 | $ 6,526,097 |
| Fully benefit-responsive investment contract, at contract value | 2,390,892 | 962,908 |
| Participant notes receivable | 29,351 | 47,829 |
| Net appreciation in fair value of investments | 1,254,581 | 1,310,333 |
| Interest on participant notes receivable | 2,742 | 3,665 |

**Note 4 - Investments and Fair Value Measurement**

The framework for measuring fair value 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2020 and 2019.

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

Pooled Separate Accounts: Unit value is calculated based on the net assets of the underlying mutual funds, which are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. There are no restrictions on redemptions or unfunded commitments.

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.

**Note 4 - Investments and Fair Value Measurement - Continued**

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, 2020 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets included in the fair value hierarchy | | | | |
| Cash, held for investment | $ 7 | $ - | $ - | $ 7 |
| Investments measured at NAV (a) | | | | |
| Pooled Separate Accounts | | | | 6,545,963 |
| Investments at fair value | | | | $ 6,545,970 |

| | December 31, 2019 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Assets included in the fair value hierarchy | | | | |
| Cash, held for investment | $ 7 | $ - | $ - | $ 7 |
| Investments measured at NAV (a) | | | | |
| Pooled Separate Accounts | | | | 6,526,090 |
| Investments at fair value | | | | $ 6,526,097 |

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**Note 5 - Guaranteed Investment Contract**

The Plan entered into a fully benefit-responsive investment contract with MassMutual. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. As described in Note 2, contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because that is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Custodian of the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

MassMutual maintains the contributions in a general account. MassMutual is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by MassMutual, which is reviewed on a semi-annual basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

**Note 5 - Guaranteed Investment Contract - Continued**

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party insurer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

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 event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1) An uncured violation of the Plan's investment guidelines;
2) A breach of material obligation under the contract;
3) A material misrepresentation; and
4) A material amendment to the Plan without the consent of the issuer.

Upon contract termination, at the Plan's direction, payment may be made in one lump sum according to contract provisions or in annual installment payments.

**Note 6 - Related Party and Party-in-Interest Transactions**

The Company paid for certain administrative expenses on behalf of the Plan, which totaled $22,060 and $22,480 for the years ended December 31, 2020 and 2019, respectively.

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.

Certain Plan investments are managed by the Custodian of the Plan.

**Note 7 - 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 subject to the provisions of ERISA.

**Note 8 - Tax Status**

On July 1, 2014, the IRS stated that the volume submitter Plan document adopted by the Plan, as then designed, qualified under Section 401(a) of the 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.

The Plan's management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more likely than not that the tax position would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 9 - Risks and Uncertainties**

The Plan invests in various investment securities. Investments are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 10 - Non-Exempt Party-In-Interest Transactions**

During 2020 and 2019, the Plan sponsor failed to deposit a total of $18,226 and $80,627, respectively, of participant contributions within the required timeframe as stated by the United States Department of Labor regulations. The Plan sponsor anticipates correcting the 2020 and 2019 deposit failures in October 2021. Participant accounts will be credited with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis. The corrections will be made from the Plan sponsor's assets.

**Note 11 - Subsequent Events**

On January 4, 2021, Empower Retirement completed the acquisition of the MassMutual retirement plan business. Upon completion of the acquisition, Empower Retirement became the record keeper of the Plan, and maintains and administers the Plan's investments for the benefit of participants.

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2020

**Line 4a - Schedule of Delinquent Participant Contributions**

| Participant Contributions Transferred Late to Plan | Total that Constitutes Nonexempt Prohibited Transaction | | | |
|---|---|---|---|---|
| Check Here if Late Participants Loan Repayments are Included | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| X | $ 18,226 | $ 80,627 | $ - | $ - |

*See Independent Auditor's Report.*

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2020

**Line 4i - Schedule of Assets (Held at End of Year)**

| (a) Identity of Party | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value | (d) Cost (1) | (e) Current Value |
|---|---|---|---|---|
| | Massachusetts Mutual Life Insurance Company | | | |
| * | Guaranteed | General Account | | $ 2,390,892 |
| * | Blended Research Core Eq (MFS) | Pooled Separate Account - Mutual Fund | | 74,404 |
| * | Blue Chip Growth Fund | Pooled Separate Account - Mutual Fund | | 1,412,184 |
| * | Bond Index (Northern) | Pooled Separate Account - Mutual Fund | | 4,496 |
| * | Emerging Markets (Delaware) | Pooled Separate Account - Mutual Fund | | 52,444 |
| * | Invesco Diversified Dividend | Pooled Separate Account - Mutual Fund | | 119,220 |
| * | Invesco International Diversified | Pooled Separate Account - Mutual Fund | | 67,360 |
| * | MM MSCI EAFE Intl Idx(N Tr) | Pooled Separate Account - Mutual Fund | | 54,601 |
| * | MM Rsl 2000 SmCp Idx(N Tr) | Pooled Separate Account - Mutual Fund | | 92,901 |
| * | MM S&P 500 Index(Northrn Trst) | Pooled Separate Account - Mutual Fund | | 290,351 |
| * | MM S&P Md Cp Index(Northrn Trst) | Pooled Separate Account - Mutual Fund | | 191,371 |
| * | PIMCO Commodity Real Return Strategy Fund | Pooled Separate Account - Mutual Fund | | 15,955 |
| * | Premier Global Fund | Pooled Separate Account - Mutual Fund | | 519,245 |
| * | Premier High Yield | Pooled Separate Account - Mutual Fund | | 84,152 |
| * | Premier Inflation-Protected and Income Fund | Pooled Separate Account - Mutual Fund | | 75,311 |
| * | Prm Balanced (Babson) | Pooled Separate Account - Mutual Fund | | 412,028 |
| * | Prm Core Bond (Babson) | Pooled Separate Account - Mutual Fund | | 87,409 |
| * | Real Estate (American Century) | Pooled Separate Account - Mutual Fund | | 43,596 |
| * | Retirmnt 2015 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 255,886 |
| * | Retirmnt 2020 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 194,406 |
| * | Retirmnt 2025 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 177,541 |
| * | Retirmnt 2030 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 461,230 |
| * | Retirmnt 2035 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 335,241 |
| * | Retirmnt 2040 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 77,214 |
| * | Retirmnt 2045 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 467,845 |
| * | Retirmnt 2050 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 159,945 |
| * | Retirmnt 2055 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 114,158 |
| * | Retirmnt Balanced (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 1,049 |
| * | Select Overseas Fund | Pooled Separate Account - Mutual Fund | | 40,840 |
| * | Small Cap Growth (Franklin) | Pooled Separate Account - Mutual Fund | | 610,677 |
| * | Sycamore Sm Co Oppty (Victory) | Pooled Separate Account - Mutual Fund | | 52,910 |
| | | | | 8,936,862 |
| * | Participant notes receivable (2) | 5.25% - 7.50% | | 29,351 |
| | | | | $ 8,966,213 |

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

(1) Cost information may be omitted with respect to participant or beneficiary directed investments.

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

*See Independent Auditor's Report.*

# 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 6057(b) 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

**2020**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

**D** Check box if filing under:
- ☒ 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Alpin Haus Ski Shop, Inc.

1863 State Highway 5S
P.O. Box 859
Amsterdam, NY 12010

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

**2c** Plan 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** | CC | 10/14/21 | CHRISTOPHER CARMICHAEL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | CC | 10/14/21 | 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 [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 178 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 160 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 216 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 11 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 228 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 228 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 87 |
| **h** Number of participants who 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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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) |

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# 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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 Ins Co

| (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 | 87 | 01/01/2021 | 12/31/2021 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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 |
|---|---|
| 9481 | 0 |

**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
24 CENTURY HILL DR
STE 105
LATHAM, NY 12110

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 8625 | 0 | | 3 |

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

CODY LAPAGE
227 WASHINGTON ST
#101
SARATOGA SPRINGS, NY 12866

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 856 | 0 | | 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 | |
| | | | |

## 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 | 6545980 |

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. Specify nature of costs ▶ | 6d | |

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 962908 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 514883 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 46315 | | |
| | (4) Transferred from separate account | 7c(4) | 1391875 | | |
| | (5) Other (specify below) | 7c(5) | 58453 | | |
| | ▶ LN INT, LN PRIN, LOAN | | | | |
| | (6)Total additions | | | 7c(6) | 2011526 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 2974434 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 36735 | | |
| | (2) Administration charge made by carrier | 7e(2) | 84 | | |
| | (3) Transferred to separate account | 7e(3) | 542937 | | |
| | (4) Other (specify below) | 7e(4) | 3793 | | |
| | ▶ LN DISTRIB | | | | |
| | (5) Total deductions | | | 7e(5) | 583549 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 2390885 |

## 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 organizations(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 line **9c(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, line 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.** | **2020**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| ALPIN HAUS SKI SHOP, INC. 401(k) PROFIT SHARING PLAN | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| Alpin Haus Ski Shop, Inc. | 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)

JOHN D DEMARIA

24 CENTURY HILL DR

LATHAM, NY 12110

| (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? |
|---|---|---|---|---|---|---|
| 53 | Shareholder Service Prov | 0 | Yes [ ] No [X] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

CODY LAPAGE

628 Maple Avenue

Saratoga Springs, NY 12866

| (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? |
|---|---|---|---|---|---|---|
| 53 | Shareholder Service Prov | 0 | Yes [ ] No [X] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

Massachusetts Mutual Life Ins Co

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 60 62 63 64 68 72 | Contract Administrator | 1063 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 Ins Co | 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><br>04-1590850 | SEE ATTACHED |

| **(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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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-AO (MM Sel T. Rowe Price Ret 20

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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) |
|---|---|---|
| 90-0779283 000 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG (Prem US Govt Money Mrkt)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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 000 | P | 7 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-BO (MM Sel T Rowe Price Ret 201

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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) |
|---|---|---|
| 90-0779283 000 | P | 255886 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CO (MM Sel T Rowe Price Ret 202

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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) |
|---|---|---|
| 90-0779283 000 | P | 177541 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBL (MM Rsl 2000 SmCap Indx)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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) |
|---|---|---|
| 90-0779283 000 | P | 92901 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBU (MM S&P Mid Cap Index)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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) |
|---|---|---|
| 90-0779283 000 | P | 191371 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CCA (MM MSCI EAFE Intl Indx)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **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) |
|---|---|---|
| 90-0779283 000 | P | 54601 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CFP (Small Cap Growth) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 610677 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CFX (Small Cap Growth | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CGU (Emerging Markets) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 52444 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CPE (Select TRP/LS Blue Chip Gr | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-DO (MM Sel T Rowe Price 2035) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 335241 |
| **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 Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 84152 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-E (Premier Core Bond) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 87409 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EO (MM Sel T Rowe Price 2045) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 467845 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FO (MM Sel T Rowe Price 2055) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 114158 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-GR (Real Estate) | | | |
| **b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co | | | |
| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 43596 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JHB (Comstock)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JPR (Diversified Dividend)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 119220 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JZR (International Diversified)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 67360 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KB (Sel Sm Cap Cal Equity)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-M (Premier Balanced)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 412028 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-ND (Premier Global)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 519245 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QF (Commodity RI Rtn Strat)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QK (Commodity RI Rtn Strat)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 15955 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QW (Bond Index)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4496 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T2 (MM Sel T Rowe Price Ret Bal

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1049 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T3 (MM Sel T Rowe Price Ret 201

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T4 (MM Sel T Rowe Pric Ret 2020

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 194406 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T6 (MM Sel T Rowe Pric Ret 2030

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 461230 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T7 (MM Sel T Rowe Pric Ret 2040

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 77214 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T9 (MM Sel T Rowe Pric Ret 2050

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 159945 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-UU (Blended Research Core Equit

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 74404 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W1 (Select TRPLS Blue Chp Gr)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1412184 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-XA (Sycamore Sm Co Oppty)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 52910 |
|---|---|---|---|

**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 Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 75311 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YE (Premier Core Bond)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|---|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YH (Select Overseas)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40840 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YI (Premier Int'l Equity)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AZ (MM S&P 500 Index)

**b** Name of sponsor of entity listed in (a): Massachusetts Mutual Life Ins Co

| **c** EIN-PN 90-0779283 000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290351 |
|---|---|---|

**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) |
|---|---|---|

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**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 |

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# 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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 4890 | 6130 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 47829 | 29351 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6526099 | 6545970 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 962907 | 2390892 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 7541725 | 8972343 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 34509 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 34509 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 7507216 | 8972343 |

## 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) | 42523 | |
| **(B)** Participants | 2a(1)(B) | 473600 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 516123 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 2742 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2742 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1254581 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1773446 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 307256 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 307256 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 1063 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1063 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 308319 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1465127 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## 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)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** ☒ DOL Regulation 2520.103-8 **(2)** ☒ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: BST & CO. CPAS, LLP **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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 | | 18266 |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **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 | | 500000 |
| **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? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

2021-10-13T16:05:50.195-05:00

# 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 sections 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

**2020**

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 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 (include any prior year accumulated funding deficiency not waived) ..... | **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# Alpin Haus Ski Shop, Inc. 401(k) Profit Sharing Plan and Trust

4/8/2021

## RM 82753 - 1

## 5500 Schedule C Service Provider Information for the period of: 01/01/2020 - 12/31/2020

*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? |
|---|---|---|---|---|---|---|
| JOHN D DEMARIA<br>24 CENTURY HILL DR<br>LATHAM, NY 12110 5182203050 | | | | | | |
| 53 | Shareholder Service Provider | 0.00 | N | N | 0.00 | N |
| CODY LAPAGE<br>628 MAPLE AVE<br>SARATOGA SPRINGS, NY 12866 5184192462 | | | | | | |
| 53 | Shareholder Service Provider | 0.00 | N | N | 0.00 | N |
| Massachusetts Mutual Life Insurance Company | | | 041590850 | | | |
| 52 60 62 63 64 68 72 | Contract Administrator | 1063.21 | Y | Y | 0.00 | Y |
| Invesco | | | 132576643 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

| | | | | | | |
|---|---|---|---|---|---|---|
| Invesco | | | 135657518 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| Invesco | | | 840933032 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| Victory | | | 316364605 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| PIMCO Funds | | | 952632339 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| Northern Funds | | | 363608252 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| American Century | | | 431646043 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| FranklinTempleton | | | 133151768 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| Delaware Investments | | | 232651520 | | | |
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |
| MFS Investment Management | | | 043158862 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 52 | Investment Provider | 0.00 | Y | N | 0.00 | Y |

Envestnet Retirement Solutions, LLC 611732930

| | | | | | | |
|---|---|---|---|---|---|---|
| 27 | Investment Advisor | 0.00 | Y | N | 0.00 | Y |

**3. Sources of Indirect Information**

**Name** **EIN**

**(b) Service Codes** **(c) Enter Amount of Indirect Compensation**

Invesco 840933032

52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Comstock (Invesco) 840933032 Basis points * plan assets

Northern Funds 363608252

52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Bond Index (Northern) 363608252 Basis points * plan assets

Invesco 132576643

52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Diversified Dividend (Invesco) 132576643 Basis points * plan assets

Victory 316364605

52 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Sycamore Sm Co Oppty (Victory) 316364605 Basis points * plan assets

PIMCO Funds 952632339

52 0.00

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

| | | |
|---|---|---|
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| Commodity Rl Rtn Strat (PIMCO) | 952632339 | Basis points * plan assets |
| PIMCO Funds | | 952632339 |
| 52 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| Commodity Rl Rtn Strat (PIMCO) | 952632339 | Basis points * plan assets |
| Invesco | | 135657518 |
| 52 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| International Diversified (Invesco) | 135657518 | Basis points * plan assets |
| FranklinTempleton | | 133151768 |
| 52 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| Small Cap Growth (Franklin) | 133151768 | Basis points * plan assets |
| FranklinTempleton | | 133151768 |
| 52 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| Small Cap Growth (Franklin) | 133151768 | Basis points * plan assets |
| American Century | | 431646043 |
| 52 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| Real Estate (American Century) | 431646043 | Basis points * plan assets |
| Delaware Investments | | 232651520 |
| 52 | | 0.00 |
| **(d) Name and EIN of source of indirect compensation** | | **(e) Describe the indirect compensation including any formula...** |
| Emerging Markets (Delaware) | 232651520 | Basis points * plan assets |

Massachusetts Mutual Life Insurance Company 041590850

0.00

**(d) Name and EIN of source of indirect compensation**
Millennium Trust Company, LLC 364400066

**(e) Describe the indirect compensation including any formula...**
Referral Fee

MFS Investment Management 043158862

52 0.00

**(d) Name and EIN of source of indirect compensation**
Blended Research Core Equity (MFS) 043158862

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

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation**
Comstock (Invesco) 840933032

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

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation**
Bond Index (Northern) 363608252

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

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

**(d) Name and EIN of source of indirect compensation**
Premier Global (Invesco) 510529334

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

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

**(d) Name and EIN of source of indirect compensation**
Premier Global (Invesco) 510529334

**(e) Describe the indirect compensation including any formula...**
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...**
Premier Balanced (Invesco) 043212054 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 Balanced (Invesco) 043212054 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...**
Premier Core Bond (Barings) 043277549 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...**
Premier Core Bond (Barings) 043277549 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...**
Select Overseas (MFSHarris) 043557000 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Emerging Markets (Delaware) 232651520 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

| (d) Name and EIN of source of indirect compensation | | (e) Describe the indirect compensation including any formula... |
|---|---|---|
| Small Cap Growth (Franklin) | 133151768 | Basis points * plan assets |

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

| (d) Name and EIN of source of indirect compensation | | (e) Describe the indirect compensation including any formula... |
|---|---|---|
| Small Cap Growth (Franklin) | 133151768 | 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 Growth (Franklin) | 133151768 | 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 Core Bond (Barings) | 043277549 | 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 Core Bond (Barings) | 043277549 | 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 (MFSHarris) | 043557000 | 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... |
|---|---|

MM Sel T. Rowe Price Ret Bal 823533944 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...**
Premier High Yield (Barings) 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...**
MM Sel T. Rowe Price Ret Bal 823533944 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 High Yield (Barings) 043520009 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...**
MM Sel T. Rowe Price Ret 2005 823347422 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...**
MM Sel T. Rowe Price Ret 2010 823355639 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...**
MM Sel T. Rowe Price Ret 2015 823382389 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...**
MM Sel T. Rowe Price Ret 2020 823396442 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...**
MM Sel T. Rowe Price Ret 2025 823417420 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...**
MM Sel T. Rowe Price Ret 2030 823430358 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...**
MM Sel T. Rowe Price Ret 2035 823439837 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...**
MM Sel T. Rowe Price Ret 2040 823451779 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...**
MM Sel T. Rowe Price Ret 2045 823472295 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...**
MM Sel T. Rowe Price Ret 2050 823481715 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...**
MM Sel T. Rowe Price Ret 2055 823502011 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...**
Select TRPLS Blue Chip Growth 043556992 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...**
Select TRPLS Blue Chip Growth 043556992 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...**
Select TRPLS Blue Chip Growth 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...**
MM Sel T. Rowe Price Ret 2005 823347422 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...**
MM Sel T. Rowe Price Ret 2010 823355639 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...**
MM Sel T. Rowe Price Ret 2015 823382389 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...**
MM Sel T. Rowe Price Ret 2020 823396442 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...**
MM Sel T. Rowe Price Ret 2025 823417420 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...**
MM Sel T. Rowe Price Ret 2030 823430358 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...**
MM Sel T. Rowe Price Ret 2035 823439837 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...**
MM Sel T. Rowe Price Ret 2040 823451779 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...**
MM Sel T. Rowe Price Ret 2045 823472295 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...**
MM Sel T. Rowe Price Ret 2050 823481715 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...**
MM Sel T. Rowe Price Ret 2055 823502011 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 TRPLS Blue Chip Growth 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 TRPLS Blue Chip Growth 043556992 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...**
MM S&P Mid Cap Index (Nrtn Tr) 455349772 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Commodity Rl Rtn Strat (PIMCO) 952632339 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Diversified Dividend (Invesco) 132576643 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Real Estate (American Century) 431646043 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Sycamore Sm Co Oppty (Victory) 316364605 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...**
Commodity Rl Rtn Strat (PIMCO) 952632339 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...**
Commodity Rl Rtn Strat (PIMCO) 952632339 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...**
Sycamore Sm Co Oppty (Victory) 316364605 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...**
MM S&P Mid Cap Index (Nrtn Tr) 455349772 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...**
Sel Sm Cap Val Eq (WlgnBrwHnly) 020769954 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...**
Sel Sm Cap Val Eq (WlgnBrwHnly) 020769954 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 Sm Cap Val Eq (WlgnBrwHnly) 020769954 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...**
MM MSCI EAFE Intl Indx (Nrtn Tr) 455357167 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...**

MM Rsl 2000 SmCap Indx (Nrtn Tr) 455366542 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...**
MM MSCI EAFE Intl Indx (Nrtn Tr) 455357167 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...**
MM Rsl 2000 SmCap Indx (Nrtn Tr) 455366542 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...**
MM S&P 500 Index (Northern Trust) 043410047 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...**
Premier Int'l Equity (WllngtnTSW) 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...**
MM S&P 500 Index (Northern Trust) 043410047 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 (WllngtnTSW) 043212044 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Blended Research Core Equity (MFS) 043158862 Basis points * plan assets

Envestnet Retirement Solutions, LLC 611732930

27 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 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...**
Prem Inflat-Prot and Incm (Barings) 030532475 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...**
Prem U.S. Govt Money Mrkt (Barings) 043212059 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

**(d) Name and EIN of source of indirect compensation** **(e) Describe the indirect compensation including any formula...**
International Diversified (Invesco) 135657518 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 (Barings) 030532475 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

72 0.00

**(d) Name and EIN of source of indirect compensation**
Prem U.S. Govt Money Mrkt (Barings) 043212059

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

| 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 |
|---|---|---|---|
| American Century | 431646043 | | American Century received estimated Investment Management Fees of 1.15% with respect to plan assets held in the Real Estate (American Century) separate account (SIA-GR). |
| Delaware Investments | 232651520 | | Delaware Investments received estimated Investment Management Fees of 1.14% with respect to plan assets held in the Emerging Markets (Delaware) separate account (SIA-CGU). |
| Envestnet Retirement Solutions, LLC | 611732930 | | MassMutual paid Envestnet Retirement Solutions, LLC(ERS) an annual fee based on a tiered percentage of assets equal to 0.90 bps of the aggregate assets of all participating plans in the Fiduciary Assure Program with respect to ERSs investment advisory s |
| FranklinTempleton | 133151768 | | Franklin Templeton received estimated Investment Management Fees of 0.63% with respect to plan assets held in the Small Cap Growth (Franklin) separate account (SIA-CFP). |
| FranklinTempleton | 133151768 | | Franklin Templeton received estimated Investment Management Fees of 0.63% with respect to plan assets held in the Small Cap Growth (Franklin) separate account (SIA-CFX). |
| Invesco | 840933032 | | Invesco received estimated Investment Management Fees of 0.38% with respect to plan assets held in the Comstock (Invesco) separate account (SIA-JHB). |
| Invesco | 132576643 | | Invesco received estimated Investment Management Fees of 0.40% with respect to plan assets held in the Diversified Dividend (Invesco) separate account (SIA-JPR). |
| Invesco | 135657518 | | Invesco received estimated Investment Management Fees of 0.80% with respect to plan assets held in the International Diversified (Invesco) separate account (SIA-JZR). |
| 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 received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Comstock (Invesco) separate account (SIA-JHB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Sub-TA Fees of 0.06% with respect to plan assets held in the Bond Index (Northern) separate account (SIA-QW). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Small Cap Growth (Franklin) separate account (SIA-CFX). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Emerging Markets (Delaware) separate account (SIA-CGU). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Small Cap Growth (Franklin) separate account (SIA-CFP). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated Sub-TA Fees of 0.25% with respect to plan assets held in the Small Cap Growth (Franklin) separate account (SIA-CFX). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Commodity Rl Rtn Strat (PIMCO) separate account (SIA-QF). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Commodity Rl Rtn Strat (PIMCO) separate account (SIA-QK). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Sycamore Sm Co Oppty (Victory) separate account (SIA-XA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Select TRP LS Blue Chip Growth separate account (SIA-CPE). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in |

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

| | | |
|---|---|---|
| Company | | the Commodity Rl Rtn Strat (PIMCO) separate account (SIA-QF). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Sycamore Sm Co Oppty (Victory) separate account (SIA-XA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Real Estate (American Century) separate account (SIA-GR). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Sel Sm Cap Val Eq (Wlgn BrwHnly) separate account (SIA-KB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Diversified Dividend (Invesco) separate account (SIA-JPR). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Premier Global (Invesco) separate account (SIA-ND). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Premier Balanced (Invesco) separate account (SIA-M). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Premier Core Bond (Barings) separate account (SIA-E). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.15% with respect to plan assets held in the Blended Research Core Equity (MFS) separate account (SIA-UU). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Premier Core Bond (Barings) separate account (SIA-YE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret Bal separate account (SIA-T2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Premier High Yield (Barings) separate account (SIA-DH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Select Overseas (MFS Harris) separate account (SIA-YH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the International Diversified (Invesco) separate account (SIA-JZR). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2005 separate account (SIA-A0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2010 separate account (SIA-T3). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2015 separate account (SIA-B0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2020 separate account (SIA-T4). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2025 separate account (SIA-C0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2030 separate account (SIA-T6). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2035 separate account (SIA-D0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2040 separate account (SIA-T7). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2045 separate account (SIA-E0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2050 separate account (SIA-T9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2055 separate account (SIA-F0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.35% with respect to plan assets held in the Select TRP LS Blue Chip Growth separate account (SIA-W1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtn Tr) separate account (SIA-CBU). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Select TRP LS Blue Chip Growth separate account (SIA-CPE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Premier Global (Invesco) separate account (SIA-ND). |

| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.35% with respect to plan assets held in the Sel Sm Cap Val Eq (Wlgn BrwHnly) separate account (SIA-KB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.50% with respect to plan assets held in the Premier Balanced (Invesco) separate account (SIA-M). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Nrtn Tr) separate account (SIA-CCA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MM Rsl 2000 SmCap Indx (Nrtn Tr) separate account (SIA-CBL). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) separate account (SIA-ZX). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.38% with respect to plan assets held in the Premier Core Bond (Barings) separate account (SIA-E). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Prem Inflat-Prot and Incm (Barings) separate account (SIA-Y). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the Premier Int'l Equity (Wllngtn TSW) separate account (SIA-YI). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.38% with respect to plan assets held in the Premier Core Bond (Barings) separate account (SIA-YE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Money Mrkt (Barings) separate account (SIA-AG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.46% with respect to plan assets held in the Premier High Yield (Barings) separate account (SIA-DH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.61% with respect to plan assets held in the MM Sel T. Rowe Price Ret Bal separate account (SIA-T2). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.80% with respect to plan assets held in the Select Overseas (MFS Harris) separate account (SIA-YH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.64% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2005 separate account (SIA-A0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.64% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2010 separate account (SIA-T3). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.66% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2015 separate account (SIA-B0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.68% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2020 separate account (SIA-T4). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.71% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2025 separate account (SIA-C0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.73% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2030 separate account (SIA-T6). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.75% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2035 separate account (SIA-D0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.77% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2040 separate account (SIA-T7). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.78% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2045 separate account (SIA-E0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.78% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2050 separate account (SIA-T9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.78% with respect to plan assets held in the MM Sel T. Rowe Price Ret 2055 separate account (SIA-F0). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.61% with respect to plan assets held in the Select TRP LS Blue Chip Growth separate account (SIA-W1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtn Tr) separate account (SIA-CBU). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.61% with respect to plan assets held in the Select TRP LS Blue Chip Growth separate account (SIA-CPE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Sel Sm Cap Val Eq (Wlgn BrwHnly) separate account (SIA-KB). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Investment Management Fees of 0.09% with respect to |

| | | |
|---|---|---|
| Company | | |
| Massachusetts Mutual Life Insurance Company | 041590850 | plan assets held in the MM S&P 500 Index (Northern Trust) separate account (SIA-ZX). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Nrtn Tr) separate account (SIA-CCA). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM Rsl 2000 SmCap Indx (Nrtn Tr) separate account (SIA-CBL). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.38% with respect to plan assets held in the Prem Inflat-Prot and Incm (Barings) separate account (SIA-Y). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.83% with respect to plan assets held in the Premier Int'l Equity (Wllngtn TSW) separate account (SIA-YI). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Money Mrkt (Barings) separate account (SIA-AG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Premier Global (Invesco) separate account (SIA-ND). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Select Overseas (MFS Harris) separate account (SIA-YH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Select TRP LS Blue Chip Growth separate account (SIA-W1). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Select TRP LS Blue Chip Growth separate account (SIA-CPE). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Sel Sm Cap Val Eq (Wlgn BrwHnly) separate account (SIA-KB). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Premier Int'l Equity (Wllngtn TSW) separate account (SIA-YI). |
| Massachusetts Mutual Life Insurance Company | 041590850 | Millennium Trust Company, LLC paid MassMutual a one-time referral fee of $50 for IRA rollovers with a balance of $10,000 or more, $40 with a balance of $500 or more but less than $10,000, $20 with a balance of $100 or more but less than $500, $0 less tha |
| MFS Investment Management | 043158862 | MFS Investment Management received estimated Investment Management Fees of 0.40% with respect to plan assets held in the Blended Research Core Equity (MFS) separate account (SIA-UU). |
| Northern Funds | 363608252 | Northern Funds received estimated Investment Management Fees of 0.13% with respect to plan assets held in the Bond Index (Northern) separate account (SIA-QW). |
| PIMCO Funds | 952632339 | PIMCO Funds received estimated Investment Management Fees of 0.91% with respect to plan assets held in the Commodity Rl Rtn Strat (PIMCO) separate account (SIA-QK). |
| PIMCO Funds | 952632339 | PIMCO Funds received estimated Investment Management Fees of 1.11% with respect to plan assets held in the Commodity Rl Rtn Strat (PIMCO) separate account (SIA-QF). |
| Victory | 316364605 | Victory received estimated Investment Management Fees of 0.76% with respect to plan assets held in the Sycamore Sm Co Oppty (Victory) separate account (SIA-XA). |

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2020

**Line 4a - Schedule of Delinquent Participant Contributions**

| Participant Contributions Transferred Late to Plan | Total that Constitutes Nonexempt Prohibited Transaction | | | |
|---|---|---|---|---|
| Check Here if Late Participants Loan Repayments are Included | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| X | $ 18,226 | $ 80,627 | $ - | $ - |

*See Independent Auditor's Report.*

# Alpin Haus Ski Shop, Inc.
# 401(k) Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2020

**Line 4i - Schedule of Assets (Held at End of Year)**

| (a) Identity of Party | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value | (d) Cost (1) | (e) Current Value |
|---|---|---|---|---|
| | Massachusetts Mutual Life Insurance Company | | | |
| * | Guaranteed | General Account | | $ 2,390,892 |
| * | Blended Research Core Eq (MFS) | Pooled Separate Account - Mutual Fund | | 74,404 |
| * | Blue Chip Growth Fund | Pooled Separate Account - Mutual Fund | | 1,412,184 |
| * | Bond Index (Northern) | Pooled Separate Account - Mutual Fund | | 4,496 |
| * | Emerging Markets (Delaware) | Pooled Separate Account - Mutual Fund | | 52,444 |
| * | Invesco Diversified Dividend | Pooled Separate Account - Mutual Fund | | 119,220 |
| * | Invesco International Diversified | Pooled Separate Account - Mutual Fund | | 67,360 |
| * | MM MSCI EAFE Intl Idx(N Tr) | Pooled Separate Account - Mutual Fund | | 54,601 |
| * | MM Rsl 2000 SmCp Idx(N Tr) | Pooled Separate Account - Mutual Fund | | 92,901 |
| * | MM S&P 500 Index(Northrn Trst) | Pooled Separate Account - Mutual Fund | | 290,351 |
| * | MM S&P Md Cp Index(Northrn Trst) | Pooled Separate Account - Mutual Fund | | 191,371 |
| * | PIMCO Commodity Real Return Strategy Fund | Pooled Separate Account - Mutual Fund | | 15,955 |
| * | Premier Global Fund | Pooled Separate Account - Mutual Fund | | 519,245 |
| * | Premier High Yield | Pooled Separate Account - Mutual Fund | | 84,152 |
| * | Premier Inflation-Protected and Income Fund | Pooled Separate Account - Mutual Fund | | 75,311 |
| * | Prm Balanced (Babson) | Pooled Separate Account - Mutual Fund | | 412,028 |
| * | Prm Core Bond (Babson) | Pooled Separate Account - Mutual Fund | | 87,409 |
| * | Real Estate (American Century) | Pooled Separate Account - Mutual Fund | | 43,596 |
| * | Retirmnt 2015 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 255,886 |
| * | Retirmnt 2020 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 194,406 |
| * | Retirmnt 2025 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 177,541 |
| * | Retirmnt 2030 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 461,230 |
| * | Retirmnt 2035 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 335,241 |
| * | Retirmnt 2040 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 77,214 |
| * | Retirmnt 2045 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 467,845 |
| * | Retirmnt 2050 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 159,945 |
| * | Retirmnt 2055 (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 114,158 |
| * | Retirmnt Balanced (T. Rowe Price) | Pooled Separate Account - Mutual Fund | | 1,049 |
| * | Select Overseas Fund | Pooled Separate Account - Mutual Fund | | 40,840 |
| * | Small Cap Growth (Franklin) | Pooled Separate Account - Mutual Fund | | 610,677 |
| * | Sycamore Sm Co Oppty (Victory) | Pooled Separate Account - Mutual Fund | | 52,910 |
| | | | | 8,936,862 |
| * | Participant notes receivable (2) | 5.25% - 7.50% | | 29,351 |
| | | | | $ 8,966,213 |

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

(1) Cost information may be omitted with respect to participant or beneficiary directed investments.

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

*See Independent Auditor's Report.*