

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023	
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)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE PROFIT SHARING AND RETIREMENT PLAN FOR THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1976
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) THE MOUNTAIN COMPANY 166 60TH STREET VIENNA, WV 26105
2b	Employer Identification Number (EIN) 55-0488302
2c	Plan Sponsor's telephone number 304-295-3311
2d	Business code (see instructions) 238100

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.	11/29/2023	BRYAN REAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/29/2023	BRYAN REAM
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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		5 424
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) 280
a(2) Total number of active participants at the end of the plan year		6a(2) 242
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 164
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 406
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 406
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 394
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 23
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: 2A 2E 3D 3H		
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023	
A Name of plan THE PROFIT SHARING AND RETIREMENT PLAN FOR THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNTAIN COMPANY	D Employer Identification Number (EIN) 55-0488302

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)

RUANE CUNNIFF & GOLDFARB INC.

13-2628641

(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?
28 51	NOT AFFILIATED	149916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARDNER RUSSO & QUINN LLC

23-2673088

(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?
28 51	NOT AFFILIATED	185663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNTINGTON BANK

31-0966785

(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?
15 21 63 99	RECORDKEEPER	23687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ 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)

NEWPORT GROUP

27-2037969

(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?
49 99	THIRD PARTY ADMINISTRATO	8320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REA & ASSOCIATES

34-1310124

(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?
10 50	NOT AFFILIATED	11575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OCTOBER THREE CONSULTING

27-1175487

(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?
16 50	NOT AFFILIATED	8000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ 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)

JOHNSON INVESTMENT COUNSEL, INC.

31-1013029

(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?
28 50 51	NOT AFFILIATED	28608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOWLES RICE LLP

55-0394186

(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?
29 99	NOT AFFILIATED	7746	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
(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.	
(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
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(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 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan THE PROFIT SHARING AND RETIREMENT PLAN FOR THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNTAIN COMPANY		D Employer Identification Number (EIN) 55-0488302

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		2690
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1162514	1408655
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	87196	94826
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5507303	3108610
(2) U.S. Government securities	1c(2)	2657176	5017439
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4073046	4828463
(B) All other	1c(3)(B)		0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	88200	89075
(B) Common.....	1c(4)(B)	26908958	24897467
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		2999344
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40484393	42446569

Liabilities

g Benefit claims payable	1g	125342	39565
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	125342	39565

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	40359051	42407004
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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)	1445656	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1445656
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	614538	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		614538
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		783050
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		2843244
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	436025	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		436025
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	359266	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		359266
j Total expenses. Add all expense amounts in column (b) and enter total	2j		795291
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2047953
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: REA & ASSOCIATES

(2) EIN: 34-1310124

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:

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.)

	Yes	No	Amount
4a		X	

	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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan THE PROFIT SHARING AND RETIREMENT PLAN FOR THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE MOUNTAIN COMPANY		D Employer Identification Number (EIN) 55-0488302
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 0
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): 31-6243960		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 _____

The Profit Sharing and Retirement Plan
for The Mountain Company and The
Laurel Management Group, Inc.
Financial Statements

April 30, 2023 and 2022



Rea & associates

www.reacpa.com

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee and Participants of
The Profit Sharing and Retirement Plan for The Mountain
Company and The Laurel Management Group, Inc.
Vienna, West Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of The Profit Sharing and Retirement Plan for The Mountain Company and The Laurel Management Group, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of April 30, 2023 and 2022, respectively, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended April 30, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule as outlined on the Table of Contents is presented for purposes of additional analysis and is not a required part of the financial statements but it is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Hea & Associates, Inc.

New Philadelphia, Ohio
November 21, 2023

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF APRIL 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Cash	\$ 2,690	\$ -
Investments, at fair value (See Note 4)	40,940,398	39,234,683
Receivables:		
Employer contributions	1,408,655	1,162,514
Accrued interest and dividends	<u>94,826</u>	<u>87,196</u>
Total receivables	<u>1,503,481</u>	<u>1,249,710</u>
Total assets	42,446,569	40,484,393
Liability		
Due to broker	<u>39,565</u>	<u>125,342</u>
Net Assets Available for Benefits	<u><u>\$ 42,407,004</u></u>	<u><u>\$ 40,359,051</u></u>

The accompanying notes are an integral part of these financial statements.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED APRIL 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Additions to Net Assets Attributed to:		
Employer contributions, net of forfeitures	\$ 1,445,656	\$ 1,162,514
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	783,050	(4,443,092)
Interest and dividends	<u>614,538</u>	<u>471,677</u>
Total investment income (loss)	<u>1,397,588</u>	<u>(3,971,415)</u>
Total additions (subtractions)	2,843,244	(2,808,901)
 Deductions from Net Assets Attributed to:		
Benefits paid to participants	(436,025)	(4,447,934)
Administrative expenses	<u>(359,266)</u>	<u>(370,398)</u>
Total deductions	<u>(795,291)</u>	<u>(4,818,332)</u>
 Net Increase (Decrease) in Net Assets Available For Benefits	2,047,953	(7,627,233)
 Net Assets Available for Benefits:		
Beginning of year	<u>40,359,051</u>	<u>47,986,284</u>
End of year	<u><u>\$ 42,407,004</u></u>	<u><u>\$ 40,359,051</u></u>

The accompanying notes are an integral part of these financial statements.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of the Profit Sharing and Retirement Plan for The Mountain Company and The Laurel Management Group, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan which was formed for the purpose of providing retirement benefits to all full-time, non-union employees of the controlled group of companies consisting of Tri-State Roofing and Sheet Metal Companies of Ohio, Pennsylvania, Maryland, Kentucky and West Virginia, Service Roofing & Sheet Metal Company of North Carolina, Raleigh, Wilmington, and Virginia, Whitley Service, Whitley Service of Charlottesville, Marion Service, The Mountain Company, and ArtCart (collectively, the Company). Employees become eligible to participate in the Plan upon completing one year (1,000 hours) of service and upon reaching age 18, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Committee is responsible for oversight of the Plan. The Plan Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year, at the discretion of the Company's Board of Directors, discretionary profit sharing contributions may be authorized for the related year. These contributions are funded in the year subsequent to their authorization. Allocations of the Company's profit sharing contribution are given only to participants employed at the end of the Plan year who have completed at least 1,000 hours of service during the Plan year, and are based on participants' compensation for the Plan year relating to the contribution. Profit sharing contributions authorized for the years ended April 30, 2023 and 2022, were \$1,408,655 and \$1,162,514, respectively. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with allocations of (a) the Company's contributions and (b) Plan earnings. Certain fees related to distributions are charged directly to the participant's account and are included in administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Vesting in the Company's discretionary profit-sharing contributions is based on years of continuous service. A participant is 20% vested after two years, 40% vested after three years, 60% vested after four years, 80% vested after five years, and 100% vested after six years of credited service.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon termination of service due to disability, normal retirement (age 65), or early retirement (age 60 with 6 years of service), a participant becomes 100% vested and may elect to receive a lump-sum amount equal to the value of the participant's interest in his or her account. Upon termination of service due to death, a participant becomes 100% vested and the beneficiary is generally paid a lump-sum amount. For termination of service for other reasons, if the vested interest is greater than \$5,000, a participant may receive the value of the vested interest in his or her account only as a lump-sum distribution upon reaching the early or normal retirement date. For termination of service due to reasons except for normal retirement or death, if the vested interest is \$5,000 or less, distribution will be made automatically without election to an Individual Retirement Account (IRA) if no affirmative election to receive or rollover the distribution has been made by the participant.

Forfeited Accounts

Forfeited nonvested accounts are used to reduce future employer contributions or pay administrative expenses. At April 30, 2023 and 2022, forfeited nonvested accounts totaled \$27,890 and \$119,210, respectively. During the years ended April 30, 2023 and 2022, \$112,937 and \$18,759 was used to reduce employer contributions, respectively.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment trustee. See Note 4 for discussion of fair value measurements.

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 (depreciation) 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.

Payment of Benefits

Benefits are recorded when paid.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Expenses of maintaining the Plan, including participant recordkeeping, are paid by the Company and are excluded from these financial statements. Certain fees related to distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net (depreciation) appreciation in fair value of investments.

Subsequent Events

Plan management has evaluated subsequent events through November 21, 2023, the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY TRUSTEES/CUSTODIAN

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at April 30, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, and interest and dividends for the years ended April 30, 2023 and 2022, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Huntington National Bank, the trustee of the Plan.

NOTE 4: FAIR VALUE MEASUREMENTS

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 or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's 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 relevant 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 in the methodologies used at April 30, 2023 and 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year end. NAV is based on the value of underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. NAV is a quoted price in an active market.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate and foreign bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets measured at fair value by level, within the fair value hierarchy, are comprised of the following at April 30, 2023:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 3,108,610	\$ -	\$ -	\$3,108,610
U.S. Government Securities	5,017,439	-	-	5,017,439
Municipal bonds	271,336	-	-	271,336
Corporate bonds and debentures	4,360,626	-	-	4,360,626
Foreign bonds	196,501	-	-	196,501
Preferred stock	89,075	-	-	89,075
Common stocks	24,897,467	-	-	24,897,467
Mutual funds	<u>2,999,344</u>	<u>-</u>	<u>-</u>	<u>2,999,344</u>
Investments at fair value	<u>\$40,940,398</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$40,940,398</u>

Assets measured at fair value by level, within the fair value hierarchy, are comprised of the following at April 30, 2022:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 5,507,303	\$ -	\$ -	\$5,507,303
U.S. Government Securities	2,657,176	-	-	2,657,176
Municipal bonds	273,331	-	-	273,331
Corporate bonds and debentures	3,599,024	-	-	3,599,024
Foreign bonds	200,691	-	-	200,691
Preferred stock	88,200	-	-	88,200
Common stocks	<u>26,908,958</u>	<u>-</u>	<u>-</u>	<u>26,908,958</u>
Investments at fair value	<u>\$39,234,683</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$39,234,683</u>

For the year ended April 30, 2023, the Plan did not hold any Level 2 or Level 3 assets.

NOTE 5: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Huntington National Bank. Huntington National Bank is the trustee as defined by the Plan; therefore, such transactions and associated administrative expenses qualify as party-in-interest transactions.

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: TAX STATUS

Metro Benefits, Inc., sponsor of the Volume Submitter Profit Sharing Plan, has obtained an opinion letter dated June 30, 2020, in which the IRS stated that the restated volume submitter document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan sponsor adopted a restated volume submitter plan on May 1, 2017 with Huntington National Bank, and restated the plan documents as of May 1, 2022 with Metro Benefits, Inc. The volume submitter opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

In accordance with GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of April 30, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2023 statement of net assets available for benefits.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF APRIL 30, 2023

EIN: 55-0488302

PLAN #001

PLAN SPONSOR: THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.

[a]	[b] Identity of issue, borrower, lessor, or similar party	[c] Description of investment including maturity date, rate of interest, collateral, par, or maturity date		[d] Cost	[e] Current Value
	Federated Treasury Obligation Fund	n/a	n/a	\$ 3,108,610	\$ 3,108,610
	U.S. Treasury Bond	2.125%	11/30/2023	110,468	108,213
	U.S. Treasury Bond	1.250%	8/31/2024	359,616	335,234
	U.S. Treasury Bond	1.500%	11/30/2024	317,098	320,658
	U.S. Treasury Bond	2.000%	2/15/2025	155,481	153,975
	U.S. Treasury Bond	2.750%	2/28/2025	343,897	331,606
	U.S. Treasury Bond	2.500%	2/28/2026	356,266	338,023
	U.S. Treasury Bond	1.625%	5/15/2026	528,378	498,117
	U.S. Treasury Bond	2.000%	11/15/2026	494,534	501,016
	U.S. Treasury Bond	0.625%	12/31/2027	128,161	126,966
	U.S. Treasury Bond	2.750%	2/15/2028	542,946	497,297
	U.S. Treasury Bond	3.125%	11/15/2028	321,310	288,916
	U.S. Treasury Bond	2.625%	2/15/2029	504,264	500,145
	U.S. Treasury Bond	1.750%	11/15/2029	459,703	474,223
	U.S. Treasury Bond	1.500%	2/15/2030	218,130	225,038
	FHLB Bond	2.875%	9/13/2024	342,693	318,012
	Ace Ina Holdings	3.350%	5/15/2024	195,570	200,622
	American Express	3.625%	12/5/2024	104,500	97,791
	Bank of America Corp.	5.202%	4/25/2029	200,900	201,379
	Berkshire Hathaway Energy	3.750%	11/15/2023	129,261	123,922
	Berkshire Hathaway Energy Series	3.250%	4/15/2026	93,481	95,353
	Burlington North Santa Fe	3.650%	9/1/2025	155,650	156,924
	Dover Corp.	3.150%	11/15/2025	110,317	96,816
	Dover Corp.	2.950%	11/4/2029	52,742	53,922
	Duke Energy Corp.	2.650%	9/1/2026	159,291	150,135
	Essex Portfolio LP Essex Portfolio LP	3.500%	4/1/2025	110,544	100,587
	Emerson Electric Co.	1.800%	10/15/2027	144,510	130,233
	Eversource Energy	2.800%	5/1/2023	97,945	99,978
	Fifth Third Bancorp	4.300%	1/16/2024	107,118	97,729
	Georgia Power Co.	2.200%	9/15/2024	137,956	134,870
	Home Depot	2.500%	4/15/2027	142,792	127,897
*	Huntington Bancshares Inc.	4.443%	8/4/2026	151,726	147,524
	Interstate P&L	3.250%	12/1/2024	156,812	145,919
	Illinois Tool Works	2.650%	11/15/2026	195,703	200,774
	JPMorgan Chase	3.300%	4/1/2026	208,998	198,695
	KeyCorp Series MTN	4.150%	10/29/2025	158,614	143,138
	Morgan Stanley	4.679%	7/17/2026	191,478	192,700
	National Rural Util Corp.	3.400%	2/7/2026	196,526	200,846
	PNC Financial Services	3.500%	1/23/2024	102,433	98,478
	South Dakota ST Building Auth Rev	2.349%	6/1/2026	150,000	142,929
	Suntrust Banks, Inc.	4.000%	5/1/2025	137,552	131,132
	Union Pacific Corp.	3.500%	6/8/2023	103,648	99,850
	University of Cincinnati OH Receipts	2.162%	6/1/2025	135,000	128,407
	US Bancorp	3.000%	7/30/2029	200,950	193,388
	Verizon Communications	4.016%	12/3/2029	145,587	149,175
	Virginia Electric & Power Co.	2.950%	11/15/2026	107,298	99,068
	Wells Fargo & Co.	4.100%	6/3/2026	217,424	194,483
	Xcel Energy	3.300%	6/1/2025	148,755	144,812
	Xylem Inc	1.950%	1/30/2028	160,249	152,486
	Aon PLC	3.875%	12/15/2025	102,446	98,193
	Johnson Controls Intl PL V/R	3.625%	7/2/2024	109,426	98,308

See accompanying independent auditor's report.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF APRIL 30, 2023

EIN: 55-0488302

PLAN #001

PLAN SPONSOR: THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.

[a]	[b] Identity of issue, borrower, lessor, or similar party	[c] Description of investment including maturity date, rate of interest, collateral, par, or maturity date	[d] Cost	[e] Current Value
	Allstate Corp	Preferred Stock	86,712	89,075
	Alphabet Inc - Class A	Common Stock	569,986	1,218,124
	Alphabet Inc - Class C	Common Stock	49,836	412,186
	Ashtead Group	Common Stock	312,592	425,811
	Brown Forman Corp Class A	Common Stock	35,970	331,047
	Cable One Inc.	Common Stock	195,400	76,599
	Capital One Financial Corp	Common Stock	515,208	459,937
	Carlsberg AS-B	Common Stock	146,484	183,362
	Carmax Inc.	Common Stock	647,782	652,189
	Charles Schwab Corp	Common Stock	591,599	770,174
	CIE Financiere Richemont	Common Stock	309,328	1,192,397
	Comcast Corp CL A	Common Stock	278,920	249,668
	Constellation Software Inc.	Common Stock	217,578	917,862
	Credit Acceptance Corp	Common Stock	331,712	563,904
	Davide Campari-Milano SPA	Common Stock	213,203	294,562
	Elevance Health Inc.	Common Stock	445,018	579,251
	Eurofins Scientific SE	Common Stock	610,489	760,424
	Heineken Holding NV	Common Stock	401,200	978,311
	Intercontinental Exchange Inc.	Common Stock	1,045,691	1,121,434
	Jacobs Engr Group Inc	Common Stock	319,287	557,787
	JPMorgan Chase & Co	Common Stock	248,614	371,866
	Liberty Broadband - Class A	Common Stock	99,069	99,661
	Liberty Broadband - Class C	Common Stock	470,723	437,973
	Liberty Media Group - Class A	Common Stock	83,574	129,042
	Liberty Media Group - Class C	Common Stock	297,828	783,045
	Lumine Group Inc.	Common Stock	1	18,950
	Martin Marietta Matls Inc.	Common Stock	103,318	495,768
	Mastercard Inc.	Common Stock	64,896	1,083,086
	Meta Platforms Inc. - Class A	Common Stock	399,487	484,004
	Nestle SA ADR	Common Stock	376,107	1,387,773
	Netflix Inc.	Common Stock	726,742	868,706
	Pernod Ricard SA	Common Stock	298,258	839,962
	Phillip Morris Intl	Common Stock	470,681	846,746
	Rolls Royce Holdings PLC	Common Stock	893,300	535,515
	SAP AG	Common Stock	422,333	620,365
	Taiwan Semiconductor MFG LTD ADR	Common Stock	430,298	571,807
	Unilever NV NY SHS	Common Stock	301,758	480,001
	United Health Group Inc.	Common Stock	506,466	852,300
	Universal Music Group NV	Common Stock	918,033	792,145
	VISA Inc.	Common Stock	161,704	1,290,488
	Vulcan Materials Co.	Common Stock	119,946	157,608
	Wolverine Holding Corp	Common Stock	5,627	5,627
	Vanguard 500 Index Fund	Mutual Funds	2,750,000	2,999,344
			<u>\$ 30,787,515</u>	<u>\$ 40,940,398</u>

* A party-in-interest as defined by ERISA.

Note: This schedule is based on information which has been certified as complete and accurate by Huntington National Bank, the trustee of the Plan.

See accompanying independent auditor's report.

THE PROFIT SHARING AND RETIREMENT PLAN
FOR THE MOUNTAIN COMPANY AND
THE LAUREL MANAGEMENT GROUP, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED APRIL 30, 2023

EIN: 55-0488302

PLAN #001

PLAN SPONSOR: THE MOUNTAIN COMPANY AND THE LAUREL MANAGEMENT GROUP, INC.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Category (3) - Any transaction within the plan year involving securities of the same issue if, within the plan year, any series of transactions with respect to such securities amount in the aggregate to more than 5% of current value of the plan assets</u>								
Vanguard	Vanguard 500 Index Fund - Admiral Shares	250,000	N/A	N/A	N/A	250,000	250,000	N/A
Vanguard	Vanguard 500 Index Fund - Admiral Shares	1,500,000	N/A	N/A	N/A	1,500,000	1,500,000	N/A
Vanguard	Vanguard 500 Index Fund - Admiral Shares	1,000,000	N/A	N/A	N/A	1,000,000	1,000,000	N/A

See accompanying 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 2022 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>05/01/2022</u> and ending <u>04/30/2023</u>	
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) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information --- enter all requested information											
1a Name of plan The Profit Sharing and Retirement Plan for The Mountain Company and The Laurel Management Group, Inc. 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) The Mountain Company 166 60th Street US Vienna WV 26105	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ►</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/1976</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 55-0488302</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (304) 295-3311</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238100</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 05/01/1976		2b Employer Identification Number (EIN) 55-0488302		2c Plan Sponsor's telephone number (304) 295-3311		2d Business code (see instructions) 238100	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 05/01/1976											
2b Employer Identification Number (EIN) 55-0488302											
2c Plan Sponsor's telephone number (304) 295-3311											
2d Business code (see instructions) 238100											

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	 Signature of plan administrator	<u>11/29/2023</u> Date	Bryan Ream Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>11/29/2023</u> Date	Bryan Ream Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ 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 and 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		5 424																				
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px 5px;">6a(1) Total number of active participants at the beginning of the plan year</td> <td style="text-align: right; padding: 2px 5px;">280</td> </tr> <tr> <td style="padding: 2px 5px;">6a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right; padding: 2px 5px;">242</td> </tr> <tr> <td style="padding: 2px 5px;">b Retired or separated participants receiving benefits</td> <td style="text-align: right; padding: 2px 5px;">0</td> </tr> <tr> <td style="padding: 2px 5px;">c Other retired or separated participants entitled to future benefits</td> <td style="text-align: right; padding: 2px 5px;">164</td> </tr> <tr> <td style="padding: 2px 5px;">d Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right; padding: 2px 5px;">406</td> </tr> <tr> <td style="padding: 2px 5px;">e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</td> <td style="text-align: right; padding: 2px 5px;">0</td> </tr> <tr> <td style="padding: 2px 5px;">f Total. Add lines 6d and 6e</td> <td style="text-align: right; padding: 2px 5px;">406</td> </tr> <tr> <td style="padding: 2px 5px;">g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right; padding: 2px 5px;">394</td> </tr> <tr> <td style="padding: 2px 5px;">h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right; padding: 2px 5px;">23</td> </tr> </table>			6a(1) Total number of active participants at the beginning of the plan year	280	6a(2) Total number of active participants at the end of the plan year	242	b Retired or separated participants receiving benefits	0	c Other retired or separated participants entitled to future benefits	164	d Subtotal. Add lines 6a(2), 6b, and 6c.	406	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	0	f Total. Add lines 6d and 6e	406	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	394	h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	23
6a(1) Total number of active participants at the beginning of the plan year	280																					
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g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	394																					
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	23																					
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: 2A 2E 3D 3H																						
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 05/01/2022 and ending 04/30/2023

Name of plan

The Profit Sharing and Retirement Plan for The Mountain Company and The Laurel Management Group, Inc.

Employer Identification Number

55-0488302

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Federated Treasury Oblig Fund	n/a	3,108,610	3,108,610
	U.S. Treasury Bond	2.125%	110,468	108,213
	U.S. Treasury Bond	1.25%	359,616	335,234
	U.S. Treasury Bond	2.75%	542,946	497,297
	U.S. Treasury Bond	2.50%	356,266	338,023
	U.S. Treasury Bond	1.625%	528,378	498,117
	U.S. Treasury Bond	2.75%	343,897	331,606
	U.S. Treasury Bond	3.125%	321,310	288,916
	U.S. Treasury Bond	2.625%	504,264	500,145
	FHLB Bond	2.875%	342,693	318,012
	Ace Int Holdings	3.35%	195,570	200,622
	American Express	3.625%	104,500	97,791
	Bank of America Corp	3.248%	200,900	201,379
	Berkshire Hathaway Energy	3.75%	129,261	123,922
	Burlington North Santa Fe	3.405	155,650	156,924
	CVS Health Corporation	3.50%	0	0
	Dover Corp	3.15%	110,317	96,816
	Duke Energy Corp.	2.65%	159,291	150,135
	Emerson Electric Co.	1.80%	144,510	130,233
	Enterprise Products Operating	3.35%	0	0
	Essex Portfolio LP	3.50%	110,544	100,587
	Eversource Energy	2.80%	97,945	99,978
	Fifth Third Bancorp	4.30%	107,118	97,729
	Georgia Power Co	2.20%	137,956	134,870
	Home Depot	2.50%	142,792	127,897
	Huntington Bancshares Inc.	2.625%	151,726	147,524
	Interstate P&L	3.25%	156,812	145,919
	JPMorgan Chase	3.30%	208,998	198,695
	KeyCorp Series MTN	4.15%	158,614	143,138
	Morgan Stanley	4.00%	191,478	192,700
	National Rural Util Corp	2.95%	196,526	200,846
	Pepsico Inc.	2.85%	0	0
	PNC Financial Servies	3.50%	102,433	98,478
	Roper Technologies Inc.	1.00%	0	0
	Starbucks Corp	3.10%	0	0
	South Dakota ST Building Auth	2.349%	150,000	142,929
	Suntrust Banks, Inc.	4.00%	137,552	131,132
	Union Pacific Corp	3.50%	103,648	99,850
	University of Cincinnati OH Re	2.162%	135,000	128,407

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 05/01/2022 and ending 04/30/2023

Name of plan

The Profit Sharing and Retirement Plan for The Mountain Company and The Laurel Management Group, Inc.

Employer Identification Number

55-0488302

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	U.S. Treasury Bond	1.50% 2024	317,098	320,658
	U.S. Treasury Bond	2.00% 2025	155,481	153,975
	U.S. Treasury Bond	2.00% 2026	494,534	501,016
	U.S. Treasury Bond	.625%	128,161	126,966
	U.S. Treasury Bond	1.75%	459,703	474,223
	U.S. Treasury Bond	1.50% 2030	218,130	225,038
	XCEL ENERGY INC	3.30%	148,755	144,812
	WELLS FARGO & CO SERIES	4.10%	217,424	194,483
	ILLINOIS TOOL WORKS	2.65%	195,703	200,774
	VIRGINIA ELEC & PWR CO SRS B	2.95%	107,298	99,068
	XYLEM INC	1.95%	160,249	152,486
	BERKSHIRE HATHAWAY ENERGY	3.25%	93,481	95,353
	DOVER CORP	2.95%	52,742	53,922
	VERIZON COMMUNICATIONS	4.016%	145,587	149,175
	JOHNSON CONTROLS INTL PL	3.625%	109,426	98,308
	AON PLC	3.875%	102,446	98,193
	ALLSTATE CORP	PREFERRED STOCK	86,712	89,075
	CAPITAL ONE FINANCIAL CORP	COMMON STOCK	515,208	459,937
	CREDIT ACCEPTANCE CORP	COMMON STOCK	331,712	563,904
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	1,045,691	1,121,434
	JP MORGAN CHASE & CO	COMMON STOCK	248,614	371,866
	SCHWAB (CHARLES) CORP	COMMON STOCK	591,599	770,174
	ELEVANCE HEALTH INC	COMMON STOCK	445,018	579,251
	UNITEDHEALTH GROUP INC	COMMON STOCK	506,466	852,300
	BROWN-FORMAN CORP CL A	COMMON STOCK	35,970	331,047
	PHILIP MORRIS INTL INC	COMMON STOCK	470,681	846,746
	CABLE ONE INC	COMMON STOCK	195,400	76,599
	CARMAX INC	COMMON STOCK	647,782	652,189
	COMCAST CORP CL A	COMMON STOCK	278,920	249,668
	JACOBS SOLUTIONS INC	COMMON STOCK	319,287	557,787
	LIBERTY BROADBAND CORP A	COMMON STOCK	99,069	99,661
	LIBERTY BROADBAND CORP C	COMMON STOCK	470,723	437,973
	NETFLIX INC	COMMON STOCK	726,742	868,706
	WOLVERINE HOLDING CORPORATION	COMMON STOCK	5,627	5,627
	ALPHABET INC - CL C	COMMON STOCK	569,986	1,218,124
	ALPHABET INC - CL A	COMMON STOCK	49,836	412,186
	META PLATFORMS INC - CLASS A	COMMON STOCK	399,487	484,004
	LIBERTY MEDIA GROUP - C	COMMON STOCK	297,828	783,045
	LIBERTY MEDIA GROUP - A	COMMON STOCK	83,574	129,042

[illegible]

Schedule H, line 4j
Schedule of Reportable Transactions.

[illegible]