Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN OF K2

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 12/31/1973

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
K2 INC.

5818 EL CAMINO REAL SUITE 100
CARLSBAD, CA 92008

2b Employer Identification Number (EIN)
95-2077125

2c Sponsor's telephone number
760-494-1000

2d Business code (see instructions)
339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	TONYA JARVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
K2 INC.

5818 EL CAMINO REAL SUITE 100
CARLSBAD, CA 92008

3b Administrator's EIN
95-2077125

3c Administrator's telephone number
760-494-1000

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2546
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF K2

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500.
K2 INC.

D Employer Identification Number (EIN)
95-2077125

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

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

1 Coverage Information:

(a) Name of insurance carrier
THE EQUITABLE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	2166	0	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1390895
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	51186		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	51186
d	Total of balance and additions (add **b** and **c(6)**)			7d	1442081
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	112185		
	(2) Administration charge made by carrier	7e(2)	9904		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1319992		
	▶ TRANSFER OUT				
	(5) Total deductions			7e(5)	1442081
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN OF K2

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
K2 INC.

D Employer Identification Number (EIN)
95-2077125

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
	a Market value		**2a**	39418510
	b Actuarial value		**2b**	43360361
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	940	23086900
	b For terminated vested participants	**3b**	1240	18434047
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		43973
	(2) Vested benefits	**3c(2)**		8489592
	(3) Total active	**3c(3)**	366	8533565
	d Total	**3d**	2546	50054512
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.16 %
6	Target normal cost		**6**	445000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/21/2010
Date

LYNDA ABEND
Type or print name of actuary

08-05209
Most recent enrollment number

NEW YORK LIFE RETIREMENT PLAN SERVI
Firm name

781-619-2000
Telephone number (including area code)

690 CANTON STREET
WESTWOOD, MA 02090
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of -25.62 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		122720
	b Interest on (a) using prior year's effective rate of 6.12 %		7510
	c Total available at beginning of current plan year to add to prefunding balance		130230
	d Portion of (c) to be added to prefunding balance		130230
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	130230

Part III Funding percentages

14	Funding target attainment percentage	14	86.36 %
15	Adjusted funding target attainment percentage	15	86.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.35 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	283489				
07/15/2009	283489				
10/15/2009	283489				
01/15/2010	283489				
04/01/2010	809000				
			Totals ► 18(b)	1942956	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1810561

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		445000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		6824381	1339812
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		1784812

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	1784812
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1810561
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	25749
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
PENSION PLAN OF K2

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
K2 INC.

D Employer Identification Number (EIN)
95-2077125

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(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 62 64	RETAINED BY CLIENT	94161	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GREAT LAKES ADVISORS, INC.

36-3707782

(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?
27 70	RETAINED BY CLIENT	28284	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ATESSA BENEFITS, INC.

02-0429408

(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?
11	RETAINED BY CLIENT	27359	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BKD LLP

44-0160260

(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	RETAINED BY CLIENT	16802	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J.H. COHN

22-1478099

(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	RETAINED BY CLIENT	15300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(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?
11	RETAINED BY CLIENT	14065	Yes [ ] No [X]	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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF K2

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
K2 INC.

D Employer Identification Number (EIN)
95-2077125

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	222892	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	32290641	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1390895	0
(15) Other	1c(15)	5366074	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	39270502	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	39270502	0

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)	1942956	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	1387711	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3330667
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)	51186	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		51186
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		8309379
c Other income	2c		808488
d Total income. Add all **income** amounts in column (b) and enter total	2d		12499720
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3495166	
(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)		3495166
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)	105947	
(2) Contract administrator fees	2i(2)	104065	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	181799	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		391811
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3886977
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		8612743
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		47883245

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BKD, LLP (2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

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)
JARDEN CORPORATION CONSOLIDATED PENSION PLAN	25-1638268	039

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF K2

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
K2 INC.

D Employer Identification Number (EIN)
95-2077125

Part I Distributions

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

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

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

EIN(s): 13-3808042

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** 95

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 13% Investment-Grade Debt: 85% High-Yield Debt: _____% Real Estate: _____% Other: 2%

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

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

BKD LLP
CPAs & Advisors

201 N. Illinois Street, Suite 700
P.O. Box 44998
Indianapolis, IN 46244-0998
317.383.4000 Fax 317.383.4200 www.bkd.com

Independent Accountants' Report

Plan Administrator
Pension Plan of K2 Inc.
Boca Raton, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Pension Plan of K2 Inc. as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

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

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

BKD, LLP

Indianapolis, Indiana
October 7, 2010

Federal Employer Identification Number: 44-0160260

experience BKD

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ATTACHMENT TO 2009 FORM 5500
SCHEDULE SB, PART V
EIN: 95-2077125 / PN: 005

Summary of Plan Provisions

Anthony / Simplex

Effective Dates:	Original Plan: December 1, 1973 Most Recent Amendment: January 1, 2004 Frozen to Future Accruals as of August 31, 2004	
Employee:	Any person employed by K2	
Eligibility Requirements:	Age:	21
	Service:	One Year of Service
	Maximum Age:	None
Plan Entry Date:	An eligible employee will enter the plan on the first day of the month following completion of the eligibility requirements.	
Year of Service:	Benefit Accrual:	Years and months of uninterrupted employment as a covered employee.
	Vesting:	Years and months of uninterrupted employment as a covered employee.
Normal Retirement Date:	First of the month coincident with or next following attained age 65, or if later, the fifth anniversary of the date of participation.	
Compensation:	The salary, wages, overtime pay, commissions, bonuses, and similar forms of incentive compensation actually paid by the company to the employee during the calendar year (not exceeding $50,000 for sales managers and $35,000 for salesmen of the Anthony Plan, and limited by the pensionable earnings cap.)	
Average Compensation:	The average of the highest five consecutive years of annual compensation paid to an employee.	

ATTACHMENT TO 2009 FORM 5500
SCHEDULE SB, PART V
EIN: 95-2077125 / PN: 005

Summary of Plan Provisions

Anthony / Simplex

Normal Retirement Benefit:	The Greater of (1), (2), or (3): 1. 1% of average five-year compensation times years of service up to 35 years. 2. $120 times years of service 3. 37.5% of average five-year compensation (reduced by 1979 Social Security covered compensation) reduced ratable over 25 years for years of service on June 1, 1996.
Normal Form of Benefit:	Actuarially equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single.
Accrued Benefit:	Monthly pension benefit payable at age 65, based on years on benefit service and average annual five-year compensation at termination.
Early Retirement Benefit:	Monthly pension benefit determined at the early retirement date. The reduction for early commencement of benefits is 7% for each year before age 65 up to five years, and 5% for each year before age 60. In addition, the accrued benefit and early retirement factors as of June 1, 1996 are grandfathered, and will apply if greater than the accrued benefit and early retirement factors under the plan after June 1, 1996.
Late Retirement Benefit:	Monthly pension benefit determined as of actual retirement date.
Death Benefit:	In the even to the death of a married participant with a nonforfeitable right to a benefit, the surviving spouse shall receive the benefit that would have been payable had the participant terminated, survived to his earliest retirement date (or date of death if later), elected the 50% joint and survivor benefit to commence immediately, and then died.

ATTACHMENT TO 2009 FORM 5500
SCHEDULE SB, PART V
EIN: 95-2077125 / PN: 005

Summary of Plan Provisions

Anthony / Simplex

Disability Benefit:	Monthly pension benefit payable at age 65, based on benefit service earned while on disability up to age 65 and average monthly earnings at a disability date.
Vesting:	100% vesting after 5 Years of Service.
Accrual Status:	The plan was frozen as of August 31, 2004.

ATTACHMENT TO 2009 SCHEDULE SB (FORM 5500)

Pension Plan of K2

EIN/PN: 95-2077125/005

Item 26--Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.	Total
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25 to 29	0	0	4	1	0	0	0	0	0	0	**5**
30 to 34	0	1	9	15	1	0	0	0	0	0	**26**
35 to 39	0	0	21	13	9	1	0	0	0	0	**44**
40 to 44	0	1	21	11	13	10	1	0	0	0	**57**
45 to 49	0	0	14	17	12	8	6	0	0	0	**57**
50 to 54	0	1	17	7	15	10	14	12	3	0	**79**
55 to 59	0	1	8	9	1	4	4	9	10	1	**47**
60 to 64	0	1	3	7	6	7	4	4	5	5	**42**
65 to 69	0	0	0	4	0	2	0	0	1	0	**7**
70 & up	0	0	0	0	0	1	0	0	0	1	**2**
	0	**5**	**97**	**84**	**57**	**43**	**29**	**25**	**19**	**7**	**366**

ATTACHMENT TO 2009 FORM 5500
SCHEDULE SB, PART V
EIN: 95-2077125 / PN: 005

Actuarial Assumptions

Economic Assumptions

Interest Rates:

Funding Target and PBGC Liability (Illustrative Rates)		
- Initial Duration Spot Rate		5.45%
- 10th Duration Spot Rate		8.81%
- 20th Duration Spot Rate		8.22%
Effective Interest Rate		8.16%

FAS 35 Assumed Investment Return 7.50%

Annual rates of increase:
- Salaries N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation and benefits N/A

Demographic Assumptions

Mortality:
- Funding Target / PBGC IRS 2009 Static Mortality Table
- FAS 35 IRS 2008 Static Mortality Table

Termination: None for BASF or Simplex UAW plans. Rates varying by age for Anthony/Simplex, Stearns, and Shakespeare plans.

Table of Male Sample Withdrawal Rates:

	Anthony/Simplex	**Sterns**		**Shakespeare**	
Age		**Salaried**	**Hourly**	**Salaried**	**Hourly**
25	0.1000	0.1164	0.1724	0.0993	0.2210
40	0.0530	0.0944	0.1315	0.0281	0.0638
55	0.0060	0.0194	0.0462	0.0000	0.0000

Table of Female Sample Withdrawal Rates:

	Anthony/Simplex	**Sterns**		**Shakespeare**	
Age		**Salaried**	**Hourly**	**Salaried**	**Hourly**
25	0.1000	0.1165	0.1725	0.2244	0.3972
40	0.0530	0.0949	0.1320	0.0737	0.1461
55	0.0060	0.0231	0.0499	0.0090	0.0207

ATTACHMENT TO 2009 FORM 5500
SCHEDULE SB, PART V
EIN: 95-2077125 / PN: 005

Actuarial Assumptions

Disability: None for Anthony/Simplex, Shakespeare, or Simplex UAW plans. Rates varying by age for Stearns plans. Table of Sample Disability Rates:

	Stearns Salaried		Stearns Hourly	
Age	**Male**	**Female**	**Male**	**Female**
25	0.0014	0.0021	0.0028	0.0042
40	0.0016	0.0024	0.0032	0.0049
55	0.0043	0.0065	0.0087	0.0130

Retirement: Age 65 and completion of five years of service for all component plans with the exception of Shakespeare Salaried and Hourly Plans, and Stearns Salaried plan. Table of Sample Retirement Rates:

Shakespeare		Stearns Salaried	
Age	**Rates**	**Age**	**Rates**
62	0.95	62	0.50
63	0.00	63	0.00
64	0.00	64	0.00
65	1.00	65	1.00

Miscellaneous Assumptions

Form of Payment: Shakespeare Salaried: 90% assumed to take Lump Sum Option
All Other: Life Annuity

Expenses: Assumed to equal previous year's actual expenses.

Percent Married: 80%

Spouse's Age: Wives assumed to be 3 years younger than husbands

ATTACHMENT TO 2009 FORM 5500
SCHEDULE SB, PART V
EIN: 95-2077125 / PN: 005

Actuarial Cost Method

Funding Target / Target Normal Cost

An Actuarial Cost Method is an allocation of the expected cost of a pension plan on a year-by-year basis. The primary objective of an Actuarial Cost Method is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) mandates the use of the Traditional Unit Credit Actuarial Cost Method. Under this method, the accrued benefit is estimated based upon service and, if applicable, earnings as of the valuation date. The Funding Target is equal to the actuarial present value of all accrued benefits as of the valuation date. The Target Normal Cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefit attributable to service expected to be completed during the plan year (i.e. if applicable, one year's salary growth is reflected in the determination of Target Normal Cost).

For tax deduction purposes, the Funding Target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA Discounting Method

The plan sponsor is responsible for making the following decisions with regard to the discounting method:

- Rates as of the month of the valuation or use of a lookback month up to 4 months prior to the valuation date
- Full yield-curve spot rates or a segmented yield-curve of a 24-month average rates of corporate bond rates
- If a segmented yield-curve is selected, rates can be transitioned over 3 years from the prior basis or can immediately go to the new basis

Once the discounting method is selected it becomes part of the funding method. Any change to the discounting method would require IRS approval.

The plan sponsor will formally make their selection with the filing of the 2009 Form 5500.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

- October 2008 Rates
- Full Yield Curve

Asset Valuation Method

The value of plan assets is set equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets (including expected earnings) determined for two earlier determination dates. The resulting average value must be constrained so that it falls between 90 and 110 percent of the fair market value of assets on the valuation date. This method was changed from 2008.

ATTACHMENT TO 2009 SCHEDULE SB (FORM 5500)

Pension Plan of K2

EIN/PN: 95-2077125/005

Item 22: Weighted average retirement age

Expected Age at Retirement

Group	(A) Assumed Retirement Age	(B) Number of Employees	(C) A x B	(D) C/B Weighted Average Retirement Age
1	62	162	10044.00	
2	63.5	34	2159.00	
3	65	170	11,050.00	
		366	23,253.00	63.53

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Pension Plan of K2

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: K2 Inc.

D Employer Identification Number (EIN): 95-2077125

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2 Assets:

a	Market value	2a	39,418,510
b	Actuarial value	2b	43,360,361

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	940	23,086,900
b	For terminated vested participants	3b	1,240	18,434,047
c	For active participants:			
	(1) Non-vested benefits	3c(1)		43,973
	(2) Vested benefits	3c(2)		8,489,592
	(3) Total active	3c(3)	366	8,533,565
d	Total	3d	2,546	50,054,512

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	8.16 %
6	Target normal cost	6	445,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 9/21/2010

LYNDA ABEND
Type or print name of actuary

08-05209
Most recent enrollment number

NEW YORK LIFE RETIREMENT PLAN SERVI
Firm name

(781)619-2000
Telephone number (including area code)

690 CANTON STREET
WESTWOOD MA 02090
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (25.62)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		122,720
b	Interest on (a) using prior year's effective rate of 6.12 %		7,510
c	Total available at beginning of current plan year to add to prefunding balance		130,230
d	Portion of (c) to be added to prefunding balance		130,230
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	130,230

Part III Funding percentages

14	Funding target attainment percentage	14	86.36 %
15	Adjusted funding target attainment percentage	15	86.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.35 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)		(c) Amount paid by employees
04/15/2009	283,489						
07/15/2009	283,489						
10/15/2009	283,489						
01/15/2010	283,489						
04/01/2010	809,000						
			Totals ►	18(b)	1,942,956	18(c)	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,810,561

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		[ ] Yes [X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		[X] Yes [ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		[X] Yes [ ] No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	445,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6,824,381	1,339,812
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	1,784,812

35 Balances used to offset funding requirement	Carryover balance	Prefunding balance	Total balance
	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	1,784,812
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1,810,561
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	25,749
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005

Accountants' Report and Financial Statements

December 31, 2009 and 2008

Pension Plan of K2 Inc.

December 31, 2009 and 2008

Contents

Independent Accountants' Report **1**

Financial Statements

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedules

Schedule G, Part III - Schedule of Nonexempt Transactions 16

Schedule H, Line 4j - Schedule of Reportable Transactions 17

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Independent Accountants' Report

Plan Administrator
Pension Plan of K2 Inc.
Boca Raton, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Pension Plan of K2 Inc. as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

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

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

BKD, LLP

Indianapolis, Indiana
October 7, 2010

Federal Employer Identification Number: 44-0160260

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Pension Plan of K2 Inc.

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value	$ -	$ 39,047,610
Plan Sponsor Receivables	-	1,379,978
Cash	-	222,892
Total assets	-	40,650,480
Liabilities		
Accounts payable	-	96,347
Net Assets Available for Benefits	$ -	$ 40,554,133

Pension Plan of K2 Inc.

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009	2008
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	$ 8,018,275	$ (16,398,337)
Interest and dividends	1,143,329	2,139,550
Other income	15,297	9,781
Net investment income (loss)	9,176,901	(14,249,006)
Employer Contributions	1,942,956	1,287,714
Total	11,119,857	(12,961,292)
Deductions		
Benefits paid to participants	3,495,281	4,249,453
Administrative expenses	444,857	449,012
Transfers to Jarden Consolidated Pension Plan	47,733,852	-
Total	51,673,990	4,698,465
Net Decrease	(40,554,133)	(17,659,757)
Net Assets Available for Benefits, Beginning of Year	40,554,133	58,213,890
Net Assets Available for Benefits, End of Year	$ -	$ 40,554,133

Pension Plan of K2 Inc.

Notes to Financial Statements

December 31, 2009 and 2008

Note 1: Description of the Plan

The following description of Pension Plan of K2 Inc. (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

General

The Plan was a noncontributory defined-benefit plan that covered substantially all employees of K2 Inc., Shakespeare Company, Stearns Inc. and the Simplex Products Division of K2 Inc. (collectively, the Company) who were not covered by a collective bargaining agreement and who had attained age 21 and had completed one year of service.

Additional participants included employees of BASF Corporation in Enka, North Carolina who were subject to a collective bargaining agreement between Shakespeare Conductive Fibers, LLC and U.F.C.W. Textile and Garment Council AFL/CIO & CLC. These participants were eligible to participate immediately upon employment.

The Plan provided for retirement, death and disability benefits and was subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). New York Life Trust Company was the trustee of the Plan. AXA Equitable Life Insurance Company served as the custodian of the unallocated insurance contact.

Effective August 31, 2004, the Retirement Committee of K2 Inc. passed a resolution to cease the accrual of additional benefits under the Plan and the entry of new participants into the Plan for all participants with the exception of the BASF Corporation hourly employees. Effective September 18, 2006, the accrual of additional benefits ceased for BASF Corporation hourly employees and no employees were eligible to become participants after this date.

Effective December 31, 2009, the Plan merged with and into Sunbeam Products, Inc. Consolidated Retirement Plan, which was then renamed Jarden Consolidated Pension Plan (Post-Merger Plan). The Post-Merger Plan is the surviving plan.

Contributions

The Company had agreed to voluntarily contribute such additional amounts that were necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's intention was to make contributions in amounts sufficient to annually fund the Plan's current service cost and the initial past-service costs plus interest on them over a period of 30 years. The Plan met the minimum funding requirements established by the federal government.

Normal Pension Benefits

For participants who attained age 65 or later who had been credited with at least five years of service, the normal retirement benefit was paid for unmarried participants in the form of a single life annuity which provided monthly payments for the life of the participant. Such payments would continue to the first day of the month in which the participant's death occurred.

For married participants, an actuarially equivalent benefit which provided reduced payments for the life of the participant could have been elected. Upon the death of the participant, monthly payments equal to 50% (60% for certain Shakespeare participants) of the amount of the monthly benefit received by the participant continued for the life of the spouse.

For the Shakespeare division, the normal form of benefit was 120 months certain and continuous and 60 months certain and continuous for BASF participants.

Early Retirement and Disability Retirement Benefits

A participant could be eligible to receive a reduced early retirement benefit following the first day of the month in which they attained age 55 and had been credited with ten years of service for Shakespeare Company employees and at least five years of service for all others.

A participant deemed to be "permanently and totally disabled" could be eligible to receive a disability retirement benefit commencing on their disability retirement date. A participant's disability retirement date could be his normal retirement date and the disability retirement benefit was determined by utilizing the normal retirement benefit formula assuming years of service continue to age 65 and there was no change in the amount of compensation utilized in calculating the benefit.

All forms of retirement payments were made on a monthly basis by the Trust.

Vesting

Employees were fully vested upon completion of five years of vesting service.

Plan Termination

If the Plan would have terminated, the net assets of the Plan would have been allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.

c. Other vested benefits insured by the (PBGC) up to the applicable limitations discussed below.

d. Vested benefits not insured by the PBGC.

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Mutual funds were valued at the net asset value (NAV) of shares held by the Plan at year end. Managed funds invested in marketable securities and common collective trust. Marketable securities were stated at fair value. Securities traded on a national securities exchange were valued at the last reported sales price on the last business day of the Plan year. The common collective trust was valued based on information reported by the investment advisor using the audited financial statement of the common collective trust at year end. Hedge funds were valued at the net asset value of shares held by the Plan at year end. Money market funds are valued at costs which approximate fair value.

Purchases and sale of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

The unallocated insurance contract was stated at contract value, as the contract was entered into with AXA Equitable Life Insurance Company prior to December 31, 1993. The contract value, which approximates fair value, represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Administrative Expenses

Administrative expenses could be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

a. Retired or terminated employees or their beneficiaries

b. Present employees or their beneficiaries

Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered through August 31, 2004.

Benefits to be provided via annuity contracts excluded from Plan assets were excluded from accumulated plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on August 21, 2002, in which the Internal Revenue Service stated that the Plan and related trust as then designed were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2006.

Subsequent Events

Subsequent events have been evaluated through October 7, 2010, which is the date the financial statements were available to be issued.

Note 3: Investments

The Plan's investments were held by a trust fund. The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

	2009	2008	
	Net Appreciation in Fair Value During Year	Net Depreciation in Fair Value During Year	Fair Value at End of Year
Mutual funds	$ 7,209,787	$ (14,498,164)	$ 32,290,641
Managed accounts	732,075	(1,587,329)	3,160,002
Hedge fund	76,413	(312,844)	2,206,072
Unallocated investment contract (at contract value)	-	-	1,390,895
	$ 8,018,275	$ (16,398,337)	$ 39,047,610

The fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

	2008
PIMCO Total Return Instl	$ 5,758,605
PIMCO Real Return Instl	4,115,336
The Investment Company of America R5	3,457,914
The Growth Fund of America R5	2,391,612
AllianceBern Value Adv	2,250,882
Royce Premier Fund Inv	2,141,044
Great Lakes Advisors/BONY	3,160,002
Cadogan Alternative Strategies Fund Limited	2,206,072

Interest and dividends realized on the Plan's investments for the years ended 2009 and 2008 were $1,143,329 and $2,139,550, respectively.

Note 4: Fair Value of Plan Assets

ASC Topic 820, *Fair Value Measurements*, defines fair value as 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. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities included mutual funds and the managed account. If quoted market prices were not available, then fair values were estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. In certain cases where Level 1 or Level 2 inputs were not available, securities are classified within Level 3 of the hierarchy and include the hedge fund. The unallocated investment contract is carried at contract value and is, therefore, excluded from the investments listed below. See Note 2 for definition of inputs utilized to determine fair value

The following table presents the fair value measurements of assets recognized in the accompanying statement of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2008:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 32,290,641	$ 32,290,641	$ -	$ -
Managed accounts	3,160,002	3,160,002	-	-
Hedge fund	2,206,072	-	-	2,206,072
	$ 37,656,715	$ 35,450,643	$ -	$ 2,206,072

Certain adjustments have been made to the classifications to conform to the Company's financial statements.

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Hedge Fund
Balance, January 1, 2008	$ 2,518,916
Total realized and unrealized gains and losses included in net decrease in net assets available for benefits	312,844
Balance, December 31, 2008	2,206,072
Total realized and unrealized gains and losses included in net decrease in net assets available for benefits	76,413
Transfer to Jarden Consolidated Pension Plan	(2,282,485)
Balance, December 31, 2009	$ -
Total gains or losses for the period included in net decrease in net assets available for benefits attributable to the change in unrealized gains or losses related to assets and liabilities still held at December 31, 2008	$ 312,844

For the years ended December 31, 2009 and 2008, realized and unrealized gains and losses included in net decrease in net assets available for benefits for the period from January 1, 2008 through December 31, 2009, are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Note 5: Contract With Insurance Company

The Plan had an unallocated insurance contract with AXA Equitable Life Insurance Company (AXA), whereby AXA maintains the deposits for a former plan which merged into the Plan effective January 1, 1993. The deposits are maintained in a fund to which interest is added at varying rates which are determined annually at December 31. At the direction of the Plan Administrator, a portion of the fund can be transferred to pooled separate accounts of the insurance company or to a bank-administered trust fund. However, amounts withdrawn from the insurance contract in excess of calendar year additions to the contract are subject to a "market value adjustment" by AXA, as defined. There were no contributions to the insurance contract during 2009 or 2008. AXA does not guarantee the funds invested in the pooled separate accounts as to principal or income.

Benefit payments to the participants or their beneficiaries are made directly by AXA from the funds accumulated under the Contract. Included in the December 31, 2009 transfer to the Post-Merger Plan was $954,753 of contract value that is committed to provide benefits for participants receiving benefit payments. At December 31, 2008, $1,035,046 of the contract value was committed to provide benefits for participants receiving benefit payments. AXA makes no representation and assumes no liability as to the sufficiency of the funds for the benefits to be provided by the Plan.

There are no reserves against contract value for credit risk of AXA. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 2.5%. Such interest rates are reviewed on a quarterly basis for resetting.

Note 6: Accumulated Plan Benefits

As of January 1, 2010 and 2009, respectively, an actuary from Mercer Human Resources Consulting and New York Life Retirement Plan Services determined the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

All accumulated plan benefits are recorded on the Post-Merger Plan as of January 1, 2010. Given the Plan's merger with the Post-Merger Plan, Plan management elected to change the measurement of the disclosure of the accumulated plan benefit from the beginning of the year to the end of the year.

The accumulated plan benefit information as of January 1, 2009 was as follows:

	2009
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 24,399,848
Other participants	29,998,642
	54,398,490
Nonvested benefits	49,673
Total actuarial present value of accumulated plan benefits	$ 54,448,163

Changes in the actuarial present value of accumulated plan benefits were as follows:

	2010	2009
Actuarial present value of accumulated plan benefits, beginning of year	$ 54,448,163	$ 54,879,626
Increase (decrease) during the year attributable to		
Change in actuarial assumptions (assumed rate of return and mortality basis)	(4,009,577)	-
Actuarial gain	(775,304)	(141,508)
Increase for interest due to the decrease in the discount period	3,952,566	3,959,498
Benefits paid	(3,495,281)	(4,249,453)
Net decrease	(4,327,596)	(431,463)
Transfers to Jarden Consolidated Pension Plan	(50,120,567)	-
Actuarial present value of accumulated plan benefits, end of year	$ -	$ 54,448,163

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 8.25% for 2010 and 7.50% for 2009
- Mortality basis: 2010 PPA Static Separate Annuitant/Nonannuitant Tables for 2010 and IRS 2008 Static Mortality Table for 2009.
- Retirement: Age 65 and completion of five years of service for all component plans with the exception of Shakespeare Salaried and Hourly Plans and the Stearns Salaried Plan, which use rates varying between ages 62 and 65.
- Asset valuation: Market

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 7: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons. The following are the payments made by the Plan to parties-in-interest:

	2009	2008
Administrative Expenses		
Actuarial services	$ 13,734	$ 10,074
Recordkeeping	146,305	148,920
PBGC premiums	181,799	132,738
Other professional services	103,019	157,280
	$ 444,857	$ 449,012

The Company provides certain administrative services at no cost to the Plan.

Note 8: Differences Between Financial Statements and Form 5500 Information

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500:

	2008
Net assets available for benefits per the financial statements	$ 40,554,133
Plan Sponsor receivable not accrued on Form 5500	(1,379,978)
Accounts payable not accrued on Form 5500	96,347
Net assets available for benefits per Form 5500	$ 39,270,502

The following is a reconciliation of additions, administrative expenses and assets transferred per the financial statements to the Form 5500:

	2009
Additions per the finanical statements	$ 11,119,857
Prior year contribution receivable per the financial statements	1,379,978
Additions per the Form 5500	$ 12,499,835

	2009	2008
Administrative expenses per the financial statements	$ 444,857	$ 449,012
Prior year accounts payable not accrued on Form 5500	96,347	91,208
Current year accounts payable not accrued on Form 5500	(149,393)	(96,347)
Administrative expenses per the Form 5500	$ 391,811	$ 443,873

	2009
Transfer of assets per the finanical statements	$ 47,733,852
Current year accounts payable not accured on Form 5500	149,393
Transfer of assets per the Form 5500	$ 47,883,245

Note 9: Nonexempt Transactions

Certain unallowable expenses were improperly paid from the Plan during the timeframe of 2005 to 2007, thus constituting a nonexempt transaction between the Plan and the Company. The Plan Sponsor paid $1,379,978 to the Plan during 2009, which was recorded as an employer receivable as of December 31, 2008. The Company paid an additional $7,733 during 2009 representing 2009 earnings.

Note 10: Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The current economic decline continues to present pension plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Supplemental Schedules

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005
Schedule G, Part III - Schedule of Nonexempt Transactions
Year Ended December 31, 2009

Identity	Relationship	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred in Connection With Transaction	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
K2 Inc.	Plan Sponsor	The Plan paid $19,557 in unallowable expenses during 2007	$ -	$ -	$ -	$ -	$ -	$ 22,539	$ 2,982
K2 Inc.	Plan Sponsor	The Plan paid $45,557 in unallowable expenses during 2006	-	-	-	-	-	56,680	11,123
K2 Inc.	Plan Sponsor	The Plan paid $916,280 in unallowable expenses during 2005	-	-	-	-	-	1,300,759	384,479
	Totals	$ 981,394						$ 1,379,978	$ 398,584

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005
Schedule H, Line 4j - Schedule of Reportable Transactions
(Transactions in Excess of 5% of Plan Assets at Beginning of Year)
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	MainStay Cash Reserves Fund					
	Purchases	$ 29,623,937		$ 29,623,937	$ 29,623,937	
	Sales/transfer out		$ 29,623,937	29,623,937	29,623,937	$ -
Issuer	MainStay S&P 500 Index Fund I					
	Purchases	361,325		361,325	361,325	
	Sales		2,123,993	2,420,406	2,123,993	(296,413)
Issuer	PIMCO Total Return Institutional					
	Purchases	697,538		697,538	697,538	
	Sales/transfer out		6,802,238	6,768,522	6,802,238	33,716
Issuer	PIMCO Real Return Institutional					
	Purchases	350,493		350,493	350,493	
	Sales/transfer out		5,123,208	5,261,656	5,123,208	(138,448)
Issuer	PIMCO Diversified Inc Fund Institutional					
	Purchases	219,968		219,968	219,968	
	Sales/transfer out		2,085,894	2,131,174	2,085,894	(45,280)

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)
(Transactions in Excess of 5% of Plan Assets at Beginning of Year)
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	PIMCO Foreign Bond Unhedged Institutional					
	Purchases	$ 217,511		$ 217,511	$ 217,511	
	Sales/transfer out		$ 2,603,984	2,614,157	2,603,984	$ (10,173)
Issuer	The Investment Company of America R5					
	Purchases	303,400		303,400	303,400	
	Sales		4,609,221	5,435,023	4,609,221	(825,802)
Issuer	The Growth Fund of America R5					
	Purchases	190,490		190,490	190,490	
	Sales		3,346,846	3,590,079	3,346,846	(243,233)
Issuer	AllianceBern Value Adv					
	Purchases	179,836		179,836	179,836	
	Sales		2,862,535	4,212,942	2,862,535	(1,350,407)
Issuer	Royce Premier Fund Inv					
	Purchases	112,398		112,398	112,398	
	Sales		2,925,224	2,858,629	2,925,224	66,595
Issuer	Wellington Diversified Alpha Strategies					
	Purchases	3,150,000		3,150,000	3,150,000	
	Sales/transfer out		3,150,000	3,150,000	3,150,000	-

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)
(Transactions in Excess of 5% of Plan Assets at Beginning of Year)
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	PIMCO All Asset Fund					
	Purchases	$ 283,156		$ 283,156	$ 283,156	
	Sales/transfer out		$ 2,750,442	2,783,570	2,750,442	$ (33,128)
Issuer	American Euro Pacific Growth R5					
	Purchases	133,501		133,501	133,501	
	Sales/transfer out		2,467,719	2,499,284	2,467,719	(31,565)
Issuer	Cadogan Alter Strat Fund Limited					
	Purchases	76,413		76,413	76,413	
	Sales/transfer out		2,282,485	2,282,485	2,282,485	-
Issuer	Wasatch Small Cap Value Fund					
	Sales		1,266,840	2,134,428	1,266,840	(867,588)
Issuer	Great Lakes Advisors/BONY					
	Sales/transfer out		3,996,058	4,015,292	3,996,058	(19,234)

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005
Schedule H, Line 4j - Schedule of Reportable Transactions
(Transactions in Excess of 5% of Plan Assets at Beginning of Year)
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	MainStay Cash Reserves Fund					
	Purchases	$ 29,623,937		$ 29,623,937	$ 29,623,937	
	Sales/transfer out		$ 29,623,937	29,623,937	29,623,937	$ -
Issuer	MainStay S&P 500 Index Fund I					
	Purchases	361,325		361,325	361,325	
	Sales		2,123,993	2,420,406	2,123,993	(296,413)
Issuer	PIMCO Total Return Institutional					
	Purchases	697,538		697,538	697,538	
	Sales/transfer out		6,802,238	6,768,522	6,802,238	33,716
Issuer	PIMCO Real Return Institutional					
	Purchases	350,493		350,493	350,493	
	Sales/transfer out		5,123,208	5,261,656	5,123,208	(138,448)
Issuer	PIMCO Diversified Inc Fund Institutional					
	Purchases	219,968		219,968	219,968	
	Sales/transfer out		2,085,894	2,131,174	2,085,894	(45,280)

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

(Transactions in Excess of 5% of Plan Assets at Beginning of Year)

Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	PIMCO Foreign Bond Unhedged Institutional					
	Purchases	$ 217,511		$ 217,511	$ 217,511	
	Sales/transfer out		$ 2,603,984	2,614,157	2,603,984	$ (10,173)
Issuer	The Investment Company of America R5					
	Purchases	303,400		303,400	303,400	
	Sales		4,609,221	5,435,023	4,609,221	(825,802)
Issuer	The Growth Fund of America R5					
	Purchases	190,490		190,490	190,490	
	Sales		3,346,846	3,590,079	3,346,846	(243,233)
Issuer	AllianceBern Value Adv					
	Purchases	179,836		179,836	179,836	
	Sales		2,862,535	4,212,942	2,862,535	(1,350,407)
Issuer	Royce Premier Fund Inv					
	Purchases	112,398		112,398	112,398	
	Sales		2,925,224	2,858,629	2,925,224	66,595
Issuer	Wellington Diversified Alpha Strategies					
	Purchases	3,150,000		3,150,000	3,150,000	
	Sales/transfer out		3,150,000	3,150,000	3,150,000	-

Pension Plan of K2 Inc.

EIN 95-2077125 PN 005

Schedule H, Line 4j - Schedule of Reportable Transactions (Continued)

(Transactions in Excess of 5% of Plan Assets at Beginning of Year)

Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	PIMCO All Asset Fund					
	Purchases	$ 283,156		$ 283,156	$ 283,156	
	Sales/transfer out		$ 2,750,442	2,783,570	2,750,442	$ (33,128)
Issuer	American Euro Pacific Growth R5					
	Purchases	133,501		133,501	133,501	
	Sales/transfer out		2,467,719	2,499,284	2,467,719	(31,565)
Issuer	Cadogan Alter Strat Fund Limited					
	Purchases	76,413		76,413	76,413	
	Sales/transfer out		2,282,485	2,282,485	2,282,485	-
Issuer	Wasatch Small Cap Value Fund					
	Sales		1,266,840	2,134,428	1,266,840	(867,588)
Issuer	Great Lakes Advisors/BONY					
	Sales/transfer out		3,996,058	4,015,292	3,996,058	(19,234)

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Pension Plan of K2 **EIN:** 95-2077125

Plan Sponsor's Name K2 Inc. **PN:** 005

Describe the change:

The interest discounting assumption was changed from the PPA Segment Rates (with a December lookback period) to the Full Yield Curve rates (with an October lookback period). The asset method was changed from Market Value of Assets to Asset Averaging as allowed under PPA and WRERA Proposed Regulation 1.430(g)-1 updated as IRS Notice 2009-22.

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Pension Plan of K2 **EIN:** 95-2077125
Plan Sponsor's Name K2 Inc. **PN:** 005

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	1,155,862	01/01/2009	7	205,856
Shortfall	5,668,519	01/01/2008	6	1,133,956